

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Date Received  
Official Use Only  
FEB 10 2014  
Enterprise Compliance Division  
LYNALON

Please type or print in ink.

NAME OF FILER (LAST) BEATTY (FIRST) GREGORY (MIDDLE) LYNALON

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CA PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
Division, Board, Department, District, if applicable BOARD OF ADMINISTRATION  
Your Position BOARD DESIGNEE

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: DEPT OF HUMAN RESOURCES Position: Chief of Benefits & Training

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-  Leaving Office: Date Left 12/17/2013 (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_  The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

- Check applicable schedules or "None." **► Total number of pages including this cover page: \_\_\_\_\_**
- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
  - Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

