

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only
APR 1 2014
Enterprise Compliance Division

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McDonagh Thomas

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Public Employees Retirement System

Division, Board, Department, District, if applicable

Investments

Your Position

Senior Portfolio Manager

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

Agency: _____ Position: _____

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

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

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

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

4. Schedule Summary

Check applicable schedules or "None."

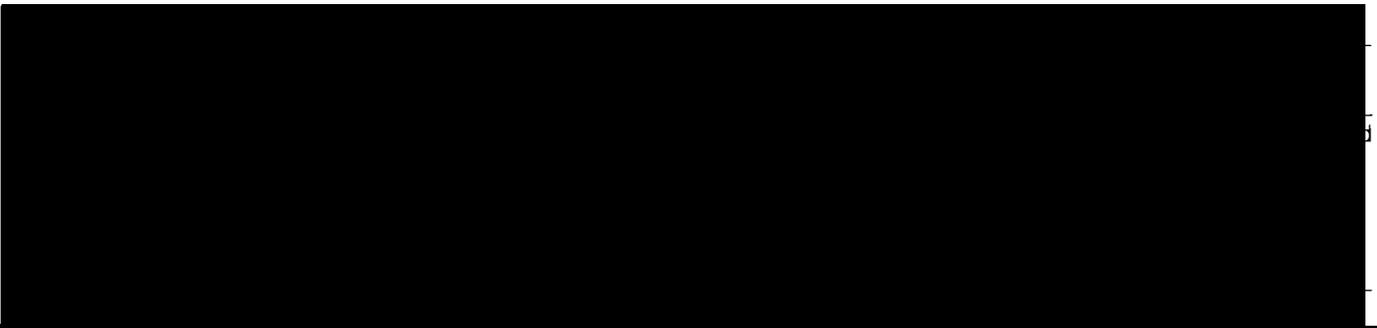
► Total number of pages including this cover page: _____

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)



SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%) *Do not attach brokerage or financial statements.*

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ NAME OF BUSINESS ENTITY
Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS
common stock

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **13** _____ / _____ / **13**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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Comments: _____

