CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Filed Date: 02/26/2016 04:25 PM
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Please type or print in ink.

NAME OF FILER (LAST): Bilbrey
(FIRST): Michael
(MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Public Employees' Retirement System

Division, Board, Department, District, if applicable: Board of Administration (BOA)

Your Position: Board Member (Elected)

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

Agency: SEE ATTACHED LIST

Position:

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

- [x] State
- [ ] Multi-County
- [ ] City of
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of
- [ ] Other

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

- [x] **Annual:** The period covered is January 1, 2015, through December 31, 2015.
  -or-
  The period covered is 10 / 08 / 2015, through December 31, 2015.
- [ ] **Assuming Office:** Date assumed ___/___/___
- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1:
- [ ] **Leaving Office:** Date Left ___/___/___
  (Check one)
  - ○ The period covered is January 1, 2015, through the date of leaving office.
  -or-
  - ○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 2

Schedules attached

- [ ] **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-

- [x] ***None*** - *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (STREET) *(Business or Agency Address Recommended - Public Document)*: 400 Q Street
CITY: Sacramento
STATE: CA
ZIP CODE: 95811

DAYTIME TELEPHONE NUMBER: [redacted]
E-MAIL ADDRESS: [redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/26/2016 04:25 PM
(month, day, year)

Signature Electronic Submission
(File the originally signed statement with your filing official.)

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EXPANDED STATEMENT LIST

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Bilbrey

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
CalPERS - Board of Administration (BOA)	The Board (BMBR)	Board Member (Elected)	State State of California	Annual	01/01/15 - 10/07/15