

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Crocker Katherine

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CalPERS - Investment Office (INVO)
Division, Board, Department, District, if applicable Your Position
Investment Compliance and Operational Risk (ICOR) 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 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, 2014, through December 31, 2014.
-or- The period covered is ____/____/____, through December 31, 2014.
- Assuming Office:** Date assumed 07 / 10 / 2015
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2014, through the date of leaving office.
 - 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: 4
- 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)
400 Q Street Sacramento CA 95811
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS



(month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Katherine Crocker

▶ NAME OF BUSINESS ENTITY
Franklin Templeton Global Bond Fund, TPINX

GENERAL DESCRIPTION OF THIS BUSINESS
bond fund

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 bond fund
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / / /
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
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ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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NATURE OF INVESTMENT
 Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
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 Stock Other _____
(Describe)

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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:
 / / / /
ACQUIRED DISPOSED

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Katherine Crocker

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Physician Insurers Association of America

ADDRESS (Business Address Acceptable)
 2275 Research Blvd., Ste 250

CITY AND STATE
 Rockville MD 20850

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 trade association

DATE(S): ___/___/___ - ___/___/___ AMT: \$ 880.06
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Reimbursement for travel costs (airfare, airport parking, hotel, meals, & cab) for panel participation.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____