

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Elliott Christina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CalPERS - Board of Administration (BOA)

Division, Board, Department, District, if applicable

Your Position

The Board (BMBR)

Board Designee - STO

► 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 03 / 16 / 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

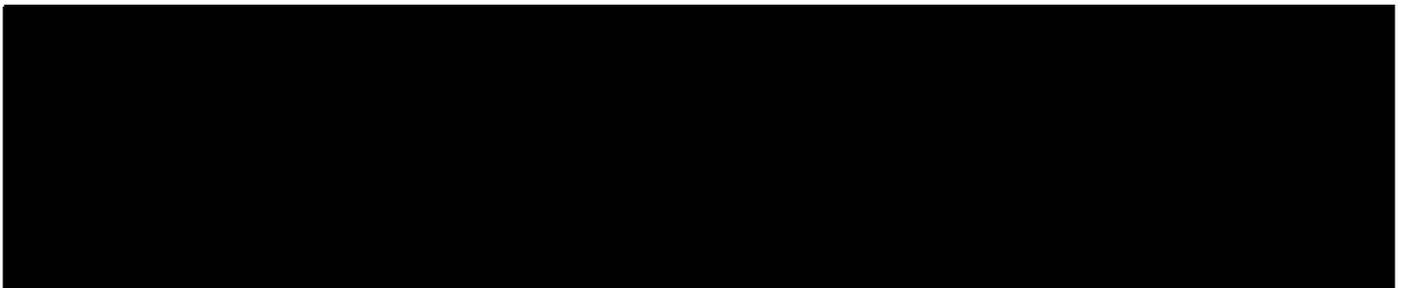
Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- 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)



(month, day, year)

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