

**COVER PAGE**

Filed Date: 02/18/2016 01:48 PM  
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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)  
California Public Employees' Retirement System  
Division, Board, Department, District, if applicable Your Position  
Board of Administration (BOA) Board Designee - STO

► 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)**

- 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, 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: 3**

**Schedules attached**

- 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)  
915 Capitol Mall Room 110 Sacramento CA 95814  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
[REDACTED] [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 02/18/2016 01:48 PM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
EXPANDED STATEMENT LIST

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Christina Elliott

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
CalPERS - Board of Administration (BOA)	The Board (BMBR)	Board Designee - STO	State State of California	Annual	03/16/15 - 10/07/15

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

Name  
 Christina Elliott

- 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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Pew Charitable Trusts  
 ADDRESS (Business Address Acceptable)  
907E Street, North West  
 CITY AND STATE  
Washington D.C 20004  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 02 / 15 - 11 / 04 / 15 AMT: \$ 1336.21  
 (If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_  
Chicago, IL

▶ NAME OF SOURCE (Not an Acronym)  
Georgetown University  
 ADDRESS (Business Address Acceptable)  
3300 Whitehaven Street, NW 5th Florr  
 CITY AND STATE  
Washington D.C. 20007  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 12 / 09 / 15 - 12 / 10 / 15 AMT: \$ 205.00  
 (If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_  
Washington D.C. hotel only

▶ NAME OF SOURCE (Not an Acronym)  
Pensions and Investments  
 ADDRESS (Business Address Acceptable)  
150 N. Michigan Ave., 19th Floor  
 CITY AND STATE  
Chicago, IL  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 10 / 18 / 15 - 10 / 19 / 15 AMT: \$ 917.59  
 (If gift)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_  
San Francisco, CA

▶ 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)

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_