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: 03/03/2016 02:23 PM
SAN: 011300005-STH-0005

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Flynn	Matthew	

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable: Investment Servicing Division (ISD)

Your Position: Investment Director

► 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
- ☐ 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, 2015, through December 31, 2015.

-or-

The period covered is 10 / 08 / 2015, through December 31, 2015.

☐ **Assuming Office:** Date assumed ___/___/___

☐ **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.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1:

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-

☑ ***None*** - *No reportable interests on any schedule*

5. Verification

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

DAYTIME TELEPHONE NUMBER	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 03/03/2016 02:23 PM
(month, day, year)

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

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COVER PAGE
EXPANDED STATEMENT LIST

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Matthew Flynn

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
CalPERS - Investment Office (INVO)	Investment Servicing Division (ISD)	Investment Director	State State of California	Annual	01/01/15 - 10/07/15