

**COVER PAGE**

Filed Date: 02/22/2016 12:24 PM  
SAN: 011300005-STH-0005

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gaviria Juan G

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
California Public Employees' Retirement System  
Division, Board, Department, District, if applicable Your Position  
Real Assets (RA) Investment Manager

► 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: 6**

**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)  
400 Q Street Sacramento CA 95811  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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 02/22/2016 12:24 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  
Juan Gaviria

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
CalPERS - Investment Office (INVO)	Real Assets Unit (RAU)	Investment Manager	State State of California	Annual	10/01/14 - 10/07/15

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Juan Gaviria

▶ NAME OF BUSINESS ENTITY  
**Bank of America Corporation**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Financial Services**

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Ford Motor Company**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Auto Industry**

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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Select Sector Financial Slt Str SPDR Fd**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Financial Sector ETF**

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

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
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:  
\_\_\_\_/\_\_\_\_/15      \_\_\_\_/\_\_\_\_/15  
ACQUIRED      DISPOSED

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





**SCHEDULE D**  
**Income – Gifts**

Name  
Juan Gaviria

▶ NAME OF SOURCE *(Not an Acronym)*  
Mexican Government  
 ADDRESS *(Business Address Acceptable)*  
Mexico City  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 15</u>	\$ <u>75</u>	<u>Breakfast + Lunch</u>
<u>12 / 04 / 15</u>	\$ <u>25</u>	<u>Breakfast</u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>
<u>  /  /  </u>	\$ <u>  </u>	<u>  </u>

**Comments:** Meals provided during a Mexican Government organized event (Mexico City). Purpose of event was to inform invitees about Mexican economic outlook. Values are estimated.