

COVER PAGE

Filed Date: 03/24/2016 08:17 AM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hayamizu Derek

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Public Employees' Retirement System
Division, Board, Department, District, if applicable Your Position
Global Equity (GE) 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: 4

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 03/24/2016 08:17 AM 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
Derek Hayamizu

| Agency Name | Division, Board, Department, District | Position or Title | Jurisdiction | Type of Statement | Period Covered |
|------------------------------------|---------------------------------------|--------------------|---------------------------|-------------------|---------------------|
| CalPERS - Investment Office (INVO) | Global Equity (GE) | Investment Manager | State State of California | Annual | 01/01/15 - 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
Derek Hayamizu

▶ NAME OF BUSINESS ENTITY
SSGA - S&P Dividend ETF

GENERAL DESCRIPTION OF THIS BUSINESS
ETF - SPDR S&P Dividend

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:
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ACQUIRED DISPOSED

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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
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ACQUIRED DISPOSED

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 Stock Other _____
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NATURE OF INVESTMENT
 Stock Other _____
(Describe)

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

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

 Derek Hayamizu

| ▶ 1. INCOME RECEIVED | ▶ 1. INCOME RECEIVED |
|---|--|
| NAME OF SOURCE OF INCOME Kaiser Permanente | NAME OF SOURCE OF INCOME _____ |
| ADDRESS (Business Address Acceptable) 6600 Bruceville Rd, Sac-CA 95823 | ADDRESS (Business Address Acceptable) _____ |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE Healthcare | BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ |
| YOUR BUSINESS POSITION Nurse | YOUR BUSINESS POSITION _____ |
| GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i> <input type="checkbox"/> Other _____ <i>(Describe)</i> | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <i>(Describe)</i> <input type="checkbox"/> Other _____ <i>(Describe)</i> |

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

| | | |
|--|--|------------------------------|
| NAME OF LENDER* _____ | INTEREST RATE _____ % <input type="checkbox"/> None | TERM (Months/Years) _____ |
| ADDRESS (Business Address Acceptable) _____ | SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER _____ | <input type="checkbox"/> Real Property _____ <i>Street address</i> | |
| HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 | _____ <i>City</i> | |
| | <input type="checkbox"/> Guarantor _____ | |
| | <input type="checkbox"/> Other _____ <i>(Describe)</i> | |

Comments: _____