CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Hirst	Kevin	

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
Investment Compliance & Operational Risk (ICOR)

Your Position
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 ____/____/____

☐ **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:* 3

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 02/11/2016 04:49 PM *(month, day, year)*

Signature Electronic Submission *(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
Kevin Hirst

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
CalPERS - Investment Office (INVO)	Investment Compliance and Operational Risk (ICOR)	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.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kevin Hirst

► NAME OF BUSINESS ENTITY: Amazon

GENERAL DESCRIPTION OF THIS BUSINESS: Online retailer

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/ 15 ACQUIRED __/__/ 15 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 ACQUIRED __/__/ 15 DISPOSED

► NAME OF BUSINESS ENTITY: SPDR S&P 500 ETF

GENERAL DESCRIPTION OF THIS BUSINESS: ETF - tracks S&P 500 Index

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [x] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

__/__/ 15 ACQUIRED __/__/ 15 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 ACQUIRED __/__/ 15 DISPOSED

► NAME OF BUSINESS ENTITY: Valeant Pharmaceuticals

GENERAL DESCRIPTION OF THIS BUSINESS: Pharmaceutical

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership ○ Income Received of $0 - $499 ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

11/02/15 ACQUIRED __/__/ 15 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 ACQUIRED __/__/ 15 DISPOSED

Comments: _____