

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial **Date Received**
Official Use Only

FEB 18 2016

(MIDDLE)

Enterprise Compliance Division

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Jelincic, Jr Joseph John

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 Member, At Large - Seat A

▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: California Public Employees' Retirement System Position: Investment Officer III

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. Leaving Office: Date Left ____/____/_____
(Check one)
 -or- The period covered is ____/____/_____, through December 31, 2015. The period covered is January 1, 2015, through the date of leaving office.
 -or- Assuming Office: Date assumed ____/____/_____. 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: _____

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
 [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 information provided is true and correct.

Date Signed 2/15/16 Signature [REDACTED]
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE D
 Income – Gifts**

Name
Joseph John Jelincic, Jr

▶ NAME OF SOURCE (Not an Acronym)
California State Retirees, Chapter 2

ADDRESS (Business Address Acceptable)
1108 "O" Street, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retiree Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 14 / 15	\$ 15.00	meal
12 / 07 / 15	\$ 52.00	meal
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Laborer International Union of North America

ADDRESS (Business Address Acceptable)
4044 N. Freeway Blvd, Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 15	\$ 54.56	reception
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____