

**COVER PAGE**

Filed Date: 09/16/2015 10:36 AM  
SAN: 011300005-STH-0005

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jimenez Geraldine

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

Agency Name (Do not use acronyms)  
CalPERS - Investment Office (INVO)  
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: \_\_\_\_\_ 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, 2014, through December 31, 2014.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left 09 / 16 / 2015  
(Check one)
  - The period covered is January 1, 2014, through the date of leaving office.
  - The period covered is 01 / 01 / 2015, through the date of leaving office.

**4. Schedule Summary**

- Check applicable schedules or "None." ► Total number of pages including this cover page: 4
- 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 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 09/16/2015 10:36 AM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)





**SCHEDULE D**  
**Income – Gifts**

Name  
Geraldine Jimenez

▶ NAME OF SOURCE *(Not an Acronym)*  
Stanford Youth Solutions  
 ADDRESS *(Business Address Acceptable)*  
8912 Volunteer Lane, Sacramento, CA 95826  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non Profit Board Meetings

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 04 / 15</u>	\$ <u>25</u>	<u>Meal</u>
<u>07 / 27 / 15</u>	\$ <u>50</u>	<u>Meals</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>

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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<u>    /    /    </u>	\$ <u>    </u>	<u>    </u>

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