

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
LoFaso Alan

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 (BOA) Board Designee - SCO

► 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: 3

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)
300 Capitol Mall, Suite 1850 Sacramento CA 95814
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 02/26/2016 02:48 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
Alan LoFaso

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
CalPERS - Board of Administration (BOA)	The Board (BMBR)	Board Designee - SCO	State State of California	Annual	01/06/15 - 10/07/15

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 Assn. of CA Life and Health Insurance Companies
 ADDRESS *(Business Address Acceptable)*
 1201 K Street, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 15	\$ 460.00	lodging, meals
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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 ADDRESS *(Business Address Acceptable)*
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____