

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Cheryl Eason
 ADDRESS *(Business Address Acceptable)*
400 Q Street, Sacramento, CA , 95811
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 23 / 15</u>	\$ <u>50</u>	<u>Macy's card</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>	\$ _____	_____

▶ 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>	\$ _____	_____

▶ 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>	\$ _____	_____

▶ 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>	\$ _____	_____

Filer's Verification

Print Name Kristin Montgomery

Office, Agency or Court California Public Employees' Retirement System

Statement Type 2015/2016 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/21/2016 09:38 AM
(month, day, year)

Filer's Signature _____ Electronic Submission

Comments: _____