

COVER PAGE

Filed Date: 09/23/2015 03:51 PM
SAN: 011300005-STH-0005

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Paquin Lynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CalPERS - Board of Administration (BOA)
Division, Board, Department, District, if applicable
The Board (BMBR) Your Position
Board Designee - State Controller Office

► 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 09 / 01 / 2015
- Leaving Office:** Date Left ____/____/____ (Check one)
 The period covered is January 1, 2014, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." **► Total number of pages including this cover page: 3**

- Schedule A-1 - 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)
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 09/23/2015 03:51 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

