CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Schell	Darlene	

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 - CalHR

► 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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

3. Type of Statement *(Check at least one box)*

- [x] **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 ____/____/_____
- [x] **Leaving Office:** Date Left 03 / 20 / 2015
  (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:*** 1

- [ ] **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-

- [x] **None -** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

[redacted]

(month, day, year) *(File the originally signed statement with your filing official.)*