CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Filed Date: 03/25/2016 03:25 PM
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Please type or print in ink.

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

Stausboll Anne

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

California Public Employees' Retirement System

Division, Board, Department, District, if applicable

Executive Office (EXEO)

Your Position

Chief Executive Officer

► 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 ____/____/____

☐ **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.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 4

Schedules attached

- ☑ **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)

[redacted]

DAYTIME TELEPHONE NUMBER

[redacted]

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 03/25/2016 03:25 PM *(month, day, year)*

Signature Electronic Submission *(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
Anne Stausboll

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
CalPERS - Executive Office (EXEO)	Executive Office (EXEO)	Chief Executive Officer	State State of California	Annual	01/01/15 - 10/07/15

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Anne Stausboll

► NAME OF BUSINESS ENTITY
Powershares Fd. Water Resource Portfolio

GENERAL DESCRIPTION OF THIS BUSINESS
Exchange Traded Funds-Equity

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☑ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☑ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/ 15 ACQUIRED __/__/ 15 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/ 15 ACQUIRED __/__/ 15 DISPOSED

► NAME OF BUSINESS ENTITY
Powershares Wilderhill Clean Energy Portfolio

GENERAL DESCRIPTION OF THIS BUSINESS
Exchange Traded Funds-Equity

FAIR MARKET VALUE
☑ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☑ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/ 15 ACQUIRED __/__/ 15 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/ 15 ACQUIRED __/__/ 15 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/ 15 ACQUIRED __/__/ 15 DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
__/__/ 15 ACQUIRED __/__/ 15 DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Anne Stausboll

▶ 1. BUSINESS ENTITY OR TRUST

Name: Law Offices of John Adkisson

Address *(Business Address Acceptable)*: 15 Alstan Ct., Sacramento, CA 95831

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: Law Firm

FAIR MARKET VALUE
☑ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED ___/___/15 DISPOSED ___/___/15

NATURE OF INVESTMENT
☐ Partnership ☑ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION: Husband is owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☑ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☑ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED ___/___/15 DISPOSED ___/___/15

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Name:

Address *(Business Address Acceptable)*:

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS:

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
ACQUIRED ___/___/15 DISPOSED ___/___/15

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION:

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

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☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

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☐ $2,000 - $10,000
☐ $10,001 - $100,000
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IF APPLICABLE, LIST DATE:
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NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
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☐ Check box if additional schedules reporting investments or real property are attached

Comments: No longer active as of 1/1/2015