

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initial Filing Received  
 RECEIVED  
 FAIR POLITICAL PRACTICES COMMISSION

Please type or print in ink.

16 OCT 26 AM 10:03  
 (MIDDLE)

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

**Date Received**  
 OCT 31 2016  
**Enterprise Compliance Division**

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 California State Treasurer's Office  
 Division, Board, Department, District, if applicable. Your Position  
 Executive Office Deputy Treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: see attached Position: governing board designee

**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.
- Leaving Office: Date Left 10 / 31 / 2016 (Check one)
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**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

None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 915 Capitol Mall, Room 110 Sacramento CA 95814

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 916 ) 651-7427

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 [redacted]  
 [redacted] (month, day, year) [redacted] (file the originally signed statement with your filing officer)



**Grant Boyken, Deputy Treasurer**

Filing of SEI Form 700  
Leaving Office

Original to be signed and dated and filed with the Fair Political Practices Commission  
**428 J Street, Suite 620  
Sacramento, CA 95814**

Copies to the Following

---

**CalPERS Board of Administration**

Attn: Nadia Sabile, FPPC Filing Officer  
400 Q Street, LPN – 3110  
Sacramento, CA 95811

**California Earthquake Authority**

Attn: Niel Hall, FPPC Filing Officer  
801 K Street, Suite 1000  
Sacramento, CA 95814

**California Secure Choice Retirement Savings Investment Board**

Attn: Brittney Trost, FPPC Filing Officer  
915 Capitol Mall, Room 110  
Sacramento, CA 95814

**Teachers' Retirement Board, CalSTRS**

Attn: Tifani Vincent, FPPC Filing Officer  
100 Waterfront Place  
West Sacramento, CA 95851-0275

**ScholarShare Investment Board**

Attn: Brittney Trost, FPPC Filing Officer  
915 Capitol Mall, Room 110  
Sacramento, CA 95814

**California Educational Facilities Authority**

Attn: Brittney Trost, FPPC Filing Officer  
915 Capitol Mall, Room 110  
Sacramento, CA 95814

**California Health Facilities Financing Authority**

Attn: Brittney Trost, FPPC Filing Officer  
915 Capitol Mall, Room 110  
Sacramento, CA 95814