STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

Date Received / Date Received
Official Use Only

SEP 2 1 2018

Enterprise Compliance Division

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California Public Employees Retirement Board System

Division, Board, Department, District, if applicable
Board of Administration

Your Position
Vice President/Board member

► 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

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or-
The period covered is ___/___/___, through December 31, 2017.

☐ **Assuming Office:** Date assumed ___/___/___

☒ **Candidate:** Date of Election 10/02/2018 and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___
(Check one)
○ The period covered is January 1, 2017, through the date of leaving office.
-or-
○ The period covered is ___/___/___, through the date of leaving office.

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

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)

400 Q St.   Sacramento   CA

DAYTIME TELEPHONE NUMBER   E-MAIL

( )

I have used all reasonable diligence in preparing this statement. I have reviewed ___
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 ___

Date Signed _____
(month, day, year)

Signature _____

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SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
ROB FECKNER

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

1086 / 1090 Coombsville Rd

CITY

Napa

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
__/__/ **17** ACQUIRED   __/__/ **17** DISPOSED

NATURE OF INTEREST
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- [ ] None

JOAN TILLOTSON

KATHLEEN Schneider

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
__/__/ **17** ACQUIRED   __/__/ **17** DISPOSED

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- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
- [ ] None

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* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE   TERM (Months/Years)
_____ %   [ ] None   _____

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [ ] Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE   TERM (Months/Years)
_____ %   [ ] None   _____

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000
- [ ] Guarantor, if applicable

Comments: _____

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