CALIFORNIA FORM $700$	CES COMMISSION		Date Initial Eiling Received	
FAIR POLITICAL PRACTICES COMMISSION				
Please type or print in ink.	COVEN		SEP 2 0 2018	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Jenkins-Jones	Adria			
1. Office, Agency, or Court			Enterprise Compliance Division	
Agency Name (Do not use acronyms)				
California Public Employees' Reti	rement System			
	Division, Board, Department, District, if applicable Your Position			
Board of Administration (BOA)	Administration (BOA) Board Member - CalHR			
<ul> <li>If filing for multiple positions, list below or</li> </ul>	on an attachment. (Do not use acrony	ms)	THE R. P. LEWIS	
Agency: Department of Hum	•		or/Chief Dearty Director	
2. Jurisdiction of Office (Check at lea	ast one box)			
★ State		Judge or Court Commissioner (Sta	atewide Jurisdiction)	
Multi-County	County of			
	Other			
3. Type of Statement (Check at least of	one box)			
Annual: The period covered is January December 31, 2017.	1, 2017, through	Leaving Office: Date Left (Check one)	J	
-or- The period covered is/. December 31, 2017.		O The period covered is January leaving office.	y 1, 2017, through the date of	
X Assuming Office: Date assumed	3 , 31 , 2018	O The period covered is the date of leaving office.	//, through	
Candidate: Date of Election	and office sought, if differe	ent than Part 1:		
4. Schedule Summary (must com	olete) 🕨 Total number of pag	ges including this cover pages	ge:	
Schedules attached				
Schedule A-1 - Investments - sched	ule attached Sched	ule C - Income, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments – schedule attached				
Schedule B - Real Property – sched	ule attached Sched	ule E - Income – Gifts – Travel Pa	yments – schedule attached	
-or-				
None - No reportable interests of	on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Do	CITY cument)	STATE	ZIP CODE	
400 Q Street	Sacramento	CA	95811	
DAYTIME TELEPHONE NUMBER	E-MAIL A	DDRESS		
I have used all reasonable diligence in prepar herein and in any attached schedules is true			owledge the information contained	
I certify under penalty of perjury under th	· •			
Date Signed 9-13-2018	Signature			
(month, day, year)				
			FPPC Form 700 (2017/2018)	