CALIFORNIA FORM 7			
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# STATEMENT OF ECONOMIC INTERESTS

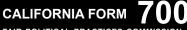
FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

COVER PAGE

Filed Date: 02/25/2018 05:38 PM SAN: 011300005-STH-0005

Jones       Henry         1. Office, Agency, or Court       Agency Name (Do not use acronyms)         California Public Employees' Retirement System         Division, Board, Department, District, if applicable       Your Position         Board of Administration (BOA)       Elected Board Member         • If fling for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       State         State       Judge or Court Commissioner (Statewide Jurisdiction)         Multi-County       County of         City of       Other         3. Type of Statement (Check at least one box)       Eaving Office: Date Left         X Annual: The period covered is January 1, 2017, through December 31, 2017.       Leaving Office: Date Left         -or       The period covered is January 1, 2017, through December 31, 2017.       The period covered is January 1, 2017, through the date of leaving office:         Massuming Office: Date assumed	Please type or print in ink.			SAN. 01130000	5-511-0005
1. Office, Agency, or Court         Agency Name (Do not use acconyme)         California Public Employees' Retirement System         Division, Bard, if applicable         Board of Administration (BOA)         Elected Board Member         I fling for multiple positions, list below or on an attachment. (Do not use acconyms)         Agency.         Position:	NAME OF FILER (LAST) (FI	IRST)		(N	/IDDLE)
Agency Name (Do not use acronyms)         California Public Employees? Retirement System         Division, Board, Department, District, if applicable       Your Position         Board of Administration (BOA)       Elected Board Member         • If fling 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         State       Judge or Court Commissioner (Statewide Jurisdiction)         Multi-County       County of         3. Type of Statement (Check at least one box)       County of         (Chy of	Jones H	lenry			
California Public Employees' Retirement System         Division, Baard, Department, District, if applicable       Your Position         Board of Administration (BOA)       Elected Board Member         > If fling for multiple positions, list below or on an attachment. (Do not use acronyms)         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       I Judge or Court Commissioner (Statewide Jurisdiction)         Multi-County       County of         City of       County of         City of       Other         3. Type of Statement (Check at least one box)       County of flice: Date Left         W Annual: The period covered is January 1, 2017, through       Leaving Office: Date Left         December 31, 2017.       The period covered is January 1, 2017, through         December 31, 2017.       The period covered is January 1, 2017, through         December 31, 2017.       The period covered is January 1, 2017, through the date of leaving office:         Candidate: Date of Electon       and office sought, if different than Part 1:         4. Schedule Summary (must complete)       Total number of pages including this cover page:       9         Schedule B - No reportable interests on any schedule       Schedule E - Income - Gitts - Travel Payments - schedule attached       If Schedule A - Investments - schedule attached         Schedule B - No reportable interests on a	1. Office, Agency, or Court				
Division, Board, Department, District, if applicable       Your Position         Board of Administration (BOA)       Elected Board Member         If filing for multiple positions, list below or on an attachment. (Do not use acronyms)       Agency:         Agency:       Position:         2. Jurisdiction of Office (Check at least one box)       Position:         If state       Dudge or Court Commissioner (Statewide Jurisdiction)         Multi-County       County of         City of       Other         3. Type of Statement (Check at least one box)       Image: Check one)         If annual:       The period covered is January 1, 2017, through         December 31, 2017.       Other         The period covered is January 1, 2017, through       Check one)         Or The period covered is January 1, 2017, through       Check one)         December 31, 2017.       The period covered is January 1, 2017, through         December 31, 2017.       The period covered is January 1, 2017, through         December 31, 2017.       The period covered is January 1, 2017, through         Candidate: Date of Election       and office sought, if different than Part 1:         Examples interface       Schedule A1 - Investments – schedule attached         Schedule B - Income - Gifts – Travel Payments – schedule attached       Schedule D - Income - Gifts – Travel Payments – schedule	Agency Name (Do not use acronyms)				
Board of Administration (BOA)       Elected Board Member <ul> <li>If fling for multiple positions, list below or on an attachment. (Do not use acronyms)</li> <li>Agency:</li> <li>Position:</li> <li>Qurisdiction of Office (Check at least one box)</li> <li>State</li> <li>State</li> <li>Canty of</li> <li>Caluy of</li> <li>County of</li></ul>	California Public Employees' Retirement Systen	n			
<ul> <li>If fling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:</li></ul>	Division, Board, Department, District, if applicable	Υοι	ur Position		
Agency:       Position:         2. Jurisdiction of Office (Check at least one box)	Board of Administration (BOA)	EI	ected Board Memb	ber	
2. Jurisdicition of Office (Check at least one box)  2. Jurisdicition of Office (Check at least one box)  3. State  Gity of	► If filing for multiple positions, list below or on an attachment	(Do not use acronyms	3)		
☑ 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, 2017, through December 31, 2017.         Or       The period covered is/, through December 31, 2017.       ☐ Leaving Office: Date Left/         Or       The period covered is/, through December 31, 2017.       ☐ The period covered is January 1, 2017, through December 31, 2017.         ☐ Assuming Office: Date assumed/, through December 31, 2017.       ☐ The period covered is/, through December 31, 2017.         ☐ Candidate: Date of Election and office sought, if different than Part 1:	Agency:	Рс	osition:		
Multi-County       □ County of         □ City of       □ Other         3. Type of Statement (Check at least one box)       □ Other         ③ Annual: The period covered is January 1, 2017, through December 31, 2017.       □ Leaving Office: Date Left       /	2. Jurisdiction of Office (Check at least one box)				
□ City of	X State	JI	udge or Court Commissio	oner (Statewide Jurisdi	iction)
□ City of	Multi-County	C	ounty of		
3. Type of Statement (Check at least one box)         Image: Statement (Check at least one box)         Image: Statement (Check at least one box)         Image: Statement 31, 2017.         Image: Statem		_			
Image: Second covered is January 1, 2017, through December 31, 2017.       □ Leaving Office: Date Left					
Or       Or       (Check one)         `or       The period covered is, through December 31, 2017.       Or The period covered is January 1, 2017, through the date of leaving office.         Or       Assuming Office: Date assumed       Or       The period covered is, through the date of leaving office.         Or       Candidate: Date of Election and office sought, if different than Part 1:       Or       The period covered is, through the date of leaving office.         4. Schedule Summary (must complete)  ► Total number of pages including this cover page:       9         Schedules attached       Schedule C - Income, Loans, & Business Positions – schedule attached         [X] Schedule A-1 - Investments – schedule attached       Schedule D - Income – Gifts – Schedule attached         [X] Schedule B - Real Property – schedule attached       Schedule E - Income – Gifts – Travel Payments – schedule attached         [Schedule B - No reportable interests on any schedule       OTY state         [Business or Ageny Address Recommended - Public Document]       OTY state         400 Q Street       Sacramento       CA         [DATIME TELEPHONE NUMBER       [EMAIL ADDRESS]         [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.         [Bate Signed       02/2/5/2018	••				
The period covered is	December 31, 2017.			əft//////	
Image: International and the data of leaving office.         Image: International and the data of the sought, if different than Part 1:         4. Schedule Summary (must complete) ► Total number of pages including this cover page:9         Schedules attached         Image: Image	The period covered is//	, «ougin -C	leaving office.		-
4. Schedule Summary (must complete) ► Total number of pages including this cover page:	Assuming Office: Date assumed//	(			, through
Schedules attached         Schedule A-1 - Investments - schedule attached         Schedule A-2 - Investments - schedule attached         Schedule A-2 - Investments - schedule attached         Schedule B - Real Property - schedule attached         Schedule B - Real Property - schedule attached         Schedule B - No reportable interests on any schedule         Strett         Of-         None - No reportable interests on any schedule         Schedule Z - Invome - Gifts - Travel Payments - schedule attached         Schedule S - Nore portable interests on any schedule         Strett       CITY         State       ZIP CODE         Building ADDRESS       Street         Street       Sacramento         CA       95811         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS         Image: Street Street Schedule is is true and complete. I acknowledge this is a public document.         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	Candidate: Date of Election and	office sought, if different	than Part 1:		
Image: Schedule A-1 - Investments - schedule attached       □ Schedule C - Income, Loans, & Business Positions - schedule attached         Image: Schedule A-2 - Investments - schedule attached       □ Schedule D - Income - Gifts - schedule attached         Image: Schedule B - Real Property - schedule attached       □ Schedule D - Income - Gifts - schedule attached         Image: Schedule B - Real Property - schedule attached       □ Schedule E - Income - Gifts - Travel Payments - schedule attached         -Or-       Image: Schedule B - No reportable interests on any schedule         5. Verification       CITY         MAILING ADDRESS       STREET         (Business or Agency Address Recommended - Public Document)       CITY         400 Q Street       Sacramento       CA         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS         (Image: Image: I		al number of page	s including this co	ver page:9	
Image: Solution of the second seco	Schedules attached				
Schedule B - Real Property – 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 (Jusiness or Agency Address Recommended - Public Document) 400 Q Street Sacramento CA 95811 DAYTIME TELEPHONE NUMBER (Jusiness of Agency Address is true and complete. 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					chedule attached
-Or-   None - No reportable interests on any schedule   5. Verification   MAILING ADDRESS   STRET   (Business or Agency Address Recommended - Public Document)   400 Q Street   Sacramento   CA   95811   DAYTIME TELEPHONE NUMBER   (Image: Comparison of the 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     02/25/2018 05:38 PM   Signature					
None - No reportable interests on any schedule         5. Verification         MAILING ADDRESS       STREET         (Business or Agency Address Recommended - Public Document)       CITY       STATE         400 Q Street       Sacramento       CA         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS         (Image: Comparison of the problem of the pr		Schedule	e E - Income – Gifts – Ti	ravel Payments – sche	edule attached
5. Verification         MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         (Business or Agency Address Recommended - Public Document)       Sacramento       CA       95811         400 Q Street       Sacramento       CA       95811         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS       E-MAIL ADDRESS         ( ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )		2			
MAILING ADDRESS       STREET       CITY       STATE       ZIP CODE         400 Q Street       Sacramento       CA       95811         DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS       E-MAIL ADDRESS         ( )       Image: Comparing 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.       Electronic Submission         Date Signed       02/25/2018 05:38 PM       Signature       Electronic Submission		с ————————————————————————————————————			
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DAYTIME TELEPHONE NUMBER       E-MAIL ADDRESS         ( ) ) () () () () () () () () () () () (					
<ul> <li>( ) Constrained</li> <li>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.</li> <li>I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</li> <li>Date Signed</li></ul>				958	11
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					
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.          Date Signed       02/25/2018 05:38 PM       Signature       Electronic Submission				of my knowledge the in	formation contained
Date Signed Signature Signature				correct.	
	02/25/2018 05:38 PM	Signature	Elect	ronic Submission	1
	-		(File the originally sig	ned statement with your filing of	fficial.)

#### SCHEDULE A-1 Investments



FAIR POLITICAL PRACTICES COMMISSION

Stock	s, Bo	nds,	and	Oth	ner	Intere	ests
(Ov	vnersh	ip Inter	rest is	Less	Tha	n 10%)	

Do not attach brokerage or financial statements.

Henry Jones

Name

► NAME OF BUSINESS ENTITY         ► NAME OF BUSINESS ENTITY           IBM         GENERAL DESCRIPTION OF THIS BUSINESS         GENERAL DESCRIPTION OF THIS BUSINESS           COMPUTER         FAIR MARKET VALUE         FAIR MARKET VALUE           \$2,000 - \$10,000         \$10,001 - \$100,000         \$10,001 - \$100,000           \$100,001 - \$1,000,000         Over \$1,000,000         \$100,001 - \$1,000,000	
COMPUTER       FAIR MARKET VALUE         FAIR MARKET VALUE       FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000	
FAIR MARKET VALUE       FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$10,001 - \$100,000       \$10,001 - \$100,000	
□ \$2,000 - \$10,000       ■ \$2,000 - \$10,000       ■ \$10,001 - \$100,000	
NATURE OF INVESTMENT     NATURE OF INVESTMENT       X Stock     Other	
(Describe)       (Describe)       (Describe)         Partnership       Income Received of \$0 - \$499       Income Received of \$500 or More (Report on Schedule C)         Income Received of \$500 or More (Report on Schedule C)       Income Received of \$500 or More (Report on Schedule C)	ort on Schedule C)
IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY INLAND WESTERN RETAIL R.E.I.T.	
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS	
REAL ESTATE INVESTMENTS TRUST	
FAIR MARKET VALUE FAIR MARKET VALUE	
□ \$2,000 - \$10,000	
\$100,001 - \$1,000,000       Over \$1,000,000       \$100,001 - \$1,000,000       Over \$1,000,000	
NATURE OF INVESTMENT R.E. Investments Trust	
(Describe)       (Describe)       (Describe)         Partnership       Income Received of \$0 - \$499       Income Received of \$500 or More (Report on Schedule C)         Image: Contract of the state	ort on Schedule C)
IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE:	
ACQUIRED DISPOSED ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE       FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$2,000 - \$10,000       \$10,001 - \$100,000	
\$100,001 - \$1,000,000       Over \$1,000,000       \$100,001 - \$1,000,000       Over \$1,000,000	
NATURE OF INVESTMENT         NATURE OF INVESTMENT           Stock         Other	
(Describe)       (Describe)         Partnership       Income Received of \$0 - \$499         Income Received of \$500 or More (Report on Schedule C)       Partnership         Income Received of \$500 or More (Report on Schedule C)       Income Received of \$500 or More (Report on Schedule C)	ort on Schedule C)
IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE:	
<u>//17</u> <u>//17</u> <u>//17</u> <u>//17</u> <u>//17</u>	

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry Jones

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Henry Jones Revocable Trust	Henry Jones Revocable Trust
Name 7735 W. 81st Street, Playa del Rey, CA 90293 Address (Business Address Acceptable) Check one X Trust, go to 2  Business Entity, complete the box, then go to 2	Name         7735 W. 81st Street, Playa del Rey, CA 90293         Address (Business Address Acceptable)         Check one         Trust, go to 2       Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       _//17         \$10,001 - \$100,000       ACQUIRED         \$10,001 - \$1,000,000       Over \$1,000,000         Over \$1,000,000       Over \$1,000,000         NATURE OF INVESTMENT       Other	General Description of This business         FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999      //17         \$2,000 - \$10,000      /_/17         \$10,001 - \$100,000       ACQUIRED         \$100,001 - \$1,000,000       Over \$1,000,000         NATURE OF INVESTMENT       Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> <li>\$0 - \$499</li></ul>	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IO THE ENTITY/TRUST)
<ul> <li>► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> <li>INVESTMENT</li> <li>INVESTMENT</li> <li>REAL PROPERTY</li> <li>5019-028-014</li> <li>Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property</li> </ul>	<ul> <li>▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> <li>□ INVESTMENT  REAL PROPERTY</li> <li>3332-006-035</li> <li>Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property</li> </ul>
LOS ANGELES, CA Description of Business Activity or	LOS ANGELES, CA Description of Business Activity or
City or Other Precise Location of Real Property FAIR MARKET VALUE  \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 NATURE OF INTEREST Property Ownership/Deed of Trust Leasehold Yrs. remaining Check box if additional schedules reporting investments or real property are attached	City or Other Precise Location of Real Property FAIR MARKET VALUE S2,000 - \$10,000 S \$10,001 - \$100,000 Over \$1,000,000 NATURE OF INTEREST Property Ownership/Deed of Trust Leasehold Yrs. remaining Check box if additional schedules reporting investments or real property are attached

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry Jones

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Henry Jones Revocable Trust	Henry Jones Revocable Trust
Name 7735 W. 81st Street, Playa Del Rey, CA 90293 Address (Business Address Acceptable) Check one	7735 W. 81st Street, Playa Del Rey, CA 90293 Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999      //17         \$2,000 - \$10,000      /_/17         \$10,001 - \$100,000       ACQUIRED         \$100,001 - \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999      //17         \$2,000 - \$10,000      /_/17         \$10,001 - \$100,000       ACQUIRED         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship Other	NATURE OF INVESTMENT
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       X OVER \$100,000         \$1,001 - \$10,000       \$1,001 - \$10,000	\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         ¥ \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
■ None or X Names listed below	None or Names listed below
E. LeBlanc and A. Pollock, Stenzer & Taylor, T. Cannon & R. Harris, Monique Turner, Tamika Johnson & Aaron Roger,	
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:</li> </ul>	<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> </ul>
□ INVESTMENT INVESTMENT INVESTMENT INVESTMENT INVESTMENT	INVESTMENT INVESTMENT INVESTMENT INVESTMENT INVESTMENT INVESTMENT
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property INGLEWOOD, CA	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property           LOS ANGELES, CA
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      /17         \$10,001 - \$1,000,000      /_17         \$\$100,001 - \$1,000,000       ACQUIRED         Over \$1,000,000       DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry Jones

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
HenryJones Revocable Trust	HenryJones Revocable Trust
Name 7735 W. 81st Street, Playa Del Rey, CA90293 Address (Business Address Acceptable) Check one Trust op to 2 Pusiness Entity, complete the box, then go to 2	Name 7735 W. 81st Street, Playa Del Rey, CA90293 Address (Business Address Acceptable) Check one Struct on to 2 Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS         FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       _//17         \$10,001 - \$100,000       _//17         \$100,001 - \$1,000,000       _//17         Over \$1,000,000       _//17         NATURE OF INVESTMENT       _//2000
Partnership     Sole Proprietorship     Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       X OVER \$100,000         \$1,001 - \$10,000	\$\$ \$0 - \$499       \$\$ \$10,001 - \$100,000         \$\$ \$500 - \$1,000       OVER \$100,000         \$\$ \$1,001 - \$10,000       \$\$ \$10,001 - \$100,000
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)          None       or       Image: See ATTACHED	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> <li>INVESTMENT</li> <li>REAL PROPERTY</li> </ul>	<ul> <li>A. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> <li>INVESTMENT</li> <li>REAL PROPERTY</li> </ul>
4017-019-013	4114-020-002
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property INGLEWOOD, CA	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property PLAYA DEL REY, CA
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST
Leasehold Other      Yrs. remaining Other	Leasehold Other      Check bey if additional acheckular constitutions investments or real presents
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry Jones

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
HenryJones Revocable Trust	HenryJones Revocable Trust
Name	Name
7735 W. 81st Street, Playa Del Rey, CA90293	7735 W. 81st Street, Playa Del Rey, CA90293
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Image: Check one       Image: State of the	Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999      17         \$2,000 - \$10,000      17         \$10,001 - \$100,000       ACQUIRED         \$100,001 - \$1,000,000       Over \$1,000,000         NATURE OF INVESTMENT      Other	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$0 - \$1,999       /_/17         \$2,000 - \$10,000       ACQUIRED         \$10,001 - \$100,000       ACQUIRED         \$100,001 - \$1,000,000       Over \$1,000,000         NATURE OF INVESTMENT       Partnership         Sole Proprietorship       Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</li> </ul>	2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
X       \$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         \$1,001 - \$10,000         > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	X       \$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         \$1,001 - \$10,000         > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:</li> </ul>	<ul> <li>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</li> <li>Check one box:</li> </ul>
□ INVESTMENT	□ INVESTMENT
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property Palm Desert, CA	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property Palm Springs, CA
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000	FAIR MARKET VALUE       IF APPLICABLE, LIST DATE:         \$2,000 - \$10,000      /_17         \$10,001 - \$1,000,000      /_17         \$100,001 - \$1,000,000       ACQUIRED         Over \$1,000,000       DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST         Image: Property Ownership/Deed of Trust         Image: Stock         Image: Property Ownership/Deed of Trust
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

## SCHEDULE A-2

Attachment



Henry Jones

#### **BUSINESS ENTITY OR TRUST : HenryJones Revocable Trust**

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

R. Oliver& C. Walls; K & L Richardson; Robinson & Coleman; M& C.Young; C. Kibby; K. Allen & A. Walker; G Rhodes & K Watson; Tricia Covinton; R. Vasquez & K. Munoz; Althonia Mitchel; Miranda Holt & Ariana Kenned;

### SCHEDULE D Income – Gifts

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry Jones

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Melvin Lindsey	Carol Baldwin Moody
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2121 Avenue of the Stars, Ste 160, Los Angeles, CA 90067	3901B Main St, Philadelphia, PA 19127
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Opportunity Processes	Board Diversity
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
50 Juli	Fo hugh
<u>03 / 10 / 17</u> <u>\$ 50</u> lunch	<u>12 / 04 / 17</u> <u>\$ 50</u> <u>lunch</u>
\$	/\$
/\$	\$\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Michael Thomas	Sekou Kaalund
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
707 3rd St, West Sacramento, CA 95605	383 Madison Ave, New York, NY 10017
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Department of General Services	Investment Opportunity Processes
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>03 / 27 / 17 <sub>\$</sub> 55</u> lunch	<u>05 / 09 / 17</u> <u>\$</u> 35 lunch
/\$	/\$
/\$	\$
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Michael Schlachter	Michael Ring
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
155 North Wacker Drive, Suite 1500, Chicago, IL 60606	1800 Massachusetts Ave, NW, Washington DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Opportunity Processes	Board Diversity
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>02 / 06 / 17 </u> § <u>48</u> lunch	<u>01 / 24 / 17</u> <u>\$</u> 20 breakfast
\$ <b>_</b>	
/\$	<b>  </b> \$

Comments: \_\_

### SCHEDULE D Income – Gifts

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Henry Jones

19 F GIFT(S)
GIFT(S)
GIFT(S)
F GIFT(S)
60654
GIFT(S)
GIFT(S)