

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*

INSTITUTIONAL SHAREHOLDERS SERVICES

ADDRESS *(Business Address Acceptable)*

201 CALIFORNIA STREET SAN FRANCISCO, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

CONFERENCE DINNER

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 13 / 17	\$ 50.00	DINNER
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
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___ / ___ / ___	\$ _____	_____

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Filer's Verification

Print Name Theresa Taylor

Office, Agency or Court California Public Employees' Retirement System

Statement Type ☒ 2017/2018 Annual ☐ Assuming ☐ Leaving
☐ _____ Annual ☐ Candidate
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/26/2018 03:19 PM
(month, day, year)

Filer's Signature Electronic Submission

Comments: _____