

STATEMENT OF ECONOMIC INTERESTS

Date Received
Date-Initial Filing Received
Official Use Only
MAR 18 2019

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Ortega Eraina

Enterprise Compliance Division

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Human Resources Department (CalHR)

Division, Board, Department, District, if applicable

Your Position

Executive Director

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

Agency: California Public Employees Retirement System Position: Board Member-CalHR

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, 2018, through December 31, 2018.
-or-
The period covered is ____/____/____, through December 31, 2018.
- Assuming Office: Date assumed 03 / 18 / 2019
- Leaving Office: Date Left ____/____/____
(Check one circle.)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ 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

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1515 S Street, North Building, Suite 500 Sacramento CA 95811

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
 (916) 322-5193 eraina.ortega@calhr.ca.gov

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 3/18/19
(month, day, year)

Signature Eraina Ortega
(File the originally signed paper statement with your filing official)

SCHEDULE D
Income – Gifts

Name
 Eraina Ortega

▶ NAME OF SOURCE (Not an Acronym)
 California Women Lead

ADDRESS (Business Address Acceptable)
 1017 L Street #418

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 18	\$ 48.90	Swag bag: tote, water bottle, card's, both salts, hair clip, coloring book, books
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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

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

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

Comments: _____