

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.			3,	
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Olivares	Stacie			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
California Public Employees' R	etirement System			
Division, Board, Department, District, if a	<u> </u>	Your Position		
Board of Administration (BOA)		Board Meml	oer	
► If filing for multiple positions, list below	v or on an attachment. (Do no			
Agency:		Position:		
2. Jurisdiction of Office (Check a	t least one box)			
	, ,	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
Multi-County		County of		
C Otto of				
3. Type of Statement (Check at lea	ast one box)			
Annual: The period covered is January December 31, 2021.	•	✓ Leaving Office	e: Date Left	062022 e circle.)
-or- The period covered is December 31, 2021 .		The period leaving off		ry 1, 2021, through the date of
Assuming Office: Date assumed _		The period	I covered is f leaving office.	, through
Candidate: Date of Election	and office sou	ight, if different than Part 1:		
4. Schedule Summary (must co	omplete) ► Total numi	per of pages including	this cover pa	ge: 6
Schedules attached				
Schedule A-1 - Investments – sc	hedule attached	Schedule C - Income,	Loans, & Busines	s Positions - schedule attached
Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule at				
Schedule B - Real Property – sc	hedule attached	Schedule E - Income	– Gifts – Travel Pa	syments – schedule attached
-Or- None No reportable into	vraete on any cahadula			
-Or- None - No reportable integration	resis on any schedule			
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Publ.	ic Document)			
A00 Q Street DAYTIME TELEPHONE NUMBER	Sac	ramento EMAIL ADDRESS	CA	95811
()		EMAIL ADDKE22		
I have used all reasonable diligence in pr	enaring this statement. I have r	eviewed this statement and t	n the heet of my br	nowledge the information contained
herein and in any attached schedules is				owiedge the information contained
I certify under penalty of perjury unde	r the laws of the State of Cal	ifornia that the foregoing is	s true and correct	
Date Signed 01/13/2022 12 (month, day, year		Signature	Electronic S	Submission tement with your filing official.)
(monus, day, year	<i>j</i>	(i iie tile	onginant signou paper sta	comone man your ming omorany

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Stacie Olivares

NAME OF BUSINESS ENTITY ► NAME OF BUSINESS ENTITY Bitwise Crypto Index Fund **SUMA Wealth** GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS cryptocurrency financial education FAIR MARKET VALUE FAIR MARKET VALUE \$2,000 - \$10,000 \$2,000 - \$10,000 **×** \$10,001 - \$100,000 **×** \$10,001 - \$100,000 Over \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT
Stock Other Index Fund NATURE OF INVESTMENT X Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) O Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: IF APPLICABLE. LIST DATE: / / 21 / 21 DISPOSED 05 / 18 / 21 / / 21 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY ► NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE FAIR MARKET VALUE \$10,001 - \$100,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$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 NATURE OF INVESTMENT Stock Other Stock Other _ (Describe) (Describe) Partnership O Income Received of \$0 - \$499 Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C) () Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE. LIST DATE: IF APPLICABLE. LIST DATE: <u>/____/21</u> _/___<u>/_21</u> ► NAME OF BUSINESS ENTITY NAME OF BUSINESS ENTITY GENERAL DESCRIPTION OF THIS BUSINESS GENERAL DESCRIPTION OF THIS BUSINESS FAIR MARKET VALUE FAIR MARKET VALUE 10,001 - \$100,000 \$10,001 - \$100,000 \$2,000 - \$10,000 \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT NATURE OF INVESTMENT Other Other Stock Stock Partnership O Income Received of \$0 - \$499 Partnership O 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) IF APPLICABLE, LIST DATE: IF APPLICABLE, LIST DATE: / / 21 / 21 ACQUIRED DISPOSED <u>/_____/_21_</u> ____/<u>/__/21</u> DISPOSED

Comments: _

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Stacie Olivares

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
TRAIL BLAZERS ACADEMY INC	
Name CULVER CITY, CA 90230	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	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
EDUCATION TECHNOLOGY AND SERVICES	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership X Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Spouse's (divorce pending)	YOUR BUSINESS POSITION
> 2. IDENTIFY THE CROSS INCOME RECEIVED (INCLUDE VOLID RDO DATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
× \$0 - \$499	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000 ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	\$1,001 - \$10,000
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 Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
NEAL THOI ENT	INVESTIMENT INCAL FROM ENTIT
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
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
a.s dilation	are attached

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Stacie Olivares

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5061-027-029	
CITY	CITY
LOS ANGELES	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J_J_21 J_21 J_21 S100,001 - \$1,000,000 X Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ✓ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
business on terms available to members of the public	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 None None None None None None None
loans received not in a lender's regular course of bus	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
comments:	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Stacie Olivares		

NAME OF SOURCE OF INCOME			
	NAME OF SOURCE OF INCOME		
KBRA	University of Southern California		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
805 Third Ave., 29th FIr, New York, NY 10022	Los Angeles, CA 90007		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
credit rating	higher education		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
board director	Career Strategist, USC Marshall School of Business		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000		
	▼ \$10,001 - \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)		
	Loan repayment		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Deseribe)	(Describe)		
(Describe)			
(Describe) Nother board director fees			
Other board director fees (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	Other(Describe)		
* Other board director fees (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING Formula are tail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows:	Other		
* Other board director fees * You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official.	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follow. NAME OF LENDER*	Other		
* Other board director fees (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING Formula are tail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follows:	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follow. NAME OF LENDER*	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	Other		
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the tomembers of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	Other		

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Stacie Olivares		

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Unicorn Hunters/Transparent Business	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
415 Mission Street, San Francisco, CA 94105	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
entertainment	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
talent	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.) Loan repayment	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
▼ Other acting	Other
(Describe)	(Describe)
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	_
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	,
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other
Comments:	