

AMENDMENT

COVER PAGE

Filed Date: 11/24/2025 09:58 AM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Erickson

Monica

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Public Employees Retirement System

Division, Board, Department, District, if applicable

Your Position

Board Member

► If filing 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☐ Judge, Retired Judge, Pro Tem 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, 2024, through
December 31, 2024.☐ Leaving Office: Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through
December 31, 2024.☐ The period covered is January 1, 2024, through the date of
leaving office.☒ Assuming Office: Date assumed 10 / 31 / 2025

-or-

☐ 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 (required)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments – schedule attached☒ Schedule C - Income, Loans, & Business Positions – schedule attached☐ Schedule A-2 - Investments – schedule attached☐ Schedule D - Income – Gifts – schedule 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
(Business or Agency Address Recommended - Public Document)

400 Q St, Lincoln Plaza North

Sacramento

CA

95811-6201

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(916) 795-3337

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 11/24/2025 09:58 AM

(month, day, year)

Signature Monica Erickson

(File the originally signed paper statement with your filing official.)

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

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Contech Engineered Solutions

ADDRESS (Business Address Acceptable)

9100 Centre Pointe Dr., Suite 400, West Chester Ohio 45069

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Sales, Market and Engineering

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ 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.)

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
(Describe)

Comments:

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

Filer's Verification

Print Name Monica Erickson Office, Agency or Court Public Employees Retirement System

Statement Type ☐ 2024/2025 Annual ☐ _____ Annual ☒ Assuming ☐ Leaving ☐ 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 11/24/2025 09:58 AM Filer's Signature Monica Erickson
(month, day, year)