

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST)	) (FIRST)		(MIDDLE)	
Erickson	Monica	1	,	
I. Office, Agend	•			
	o not use acronyms)			
	yees Retirement System			
Division, Board, D	Department, District, if applicable	,	Your Position	
			Board Member	
► If filing for mul	tiple positions, list below or on an attachmer	nt. (Do not use acrony	ms)	
Agency:			Position:	
Agency.			r osition.	
2. Jurisdiction	of Office (Check at least one box)			
			Judge, Retired Judge, Pro Tem (Statewide Jurisdiction)	Judge, or Court Commissioner
Multi-County				
		_		
	ement (Check at least one box)			
	,	_	1	
	e period covered is January 1, <b>2024,</b> through cember 31, <b>202</b> 4.	1	Leaving Office: Date Left (Check one	circle below.)
The Dec	e period covered is// cember 31, <b>202</b> 4.	, through	<ul><li>The period covered is Jan leaving office.</li><li>-or-</li></ul>	uary 1, 2024, through the date of
★ Assuming O	office: Date assumed 10 / 31 / 202	<u>25                                    </u>	The period covered is the date of leaving office.	/
Candidate:	Date of Election and	I office sought, if differ	ent than Part 1:	
4. Schedule Su	ımmary (required) ► To	tal number of pag	ges including this cover	page: 2
Schedules a				
▼ Schedule	A-1 - Investments – schedule attached	□ Sched	ule C - Income. Loans. & Busin	ess Positions – schedule attached
	<b>A-2 -</b> <i>Investments</i> – schedule attached		ule D - Income - Gifts - sched	
<u> </u>	<b>B</b> - Real Property – schedule attached		ule E - Income - Gifts - Travel	
concadio	2 ricar reporty conducte attached			,
-or- □ None	<ul> <li>No reportable interests on any sch</li> </ul>	edule		
5. Verification	roportuino intereste en un y con	0 4 4 1 1		
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
,	Address Recommended - Public Document)	Cooromonto	CA	05044 0004
	ncoln Plaza North	Sacramento	DDDESS	95811-6201
DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS				
( 916 ) 795-				
	asonable diligence in preparing this statemen attached schedules is true and complete.			knowledge the information contained
I certify under p	enalty of perjury under the laws of the St	ate of California that	the foregoing is true and corr	ect.
Date Signed	11/22/2025 04:27 PM	Cianat	Monics	a Erickson
Date Signed	(month, day, year)	Signature		statement with your filing official.)

## **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 FAIR POLITICAL PRACTICES COMMISSION

Name

Monica Erickson

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
TSLA	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Electric Vehicle and Clean Energy	
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>×</b> \$2,000 - \$10,000	\$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
X Stock Other (Describe)	Stock Other (Describe)
Partnership	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	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
\$2,000 - \$10,000 \$10,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CENERAL DECORAL FIGURE OF THIS DOCINESS	GENERAL BEGGRAF HON OF THIS BOSINESS
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)	Stock Other(Describe)
Partnership () Income Received of \$0 - \$499	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)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACCURED DISPOSED
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	