CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing *Official Use Only*

Filed Date: 11/03/2025 03:24 PM
SAN: FPPC

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Middleton	Lisa	J

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)*

- [X] 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.
  -or-
  The period covered is ____/____/____, through December 31, 2024.
- [X] **Assuming Office:** Date assumed 09 / 10 / 2025
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ____/____/____
  (Check one circle below.)
  ○ The period covered is January 1, 2024, through the date of leaving office.
  -or-
  ○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 2

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
- [X] **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
	400 Q St, Lincoln Plaza North	Sacramento	CA	95811-6201

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(916) 795-3337	LisaMiddletonps@icloud.com

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 11/03/2025 03:24 PM *(month, day, year)*

Signature Lisa J Middleton *(File the originally signed paper statement with your filing official.)*

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- **Mark either the gift or income box.**
- **Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
Equality California Institute
ADDRESS *(Business Address Acceptable)*
3752 S. Grand Ave.
CITY AND STATE
Los Angeles, CA 90007
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LGBTQ+ Advocacy & Empowerment Organization
DATE(S): 08 / 25 / 25 - 08 / 26 / 25 *(If gift)* AMT: $ 161.00
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
2025 California LGBTQ+ Leadership Summit
► If Gift, Provide Travel Destination
Sacramento, CA

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
► MUST CHECK ONE: ☐ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination

Filer's Verification

Print Name Lisa Middleton

Office, Agency or Court Public Employees Retirement System

Statement Type ☐ 2024/2025 Annual ☒ Assuming ☐ Leaving ☐ ____ (yr) Annual ☐ Candidate

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 11/03/2025 03:24 PM *(month, day, year)*

Filer's Signature Lisa J Middleton

Comments: