CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 09/23/2025 11:50 AM
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Please type or print in ink.

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
- [ ] **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.
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***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
- [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	EMAIL 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 09/23/2025 11:50 AM *(month, day, year)*

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

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Lisa Middleton

- **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)*
League of California Cities

ADDRESS *(Business Address Acceptable)*
1400 K Street

CITY AND STATE
Sacramento CA 95814

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities & their residents

DATE(S): 09 / 10 / 24 - 09 / 09 / 25 *(If gift)* AMT: $ 471.85

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
SEE ATTACHED

▶ 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 ____

▶ 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 ____

Comments: ____

SCHEDULE E

Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Lisa Middleton

NAME OF SOURCE : League of California Cities

Other - Provide Decription
Meals and Travel for Board Meetings