

FAIR POLITICAL PRACTICES COVER PAGE

2015 FEB 10 PM 12:10

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Boyken Grant E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Treasurer's Office Deputy Treasurer
Division, Board, Department, District, if applicable Your Position

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: see attached Position: governing board designee

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
-or- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2014, through the date of leaving office.
 - The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- 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
- 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)
915 Capitol Mall, Room 110 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 651-7427

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 02/03/2015 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

Deputy Treasurer
Grant Boyken, ~~Pension and Benefits Officer~~

Filing of SEI Form 700
Original must be signed and dated and filed with
Fair Political Practices Commission (by March 1)
428 J Street, Suite 620
Sacramento, CA 95814

Copies to the Following
Training Officer, Admin STO, Room 587

**Board of Administration of the California Public Employees' Retirement System
(CalPERS)**

Attn: Nadia Sabile, FPPC Filing Officer
400 Q Street, LPN - 3110
Sacramento, CA 95811

California Earthquake Authority (CEA)

Attn: Niel Hall, FPPC Filing Officer
801 K Street, Suite 1000
Sacramento, CA 95814

California Secure Choice Retirement Savings Investment Board

Attn: Brittney Trost, FPPC Filing Officer
915 Capitol Mall, Room 110
Sacramento, CA 95814

Teachers' Retirement Board, California State Teachers' Retirement System (CalSTRS)

Attn: Tifani Vincent, FPPC Filing Officer
100 Waterfront Place
West Sacramento, CA 95851-0275

ScholarShare Investment Board

Attn: Brittney Trost, FPPC Filing Officer
915 Capitol Mall, Room 110
Sacramento, CA 95814

California Educational Facilities Authority

Attn: Brittney Trost, FPPC Filing Officer
915 Capitol Mall, Room 110
Sacramento, CA 95814

California Health Facilities Financing Authority

Attn: Brittney Trost, FPPC Filing Officer
915 Capitol Mall, Room 110
Sacramento, CA 95814