

2015 AP - I PM 1:33

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Grajski Rebecca ADMINISTRATOR Jean

1. Office, Agency, or Court

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

► 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 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, 2014, through December 31, 2014.
 -or- The period covered is _____, through December 31, 2014.
- 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.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: _____
- 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 538 Sacramento CA 95814
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (916) 653-7345 bgrajski@treasurer.ca.gov

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 04/01/2015 Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)