CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

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

Division, Board, Department, District, if applicable

Deputy Treasurer
Your Position

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

Agency: see attached

Position: governing board designee

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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, 2015, through December 31, 2015.

-or-

The period covered is ____/____/_____, through December 31, 2015.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____
(Check one)

○ The period covered is January 1, 2015, through the date of leaving office.

-or-

○ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* _____

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
- ☐ **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
915 Capitol Marr, 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 Feb. 22, 2016
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

Grant Boyken, Deputy Treasurer

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