CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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STATE OF CALIFORNIA
2016 FEB 10 PM 2:09
ADMINISTRATION

Please type or print in ink.

NAME OF FILER (LAST): Moore
(FIRST): Frank
(MIDDLE):

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: State Treasurer's Office

Division, Board, Department, District, if applicable: Investments Division

Your Position: Pension Investment Officer

► 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
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [x] **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:* 2

Schedules attached

- [x] **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)*: 916 Capitol Mall, Room 106
STREET / CITY: Sacramento
STATE: CA
ZIP CODE: 95814

DAYTIME TELEPHONE NUMBER: (916) 653-3147
E-MAIL ADDRESS: fmoore@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 02/10/2016 *(month, day, year)*

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

SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Frank Moore

▶ NAME OF BUSINESS ENTITY: INTC - Intel Corporation

GENERAL DESCRIPTION OF THIS BUSINESS: Semiconductor manufacturing

FAIR MARKET VALUE
- [x] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
- [x] Stock
- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
  - ○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

▶ NAME OF BUSINESS ENTITY: _____

GENERAL DESCRIPTION OF THIS BUSINESS: _____

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [ ] $100,001 - $1,000,000
- [ ] Over $1,000,000

NATURE OF INVESTMENT
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- [ ] Other _____ (Describe)
- [ ] Partnership
  - ○ Income Received of $0 - $499
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GENERAL DESCRIPTION OF THIS BUSINESS: _____

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- [ ] Over $1,000,000

NATURE OF INVESTMENT
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- [ ] Other _____ (Describe)
- [ ] Partnership
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IF APPLICABLE, LIST DATE:

___/___/ 15 ACQUIRED ___/___/ 15 DISPOSED

Comments: _____