

**STATEMENT OF ECONOMIC INTERESTS**

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**COVER PAGE**

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NAME OF FILER (LAST) (FIRST)  
 Boyken Grant

**1. Office, Agency, or Court**

Agency Name  
 California State Treasurer's Office  
 Division, Board, Department, District, if applicable  
 Executive Office  
 Your Position  
 Pension and Benefits Officer

► If filing for multiple positions, list below or on an attachment.

Agency: see attached list Position: Board designee of the State Treasurer

**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, 2011, through December 31, 2011.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.  The period covered is January 1, 2011, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

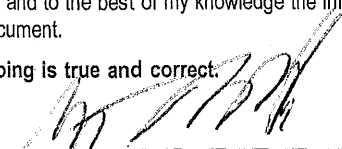
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 915 Capitol Mall, Rm 110 Sacramento CA 95814  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 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 02-15-2012  
 (month, day, year)

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



**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)**  
(CalPERS) Attn: Elaine Anderson, FPPC Filing Officer  
400 Q Street, LPN - 3110  
Sacramento, CA 95811

**Board of Administration of the State Teachers' Retirement System (CalSTRS)**  
Attn: Tiffani Vincent, FPPC Filing Officer  
100 Waterfront Place  
West Sacramento, CA 95851-0275

**California Earthquake Authority (CEA)**  
Attn: Neil Hall, FPPC Filing Officer  
801 K Street, Suite 1000  
Sacramento, CA 95814