

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 08/09/2024 07:56 AM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gilmore Stephen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Public Employees' Retirement System
Division, Board, Department, District, if applicable Your Position
Executive Office (EXEO) Chief 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)

State Judge, Retired Judge, Pro Tem 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, 2023, through December 31, 2023.
-or- The period covered is ____/____/____, through December 31, 2023.
 Assuming Office: Date assumed 07 / 12 / 2024
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2023, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

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)
400 Q Street Sacramento CA 95811
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 08/09/2024 07:56 AM
(month, day, year)

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

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: Stephen Gilmore

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Guardians of New Zealand Superannuation
ADDRESS: 12/21 Queen Street, Auckland 1010, New Zealand
BUSINESS ACTIVITY: Sovereign Wealth Fund
YOUR BUSINESS POSITION: Chief Investment Officer
GROSS INCOME RECEIVED: OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED: Salary

NAME OF SOURCE OF INCOME
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status.

NAME OF LENDER*
ADDRESS
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD

INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN
Guarantor

Comments:

SCHEDULE D
Income – Gifts

Name
Stephen Gilmore

▶ NAME OF SOURCE *(Not an Acronym)*
Bridgewater Associates
 ADDRESS *(Business Address Acceptable)*
One Nyala Farms Road Westport, CT 06880
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment management company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 31 / 23</u>	<u>\$ 100</u>	<u>Meal</u>
<u>08 / 14 / 23</u>	<u>\$ 25</u>	<u>Drinks</u>
<u>09 / 11 / 23</u>	<u>\$ 25</u>	<u>Drinks</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Bridgewater Associates
 ADDRESS *(Business Address Acceptable)*
One Nyala Farms Road Westport, CT 06880
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment management company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 08 / 24</u>	<u>\$ 50</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Pacific Investment Management Company (PIMCO)
 ADDRESS *(Business Address Acceptable)*
650 Newport Center Drive, Newport Beach, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment management company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 19 / 23</u>	<u>\$ 150</u>	<u>Meal</u>
<u>05 / 24 / 24</u>	<u>\$ 30</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
New Zealand Parliamentary Trust
 ADDRESS *(Business Address Acceptable)*
Private Bag 18041, Parliament Buildings, Wellington, New Zealand 6160
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-partisan educational charity between Members of Parliament and the business community

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 16 / 23</u>	<u>\$ 150</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Morrison and Company
 ADDRESS *(Business Address Acceptable)*
Level 3, 5 Market Lane, Wellington, New Zealand 6011
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Management Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 23 / 23</u>	<u>\$ 100</u>	<u>Meal</u>
<u>10 / 24 / 23</u>	<u>\$ 50</u>	<u>Meal</u>
<u>11 / 29 / 23</u>	<u>\$ 120</u>	<u>Meal</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Copenhagen Infrastructure Partners
 ADDRESS *(Business Address Acceptable)*
Gdanskgade 18, DK-2150 Nordhavn, Denmark
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Management Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 19 / 23</u>	<u>\$ 100</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Stephen Gilmore

▶ NAME OF SOURCE *(Not an Acronym)*
Commonwealth Superannuation Corporation
 ADDRESS *(Business Address Acceptable)*
7 London Circuit, Canberra, ACT, 2601, Australia
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public sector pension fund

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 15 / 24</u>	<u>\$ 150</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Dr Sung Cheng Chih
 ADDRESS *(Business Address Acceptable)*
Republic Plaza, Level 22, 9 Raffles Place. Singapore 048619
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Seraya Partners, Wealth Management Institute International Pte.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 14 / 23</u>	<u>\$ 250</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Euroclear
 ADDRESS *(Business Address Acceptable)*
1 Boulevard du Roi Albert II, 1210 Brussels, Belgium
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Services Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 20 / 24</u>	<u>\$ 120</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Generation Investment Management
 ADDRESS *(Business Address Acceptable)*
20 Air Street London W1B 5AN United Kingdom
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Management Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 18 / 24</u>	<u>\$ 200</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Man Group
 ADDRESS *(Business Address Acceptable)*
Riverbank House, 2 Swan Ln, London EC4R 3AD, United Kingdom
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Management Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 23</u>	<u>\$ 100</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Minack Advisors
 ADDRESS *(Business Address Acceptable)*
PO Box 284, Mosman NSW 2088, Australia
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Advisory

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 09 / 24</u>	<u>\$ 120</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Stephen Gilmore

▶ NAME OF SOURCE *(Not an Acronym)*
Russell Property Group
ADDRESS *(Business Address Acceptable)*
103 Carlton Gore Road, Newmarket, Auckland 1023, New Zealand
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 08 / 23</u>	<u>\$ 70</u>	<u>Wine for speaking</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
The Federal Holding and Investment Company (SFPIM)
ADDRESS *(Business Address Acceptable)*
Avenue Louise - Louizalaan, 32/4 1050 Brussels, Belgium
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sovereign Wealth Fund

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 21 / 24</u>	<u>\$ 80</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Slate Asset Management
ADDRESS *(Business Address Acceptable)*
121 King St W, Suite 200 Toronto, ON M5H 3T9, Canada
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Management Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 01 / 24</u>	<u>\$ 100</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Standards Board for Alternative Investments
ADDRESS *(Business Address Acceptable)*
7 Henrietta Street London, WC2E 8PS United Kingdom
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Voluntary standard-setting body for the alternative investment industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 12 / 23</u>	<u>\$ 85</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Temasek
ADDRESS *(Business Address Acceptable)*
60B Orchard Road #06-18 Tower 2. The Atrium@Orchard Singapore 238891
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sovereign Wealth Fund

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 11 / 23</u>	<u>\$ 200</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Willis Towers Watson
ADDRESS *(Business Address Acceptable)*
51 Lime St, London EC3M 7DQ, United Kingdom
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment Advisory Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 19 / 24</u>	<u>\$ 150</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____