CALIFORNIA FORM 700	STATEMENT OF	ECONOMIC INTE	RESTS Date Initial Filing Receiv
A PUBLIC DOCUMENT	CO	VER PAGE	Filed Date: 10/31/2017 01:43 PM SAN: 011300005-STH-0005
Please type or print in ink.	(51007)		
NAME OF FILER (LAST) Asubonten	(FIRST) Charles		(MIDDLE)
1. Office, Agency, or Court	Chanoo		
Agency Name (Do not use acronyms)			
California Public Employees' Retire	ement System		
Division, Board, Department, District, if applica	-	Your Position	
		Chief Financial O	fficer
► If filing for multiple positions, list below or o	on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at leas	at one box)		
★ State		Judge or Court Comm	nissioner (Statewide Jurisdiction)
Multi-County		County of	
City of		Other	
3. Type of Statement (Check at least on	ie box)		
Annual: The period covered is January 1 December 31, 2016.	, 2016, through	Leaving Office: Dat (Check one)	e Left//
-or- The period covered is/ December 31, 2016.	, through	 The period cover- leaving office. -or- 	ed is January 1, 2016, through the date of
X Assuming Office: Date assumed 10	<u>022017</u>	•.	ed is/, through g office.
Candidate: Election year	and office sought, if di	fferent than Part 1:	
4. Schedule Summary (must compl Schedules attached	ete) ► Total number o	f pages including this	cover page:5
Schedule A-1 - Investments – schedul	e attached	Schedule C - Income, Loans	, & Business Positions – schedule attached
Schedule A-2 - Investments - schedul	e attached	Schedule D - Income – Gifts	- schedule attached
Schedule B - Real Property – schedul	e attached	Schedule E - Income – Gifts	- Travel Payments - schedule attached

□ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Re	ecommended - Public Document)			
400 Q Street		Sacramento	CA	95811
DAYTIME TELEPHONE NUMBE	R	E-MAIL 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	10/31/2017 01:43 PM	Signature _	Electronic Submission	_
(month, day, year)		(File the originally signed statement with your filing official.)		

SCHEDULE A-1 Investments



FAIR POLITICAL PRACTICES COMMISSION

Stocks,	Bonds,	and	Other	Interests
(Own	ership Inte	rest is	Less Tha	n 10%)

Do not attach brokerage or financial statements.

Charles Asubonten

Name

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Ford Motor Company	Gogo
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Automobiles	Air network provider
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000 (\$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 \$100,000 \$100,
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_16//_16	<u>//_16/16_</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Travellers Insurance	Global Eagle Entertainment
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Insurance	Network provider
FAIR MARKET VALUE	FAIR MARKET VALUE
\$ 2,000 - \$10,000 \$ 10,001 - \$100,000	\$ 2,000 - \$10,000 \$ 10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// 16// 16	//_16/_16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
DTE Energy	Dow Chemical Company
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Electricity & Gas	Chemicals
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000 (\$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ 16/ 16	/ / 16 / / 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED

SCh EDu LE A-2 Investments, Income, and Assets of Billsiness Entities/Tillsts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM

Name

Charles Asubonten

► 1. BuSINESS ENTITY Or TruST	► 1. BuSINESS ENTITY Or TruST
Transmax/RSA Capital	
Name 8480 Baltimore National Pike, Ellicott City, MD 21043	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 II Business Entity, complete the box, then go to 2	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION DF THIS Bu SINESS
FAIREMARKET vALu E IFEAPPLICABLE, LIST DATE: \$0 - \$1,999	FAIREMARKET vALu E IFEAPPLICABLE, LIST DATE: \$0 - \$1,999
NATu REIDFINVESTMENT	NATu REIDFIINVESTMENT
YOu RIBU SINESS POSITION	YOu REBU SINESSEPOSITION
 ▶ 2. IDENTIFY THE GR OSS INCOME T ECEIVED (INCLUDE YOUR PROTATA ShAr E OF THE GR OSS INCOME TO THE ENTITY/Tr u ST) \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 ♥ OV ERE\$100,000 	 ► 2. IDENTIFY THE GR OSS INCOME RECEIVED (INCLUDE YOUR PRORATA ShAR E OF THE GR OSS INCOME IO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER\$100,000
 > 3. LIST THE NAME OF EACH r EPOR TABLE SINGLE SOur CE OF INCOME OF \$10,000 Or MOr E (AttacE a sepaEate sElect if necessaEy.) X None or Names listed below 	 > 3. LIST THE NAME OF EACH r EPOR TABLE SINGLE SOUR CE OF INCOME OF \$10,000 Or MOR E (AttacE a sepaEate sElect if necessaEy.) None or Names listed below
 ▶ 4. INVESTMENTS AND INTER ESTS IN r EAL Pr OPER TY hELD OR LEASED BY THE BUSINESS ENTITY OF Tr UST Check one box: INVESTMENT REAL PROPERTY 	 ▶ 4. INVESTMENTS AND INTER ESTS IN r EAL Pr OPER TY hELD OR LEASED BY THE BUSINESS ENTITY OF Tr UST Check one box: □ INVESTMENT □ REAL PROPERTY
Name of BEsiness Entity, if InEestment, <u>or</u> Assessor's Parcel NEmber or Street Address of Real Property	Name of B [®] siness Entity, if In [®] estment, <u>or</u> Assessor's Parcel N [®] mber or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIREMARKET vALu E IFEAPPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR@MARKET vALu E IF@APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATu REIDFIINTEREST	NATu REIDFINTEREST
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:__

FPPC Form 700 (2016/2017) Sch. A-2 FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCh EDu LE B Intelests in r eal Plopely (Including Rental Income)

CALIFORNIA FORM 700

Name

Charles Asubonten

ASSESSOR'S PARCEL Nu MBER OR STREET ADDRESS	► ASSESSOR'S PARCEL Nu MBER OR STREET ADDRESS
501 Elmwood St	
CITY	CITY
Dearborn	
FAIREMARKET vALu E IFEAPPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIREMARKET vALu E IFEAPPLICABLE, LIST DATE: \$2,000 - \$10,000 ////////////////////////////////////
NATu REIDFIINTEREST	NATu REDFINTEREST
Leasehold Dther	Leasehold Other
IFERENTAL PROPERTY, GROSSENCOMEERECEIVED	IFERENTAL PROPERTY, GROSSEINCOMEERECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 Ov ERE\$100,000	S10,001 - \$100,000 Ov ERI\$100,000
SOu RCESIDFIRENTAL INCOME: If yoll own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOu RCESEDFERENTAL INCOME: If yo I own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	ending institutions made in the lender's regular course of without regard to your of cial status. Personal loans and
loans receiled not in a lender's regilar colless of the public	
NAME OF LENDER*	NAME OF LENDER*

ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BuSINESSEACTIVITY, IFEANY, OFELENDER	Bu SINESSEACTIVITY, IFEANY, OFELENDER
INTEREST RATE TERME(Months/Years)	INTEREST RATE TERME Months/Years)
% [] None	% None
HIGHEST BALANCE Du RING REPORTING PERIOD	HIGHEST BALANCE Du RING REPORTING PERIOD
S500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 Ov ERB\$100,000	S10,001 - \$100,000 Ov ERE\$100,000
Guarantor, if applicable	Guarantor, if applicable

SCh EDu LE C Income, Loans, & Business

Positions

(Other than Gifts and Travel Payments)

FAIr POLITICAL Pr ACTICES COMMISSION

Name

Charles Asubonten

NAMEIDFEBOU RCEIDFEINCOME NAMEIDFEBOU RCEIDFEINCOME CFA Institute ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) 915 E High St, Charlottesville, VA 22902 Bu SINESSEACTIVITY, IFEANY, OFEBOURCE Bu SINESSEACTIVITY, IFEANY, OFEBOURCE Bu SINESSEACTIVITY, IFEANY, OFEBOURCE	
ADDRESS (Business Address Acceptable) ADDRESS (Business Address Acceptable) 915 E High St, Charlottesville, VA 22902 Bu SINESSEACTIVITY, IFEANY, OFEBOURCE Bu SINESSEACTIVITY, IFEANY, OFEBOURCE Bu SINESSEACTIVITY, IFEANY, OFEBOURCE	
915 E High St, Charlottesville, VA 22902 Bu SINESS ACTIVITY, IFDANY, OF BOURCE Bu SINESS ACTIVITY, IFDANY, OF BOURCE	
BU SINESSEACTIVITY, IFEANY, OFEBOURCE BU SINESSEACTIVITY, IFEANY, OFEBOURCE	
CEA Education	
YOu RIBU SINESSIPOSITION YOU RIBU SINESSIPOSITION	
Grader	
GROSSINCOMERECEIVED No Income - Business Position Only GROSSINCOMERECEIVED No Income - Business F	Position Only
□ \$500 - \$1,000	
□ \$10,001 - \$100,000 □ Ov ERE\$100,000 □ \$10,001 - \$100,000 □ Ov ERE\$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spollse's or registered domestic partner's income (For self-employed use Schedule A-2.) Solary (For self-employed use Schedule A-2.)	icome
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	r use
Sale of Sale of	
(Real property, car, boat, etc.) (Real property, car, boat, etc.)	
Loan repayment	
Commission or Rental Income, list each source of \$10,000 or more Rental Income, list each source of \$10	,000 or more
(Describe) (Describe)	
□ Other □ Other	
(Describe) (Describe)	

* You are not required to report loans from commercial lending institutions, 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 a lailable to members of the public without regard to your of cial status. Personal loans and loans receiled not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERME(Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
	SECu RITY FOR	DAN	
BUSINESSEACTIVITY, IFEANY, OFELENDER	None None	Personal res	idence
	Real Property _		Street address
HIGHEST BALANCEIDu RINGIREPORTINGIPERIOD			
\$500 - \$1,000	-		City
\$1,001 - \$10,000			-
\$10,001 - \$100,000	Guarantor		
Ov ERE\$100,000	Other		
		(Describe)
Comments:			