

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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SAN: FPPC Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE)

Walkeı	r Y	onne/					
1. Offic	ce, Agency, or Court						
Agen	cy Name (Do not use acronyms)						
Pub	olic Employees Retirement System						
Divisi	ion, Board, Department, District, if applicable		Your Position	1			
			Elected E	Board Member			
► If	f filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
Agen	ncy:		Position:				
2. Jur	isdiction of Office (Check at least one bo)x)					
× S	state		 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			ioner	
M	fulti-County		County of				
	City of						
3. Typ	oe of Statement (Check at least one box)						
	Annual: The period covered is January 1, 2024, December 31, 2024.	hrough	Leaving Office: Date Left/(Check one circle below.)				
	The period covered is/	, through		eriod covered is Janu g office.	uary 1, 202 4, through the o	date of	
	Assuming Office: Date assumed						
	Candidate: Date of Election	_ and office sought, if	different than Par	t 1:			
	nedule Summary (required) nedules attached	► Total number o	f pages includ	ling this cover p	page: 1		
	Cahadula C. Jacoma Jacoma Docitions, askadula attachad						
L	Other data D. Jacobson Office and address the data						
	Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached					ched	
					•		
-or-	■ None - No reportable interests on an	y schedule					
5. Veri	fication						
	NG ADDRESS STREET	CITY		STATE	ZIP CODE		
	ness or Agency Address Recommended - Public Document) O Q St, Lincoln Plaza North	Sacram	ento	CA	95811-6201		
	IME TELEPHONE NUMBER		EMAIL ADDRESS		00011 0201		
(9	16) 795-3337						
	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained nerein 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.						
	00/00/0005 00:05 DM		,	V	o Malkor		
Date	Signed 02/28/2025 03:35 PM (month, day, year)	Sig	nature		e Walker statement with your filing official.)		