

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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SAN: 011300005-STH-0005 Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **Pacheco** Jose Luis 1. Office, Agency, or Court Agency Name (Do not use acronyms) California Public Employees' Retirement System Division, Board, Department, District, if applicable Your Position Board of Administration (BOA) **Elected Board Member** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 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 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left \_\_\_\_/\_\_ (Check one circle.) December 31, 2023. -or-The period covered is January 1, 2023, through the date The period covered is \_\_\_\_\_/\_\_\_\_, through of leaving office. December 31, 2023. The period covered is \_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ 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: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STRFFT (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.

Signature

02/15/2024 04:11 PM

(month, day, year)

Date Signed

Jose Luis Pacheco

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

#### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jose Luis Pacheco

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Debt My Way, Inc.	
Name 1541 The Alameda San Jose California 95126	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS Loan Processing System	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:     \$0 - \$1,999     \$2,000 - \$10,000     \$10,001 - \$1,000,000     \$100,001 - \$1,000,000     Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other  Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Owner	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR  LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:    INVESTMENT   REAL PROPERTY	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT  REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Assessor's Farcer Number of Street Address of Inear Property	Assessor's Parcer Number of Street Address of Near Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     100,001 - \$100,000     23     23     23     23     23   24   25   25   25   25   25   25   25	FAIR MARKET VALUE
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: \_

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
Jose Luis Pacheco		

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
San Jose Evergreen Community College District	Santa Clara County Federal Credit Union
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
40 S. Market Street, San Jose, CA 95113	140 E. San Fernando Street, San Jose, CA 95112
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community College District	Credit Union
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
SharePoint Developer/Administrator	Board of Director Member
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED X No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000  \\$1,001 - \\$10,000
☐ \$10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
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.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other Voluntary Board Member Seat
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	l ' '
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
Melanie Tomasello	%   X   None   12 months
ADDRESS (Business Address Acceptable)	
1041 Myrtle Street, East Palo Alto, CA 94303	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	X None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
<b>▼</b> \$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
3 × £ 1 × \$ 100,000	Other(Describe)
Comments:	

#### **SCHEDULE D** Income - Gifts



Name

Jose Luis Pacheco

NAME OF SOURCE (Not an Acronym)  Santa Clara County Federal Credit Union  ADDRESS (Business Address Acceptable)  140 E. Fernando Street, San Jose, CA  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Credit Union  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  L1						
ADDRESS (Business Address Acceptable)  140 E. Fernando Street, San Jose, CA  BUSINESS ACTIVITY, IF ANY, OF SOURCE  Credit Union  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12 / 01 / 23	► NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURC	E (Not an Acror	nym)
140 E. Fernando Street, San Jose, CA BUSINESS ACTIVITY, IF ANY, OF SOURCE Credit Union DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12 / 01 / 23	Santa Clara C	County Federa	al Credit Union			
BUSINESS ACTIVITY, IF ANY, OF SOURCE  Credit Union  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12 / 01 / 23			ADDRESS (Busines	ss Address Acce	eptable)	
Credit Union         DATE (mm/dd/yy)       VALUE       DESCRIPTION OF GIFT(S)         12 / 01 / 23	140 E. Fernan	ndo Street, Sa	an Jose, CA			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  12	BUSINESS ACTIVI	ITY, IF ANY, OF S	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
12 / 01 / 23	Credit Union					
J   S   J   S   J   S   J   S   J   S   J   S   J   S   J   S   J   S   J   S   S	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ADDRESS (Business Address Acceptable)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ADDRESS (Business Address Acceptable)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	12 / 01 / 23	\$ <u>188.91</u>	Holiday Cheese Gift Box		\$	_
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	/	\$			\$	
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	/	\$			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURC	E (Not an Acror	nym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)   DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Busines	ss Address Accept	table)	ADDRESS (Busines	ss Address Acce	eptable)
	BUSINESS ACTIVI	TY, IF ANY, OF S	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
		\$			\$	_
NAME OF SOURCE (Not an Acronym)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  NAME OF SOURCE (Not an Acronym)  BUSINESS Address Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$	· -		\$	
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		\$			\$	
BUSINESS ACTIVITY, IF ANY, OF SOURCE  BUSINESS ACTIVITY, IF ANY, OF SOURCE  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	► NAME OF SOURC	E (Not an Acrony	m)	► NAME OF SOURC	E (Not an Acror	nym)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)  DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	ADDRESS (Busines	ss Address Accept	table)	ADDRESS (Busines	ss Address Acce	eptable)
	BUSINESS ACTIVI	ITY, IF ANY, OF S	SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
<b> </b>		\$	· -		\$	_
		\$			\$	_
/	//	\$		/	\$	
Comments:	Comments:					

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

	ORNIA FORM 700
Name	
	Jose Luis Pacheco

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Santa Clara County Federal Credit Union	Santa Clara County Federal Credit Union
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
140 E. San Fernando Street	140 E. San Fernando Street
CITY AND STATE	CITY AND STATE
San Jose, CA	San Jose, CA
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Credit Union	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Credit Union
DATE(S): 02 / 26 / 23 - 03 / 02 / 23 AMT: \$ 3,248.21	DATE(S): 08 / 22 / 23 - 08 / 22 / 23 AMT: \$ 240
► MUST CHECK ONE: ☐ Gift -or- 🔀 Income	► MUST CHECK ONE: Gift -or-X Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description  Conference with other credit union leader and board members and meet with congressional staff	Other - Provide Description Reimbursement for CalCPA Annual Membership Dues
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Santa Clara County Federal Credit Union	Santa Clara County Federal Credit Union
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
140 E. San Fernando Street	140 E. San Fernando Street
CITY AND STATE	CITY AND STATE
San Jose, CA	San Jose, CA
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Credit Union	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Credit Union
DATE(S): 09 / 28 / 23 - 09 / 30 / 23 AMT: \$ 1,907.57	DATE(S): 10 / 14 / 23 - 10 / 14 / 23 AMT: \$ 276.25
► MUST CHECK ONE: Gift -or- X Income	► MUST CHECK ONE: Gift -or X Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
X Other - Provide Description Santa Clara County Federal Credit Union Strategic Planning Conference	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	

#### **SCHEDULE E** Income - Gifts Travel Payments, Advances, and Reimbursements



- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Santa Clara County Federal Credit Union	Santa Clara County Federal Credit Union
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
140 E. San Fernando Street	140 E. San Fernando Street
CITY AND STATE	CITY AND STATE
San Jose, CA	San Jose, CA
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Credit Union	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Credit Union
DATE(S): 10 / 18 / 23 - 10 / 18 / 23 AMT: \$ 127.39	DATE(S): 12 / 20 / 23 - 12 / 20 / 23 AMT: \$ 205.92
► MUST CHECK ONE: ☐ Gift -or- 🔀 Income	► MUST CHECK ONE: Gift -or Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description  Dinner with Board Chair	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S)://
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: Gift -or Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	