

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Administration			
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual	_____	_____	<input checked="" type="checkbox"/> Other	Markets Group	_____
	Last Name	First Name		Name	
	44 E 32nd Street, Floor 4	New York		NY	10016
	Address	City		State	Zip Code

Market Group produces in-person and virtual forums that help the investment management industry engage face to face.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

—————> If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment	Los Angeles, CA	March 27-29, 2023
	Location of Travel	Dates (month, day, year)
_____	<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	_____
Transportation Provider	Check Applicable Boxes	Name of Lodging Facility

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel:	3/27-29/2023	\$ 1,500.00
	Dates (month, day, year)	Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Travel payment is for Investment Officer as a presenter at an educational conference, ALTSLA Forum 2023 in Los Angeles, CA, and speaking about SBCERA's functions or duties.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Thanki	Amit	Investment Officer	Investments
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

authorized by the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	Deborah Cherney	Chief Executive Officer	4/6/2023
Signature	Print Name	Title	(month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Administration			
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other _____ Markets Group

_____ Last Name First Name _____ Name

44 E 32nd Street, Floor 4 New York NY 10016

Address City State Zip Code

Market Group produces in-person and virtual forums that help the investment management industry engage face to face.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

➔ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____ \$ _____ Name Amount _____ \$ _____ Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Los Angeles, CA March 27-29, 2023

_____ Location of Travel _____ Dates (month, day, year)

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: 3/27-29/2023 \$ 1,500.00

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Complimentary registration for all qualified investors to attend ALTSLA Forum 2023 in Los Angeles, CA. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Abbott	Jacob	Investment Officer	Investments
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Deborah Cherney Deborah Cherney Chief Executive Officer 4/6/2023

Signature Print Name Title (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page