ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	ı	·	Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email	- -00		1
909.885.7980			Amendment (explain	in comment section)
	dcherney@sbcera.org		Date of Original Filing:	
Agency Contact (name and title)			Date of Original Filling.	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			
. Donor Name and Addre	ss			
		□ Othor	Portfolio Summits LF	
Individual Last Name	First Name			Name
27 E. 28th St., 8th Floor	New York		NY	10016
Address	City		State	Zip Code
Portfolio Summits builds pro	ograms and provides educationa	al networking op	portunities for allocate	ors and asset managers
If "Other" is marked, describe the entity'	s business activity (if business) or its nature a	nd interests.	-	
·				
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor for	this payment:
	\$			\$
Name	Amount		Name	Amount
\$\text{Lodging Expenses}\$ 3.1 (b) Payment(s) not rel 3.2. Payment Description	Meal Expenses \$	on Expenses June 11, 2 Dates (month, c	Other Expenses 024 \$ 190.00 day, year)	Total Expenses
(complimentary admiss	ifornia LP Summit 2024 on sion is valued at \$190.00). who used the payment in Sect		ctions)	California ard of Trustees
	First Name			
Last Name	Filot Maille	POSI	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
\\\ - \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Verification				
l authorized the acceptance	of the reported payment(s) as i	n compliance wi	th FPPC regulations.	
Deboral S. Cherney	Deborah Cherney	Chief	Executive Officer	7/2/2024
08DBE0D1C62\$ignature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	for any additional information)			EDDC Form 904 / Jon/s

ayment to Agency R	eport A Public	C Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California Q 🗘 🗸
San Bernardino County Em	ployees' Retirement Associatio	n		Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, St	uite 100, San Bernardino, CA 92	2408		
Area Code/Phone Number	Email	100		
909.885.7980	dcherney@sbcera.org		Amendment (explain	n in comment section)
Agency Contact (name and title)	denomely@specialorg		Date of Original Filing:	
Deborah Cherney, Chief Ex	vocutivo Officer		3	(month, day, year)
Donor Name and Addre	ss			
☐ Individual			Institutional Investor	
Last Name	First Name	<u>—</u>	NIX	Name
1120 Ave of the Americas,			NY	10036
Address	City		State	Zip Code
	ading international business to b		er, tocused primarily o	on international finance.
If "Other" is marked, describe the entity	s business activity (if business) or its nature	and interests.		
If applicable i	dentify the name of each source ar	nd the amount(s) re	eceived by the donor for	r this navment
ii applicable, i	definity the name of each source at	ia the amount(3) re	cocived by the donor for	tillo payment.
Name	\$		Name	\$Amount
	Complete Sections 3.1 (a or		rumo	Amount
Transportation Provider \$ Lodging Expenses	Check Applica Meal Expenses Transportati	able Boxes son Expenses	Other Expenses	Name of Lodging Facility \$ Total Expenses
3.1 (b) Payment(s) not re		4/30-5/1/20	024 \$ 940.00	0
(4, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14		Dates (month, d	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific descripti	on of the payme	ent and its agency p	ourpose and use.
Los Angeles, California	titutional Investor 2024 Pul a (complimentary admission who used the payment in Sect	n is valued at	\$435.00).	30-May 1, 2024 in
Fiorino	Louis	Trustee	Во	oard of Trustees
Last Name	First Name	Posi	tion/Title	Department/Division
		<u> </u>		
Last Name	First Name	Posi	ition/Title	Department/Division
Verification				
	of the reported payment(s) as	in compliance wi	th FPPC regulations	
4			Executive Officer	7/2/2024
Deboral S. Cherney	Deborah Cherney			
08DBE0D1C62 ABB	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			EDDC Form 904 / lon/
	- ,			FUDC Form PA4 / Ia

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	ı		Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email			
909.885.7980			Amendment (explain	n in comment section)
	dcherney@sbcera.org		Date of Original Filing:	
Agency Contact (name and title)	0.55		Date of Original Filling.	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			
. Donor Name and Addre	SS			
□ Individual		Ø Other	Milken Institute	
Individual	First Name	M Other		Name
1250 Fourth Street	Santa Moi	nica	CA	90401
Address	City		State	Zip Code
Increase global prosperity b	y advancing collaborative soluti	ons that widen a	access to capital, crea	ate jobs, improve health.
	s business activity (if business) or its nature a		<u> </u>	<u> </u>
·				
If applicable, in	dentify the name of each source an	d the amount(s) re	eceived by the donor for	this payment:
	\$			\$
Name	Amount		Name	Amount
\$\$ Lodging Expenses 3.1 (b) Payment(s) not rel		on Expenses May 5-8, 2	Other Expenses	Name of Lodging Facility S Total Expenses 0.00
.,		Dates (month, c	day, year)	Total Expenses
	. Provide a specific descriptio 4 Milken Institute Global C		•	•
3.3. Identify the officials v	vho used the payment in Sect	ion 3.1 (See instru	ctions)	
Thanki	Amit	Sr. Investme	ent Officer Inv	vestments
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
	of the reported payment(s) as i	n compliance wi	th FPPC regulations	
		•	•	7/2/2024
Veborali S. Cherney	Deborah Cherney	Chief	Executive Officer	
08DBE0D1C621Sigmature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	for any additional information)			
(Use this space or an attachment f	or arry additional information)			EDDC Form 904 / I

			Documen	ī	PAYMENT TO AGENCY REPO
Agency Name				Date Stam	
San Bernardino County En	mployees' Retiremer	nt Association			Form OU
Division, Department, or Re	gion (if applicable)			1	For Official Use Only
Administration					
Street Address				1	
348 W. Hospitality Lane, S	suite 100, San Berna	rdino, CA 9240	80		
Area Code/Phone Number	Email			☐ Amendment	t (explain in comment section)
909.885.7980	dcherney@sbcera	a.org		Amendment	(explain in comment coolers)
Agency Contact (name and title))			Date of Original	(month, day, year)
Deborah Cherney, Chief E	xecutive Officer				(month, day, your)
Donor Name and Addre	ess				
☐ Individual			☑ Other	Milken Institute	
Last Name	First I	Name	_		Name
1250 Fourth Street Address		Santa Monio	ca		CA 90401 tate Zip Code
	h d a main a . a allah	•			·
If "Other" is marked, describe the entity	•			access to capita	ll, create jobs, improve health
ii Other is marked, describe the entity	y's business activity (ii busine	ess) or its nature and	interests.		
If applicable,	identify the name of ea	ach source and	the amount(s)	eceived by the do	nor for this payment:
	Φ				Φ
Name		Amount		Name	———— Φ————— Amount
3.1 (a) Travel Payment		ocation of Travel	Due DAW		Dates (month, day, year)
Transportation Provider	Rail		Bus	 to □ Other _	Dates (month, day, year) Name of Lodging Facility
		☐ Air ☐	e Boxes	to Other _	
Transportation Provider	Rail	Air Check Applicable	Expenses 5/5-8/24	Other Expenses	Name of Lodging Facility S Total Expenses 25,000.00
Transportation Provider \$ Lodging Expenses	\$ □ Rail \$ Meal Expenses Plated to travel:	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month,	Other Expenses \$ 2 day, year)	Name of Lodging Facility \$ Total Expenses 25,000.00 Total Expenses
Transportation Provider \$	\$ ∏ Rail \$ Meal Expenses elated to travel: 1. Provide a specif	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month,	Other Expenses \$ \frac{2}{\text{day, year}}\$ tent and its age	Name of Lodging Facility \$
Transportation Provider \$	Rail S Rail Selated to travel: 1. Provide a specificated Milken Institut	Air Check Applicable \$ Transportation Transportation The Georgian Content of the Check Applicable Content on the Check Appl	Expenses 5/5-8/24 Dates (month, of the paymonference of	Other Expenses \$ \frac{2}{day, year} ent and its age 1 May 5-8, 202	Name of Lodging Facility \$
Transportation Provider \$	Rail S Real Expenses Plated to travel: n. Provide a specificate Milken Institut who used the payr	Air Check Applicable \$ Transportation Transportation The Georgian Content of the Check Applicable Content on the Check Appl	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonference of the paymonference) on 3.1 (See instrict)	Other Expenses \$ \frac{2}{day, year)} The ent and its age of the many 5-8, 202 Support of the ent and its age o	Name of Lodging Facility \$ Total Expenses 25,000.00 Total Expenses ncy purpose and use. 24, in Los Angeles,
Transportation Provider \$\frac{1}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not re 3.2. Payment Description Invitation to attend 202 California. 3.3. Identify the officials Kim	Rail S Rail S Real Expenses Plated to travel: n. Provide a specife 24 Milken Institut who used the payr Thomas	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses \$ \frac{2}{day, year} ### John Control of the con	Name of Lodging Facility \$
Transportation Provider \$	Rail S Real Expenses Plated to travel: n. Provide a specificate Milken Institut who used the payr	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses \$ \frac{2}{day, year)} The ent and its age of the many 5-8, 202 Support of the ent and its age o	Name of Lodging Facility \$
Transportation Provider \$\frac{1}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not re 3.2. Payment Description Invitation to attend 202 California. 3.3. Identify the officials Kim	Rail S Rail S Real Expenses Plated to travel: n. Provide a specife 24 Milken Institut who used the payr Thomas	Air Check Applicable \$ Transportation Tic description Tic Global Comment in Section	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses \$ \frac{2}{day, year} ### John Control of the con	Name of Lodging Facility \$
Transportation Provider \$	Rail Meal Expenses Plated to travel: 1. Provide a specificate of the payron of the	Air Check Applicable \$ Transportation Tic description Tic Global Comment in Section	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses day, year) eent and its age May 5-8, 202 uctions) nent Officer sition/Title	Name of Lodging Facility \$
Transportation Provider \$	\$ Rail \$ Rail \$ Real Expenses Plated to travel: n. Provide a specif 24 Milken Institut who used the payr Thomas First Name	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses day, year	Name of Lodging Facility \$
Transportation Provider \$	Rail S Real Expenses Plated to travel: n. Provide a specificate and the payron and the	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses \$ \frac{2}{day, year} # when the and its age in May 5-8, 202 # uctions in the age	Name of Lodging Facility \$
Transportation Provider \$_Lodging Expenses 3.1 (b) Payment(s) not re 3.2. Payment Description Invitation to attend 202 California. 3.3. Identify the officials Kim Last Name Last Name Verification Lauthorized the acceptance Deboral S. Churung	\$ Rail \$ Rail \$ Real Expenses Plated to travel: n. Provide a specif 24 Milken Institut who used the payr Thomas First Name	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses day, year day, year ent and its age n May 5-8, 202 uctions nent Officer sition/Title rith FPPC regular f Executive Officer	Name of Lodging Facility \$
Transportation Provider \$	Rail S Real Expenses Plated to travel: n. Provide a specificate and the payron and the	Air Check Applicable \$	Expenses 5/5-8/24 Dates (month, of the paymonference of the paymonfere	Other Expenses \$ \frac{2}{day, year} # when the and its age in May 5-8, 202 # uctions in the age	Name of Lodging Facility \$