

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Department, or Region, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Donor information for Portfolio Summits LP. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

Portfolio Summits builds programs and provides educational networking opportunities for allocators and asset managers. If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

Identify the name of each source and the amount(s) received by the donor for this payment. Includes fields for Name and Amount.

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

3.1 (a) Travel Payment

Travel payment details including Location of Travel, Dates, Transportation Provider, Rail/Air/Bus/Auto/Other checkboxes, and Lodging Expenses.

3.1 (b) Payment(s) not related to travel:

June 11, 2024 \$ 190.00. Includes fields for Dates (month, day, year) and Total Expenses.

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

Invitation to attend California LP Summit 2024 on June 11, 2024, in Dana Point, California (complimentary admission is valued at \$190.00).

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

Officials used for payment: Fiorino, Louis, Trustee, Board of Trustees. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

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

Authorized by: Deborah S. Cherney, Deborah Cherney, Chief Executive Officer, 7/2/2024. Includes fields for Signature, Print Name, Title, and Date.

Comment:

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



# Payment to Agency Report

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PAYMENT TO AGENCY REPORT

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

## 2. Donor Name and Address

Individual \_\_\_\_\_  Other Institutional Investor

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 1120 Ave of the Americas, 6th Fl New York NY 10036  
 Address City State Zip Code

Institutional Investor is a leading international business to business publisher, focused primarily on international finance.

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

Location of Travel: \_\_\_\_\_ Dates (month, day, year): \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_ Name of Lodging Facility: \_\_\_\_\_  
 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

### 3.1 (b) Payment(s) not related to travel:

4/30-5/1/2024 \$ 940.00  
 Dates (month, day, year) Total Expenses

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

Invitation to attend Institutional Investor 2024 Public Funds Roundtable on April 30-May 1, 2024 in Los Angeles, California (complimentary admission is valued at \$435.00).

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

Fiorino	Louis	Trustee	Board of Trustees
_____	_____	_____	_____
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.

DocuSigned by: Deborah S. Cherney Deborah Cherney Chief Executive Officer 7/2/2024  
 Signature Print Name Title (month, day, year)

Comment:

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



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1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Department, or Region, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Donor information for Milken Institute. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

Increase global prosperity by advancing collaborative solutions that widen access to capital, create jobs, improve health. If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

Identify the name of each source and the amount(s) received by the donor for this payment. Includes fields for Name and Amount.

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

3.1 (a) Travel Payment

Travel payment details including Location of Travel, Dates, Transportation Provider, Rail/Air/Bus/Auto/Other checkboxes, and Lodging Expenses.

3.1 (b) Payment(s) not related to travel: May 5-8, 2024, \$ 25,000.00. Includes fields for Dates and Total Expenses.

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

Invitation to attend 2024 Milken Institute Global Conference on May 5-8, 2024, in Los Angeles, California.

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

Official information for Thanki Amit, Sr. Investment Officer, Investments. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

Authorized acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Deborah S. Cherney, Print Name, Title, and Date (7/2/2024).

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



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

## 2. Donor Name and Address

Individual \_\_\_\_\_  Other Milken Institute

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name

1250 Fourth Street Santa Monica CA 90401

Address City State Zip Code

Increase global prosperity by advancing collaborative solutions that widen access to capital, create jobs, improve health.

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

\_\_\_\_\_ 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:

5/5-8/24 \$ 25,000.00

Dates (month, day, year) Total Expenses

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

Invitation to attend 2024 Milken Institute Global Conference on May 5-8, 2024, in Los Angeles, California.

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

Kim	Thomas	Sr. 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 S. Cherney Deborah Cherney Chief Executive Officer 7/2/2024

Signature Print Name Title (month, day, year)

Comment:

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

