Agency Name San Bernardino County Employees' Retirement Association Division, Department, or Region (if applicable) Administration Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number	California Form For Official Use Only in in comment section) (month, day, year)
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 dcherney@sbcera.org Date of Original Filing Deborah Cherney, Chief Executive Officer Donor Name and Address Other Other Other Individual Last Name Other Other Other Other AAAIM is recognized as the national voice of AAPI investment managers 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 Name Name Name Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Other Rail Air Bus Auto Other	For Official Use Only in in comment section)
Administration Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number 909.885.7980	in in comment section)
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number Email dcherney@sbcera.org Date of Original Filing Deborah Cherney, Chief Executive Officer Donor Name and Address Other Assn of Asian Ame Individual Last Name First Name One Embarcadero Center, Suite 1160 San Francisco CA Address City State AAAIM is recognized as the national voice of AAPI investment managers 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 formal payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Rail Air Bus Auto Other	:
Area Code/Phone Number Email dcherney@sbcera.org Date of Original Filing Date of Origina	:
Area Code/Phone Number 909.885.7980 Agency Contact (name and title) Deborah Cherney, Chief Executive Officer Donor Name and Address Individual Last Name First Name One Embarcadero Center, Suite 1160 San Francisco CA Address City State AAAIM is recognized as the national voice of AAPI investment managers 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 Name Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Rail Air Bus Auto Other Amendment (explate pate of Original Filing Date of Original Filing Assn of Asian Ame Assn of Asian Ame Other And Address And Interests. Location of Travel Rail Air Bus Auto Other	:
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Individual	
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Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel	
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Rail Air Bus Auto Other	or this payment:
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Location of Travel Rail Air Bus Auto Other	\$
3.1 (a) Travel Payment Location of Travel Rail ☐ Air ☐ Bus ☐ Auto ☐ Other	Amount
Check Applicable Boxes	Name of Lodging Facility
\$ \$ \$ \$ \$ Other Expenses	Total Expenses
3.1 (b) Payment(s) not related to travel: 10/8-10/2024 \$ 2,600	0.00
Dates (month, day, year)	Total Expenses
3.2. Payment Description. Provide a specific description of the payment and its agency լ	purpose and use.
Complimentary registration to attend AAAIM Elevate 2024 in Los Angeles, Calif 8-10, 2024.	ornia, on October
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)	
	vestments
Last Name First Name Position/Title	Department/Division
Last Name First Name Position/Title	Donostmont/Division
Last Name First Name Position/Title	Department/Division
Verification	
<u>ும்ரோத்திர் he acceptance</u> of the reported payment(s) as in compliance with FPPC regulations	
	1/5/2025
Venorium 5. (marvey Drint Name Title	
— 08DBE0D1C62140B Print Name little	(month, day, year
Comment:	

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

Payment to Agency Re	eport A Publi	c Document		PAYMENT TO AGENCY REPO
Agency Name			Date Stamp	California 20
San Bernardino County Em	ployees' Retirement Association	on		Form OU
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Administration				
Street Address			1	
348 W. Hospitality Lane, Su	ite 100, San Bernardino, CA 9	2408		
Area Code/Phone Number	Email			ļ
909.885.7980	dcherney@sbcera.org		Amendment (ex	xplain in comment section)
Agency Contact (name and title)			Date of Original Fil	ing:
Deborah Cherney, Chief Ex	ecutive Officer			(month, day, year)
Donor Name and Addres	SS			
☐ Individual			National Institute	on Retirement Security
Last Name	First Name	_		Name
1612 K Street, NW, Suite 50		ton	DC	
Address	City		State	•
·	h and education organization		ntribute to informe	d policymaking.
If "Other" is marked, describe the entity's	business activity (if business) or its nature	and interests.		
If applicable, ic	lentify the name of each source a	nd the amount(s) re	eceived by the donor	r for this payment:
> 1,1		(-,		
Name	\$	_	Name	\$Amount
Payment Information (C	omplete Sections 3.1 (a o	r b). 3.2. 3.3)		
Transportation Provider		☐ Bus ☐ Auto	o □ Other	Dates (month, day, year) Name of Lodging Facility
Φ Φ	Ф	A CONTRACTOR		Φ
Lodging Expenses	Meal Expenses Transporta	tion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	Nov 12-13		
3.2 Payment Description	Provide a specific descript	Dates (month, o		Total Expenses
			•	
	onal Institute on Retireme	• `	IIRS) Visionary	Circle Meeting
(complimentary admiss	ion is valued at \$300.00)	•		
3.3. Identify the officials w	ho used the payment in Sec	tion 3.1 (See instru	ctions)	
Cherney	Deborah	Chief Execu	utive Officer	Administration
Last Name	First Name	Pos	ition/Title	Department/Division
Lost Name	First Name		iti /Titl -	Demontra ant/Divinia a
Last Name	First Name	Pos	ition/Title	Department/Division
N. 161				
Verification				
Docusigned by: acceptance	of the reported payment(s) as	in compliance wi	th FPPC regulatio	
Sarbona Jawa ak	Barbara Hannah	Chief	Counsel	1/17/2025
F0A37EFE73964BFIture	Print Name	_	Title	(month, day, year)
O a manual and				
Comment:	an annual delition (1.5 mill)			
(Use this space or an attachment for	or any additional information)			EDDC Form 904 / L

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			Document	1		IENT TO AGENCY REPO
Agency Name				Date Stamp	C	alifornia RO
San Bernardino County I		ent Association				Form OU
Division, Department, or F	Region (if applicable)			1		For Official Use Only
Administration						
Street Address				1		
348 W. Hospitality Lane,	Suite 100, San Ber	nardino, CA 9240	08			
Area Code/Phone Number	r Email			☐ Amendment	(evolain in com	ment section)
909.885.7980	dcherney@sbc	era.org		Amendment	explain in con	intent section)
Agency Contact (name and ti	itle)			Date of Original I	iling:	nonth, day, year)
Deborah Cherney, Chief	Executive Officer				(11	ionin, day, year)
Donor Name and Add	dress					
☐ Individual			_	Forrester Rese	arch, Inc.	
Last Name	Fir	rst Name			Name	
60 Acorn Park Drive		Cambridge				02140
Address		City				Zip Code
Forrester helps business	0,			to accelerate gro	wth.	
If "Other" is marked, describe the er	ntity's business activity (if bus	siness) or its nature and	l interests.			
If applicabl	e, identify the name of	f each source and t	the amount(s) r	eceived by the dor	or for this p	ayment:
,			,	•	·	•
Name	\$	Amount	-	Name		_ \$ Amount
3.1 (a) Travel Payment	———	Location of Travel	Due 🗖 Aut	- □ Othor	Dates	(month, day, year)
3.1 (a) Travel Payment Transportation Provid			Bus □ Aut	 o □ Other		month, day, year) of Lodging Facility
Transportation Provid	ler	il Air Check Applicable	Boxes			
Transportation Provid \$Lodging Expenses	\$Meal Expenses	il 🗌 Air 🔲	Boxes \$	Other Expenses	Name o	of Lodging Facility
Transportation Provid	\$Meal Expenses	il Air Check Applicable	Boxes	Other Expenses	Name o \$_ ,295.00	of Lodging Facility
Transportation Provid \$	\$Meal Expenses related to travel:	il Air Check Applicable \$ Transportation	Expenses 12/9-11/20 Dates (month, or	Other Expenses 024 \$ 3	Name o \$	Total Expenses
Transportation Provid \$	\$Meal Expenses related to travel: on. Provide a spec	il Air Check Applicable \$	Expenses 12/9-11/20 Dates (month, or of the payment)	Other Expenses 024 \$ 3 day, year)	Name o \$	Total Expenses otal Expenses se and use.
Transportation Provid \$	\$Meal Expenses related to travel: on. Provide a spec	il Air Check Applicable \$	Expenses 12/9-11/20 Dates (month, or of the payment)	Other Expenses 024 \$ 3 day, year)	Name o \$	Total Expenses otal Expenses se and use.
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\$\frac{\text{Lodging Expenses}}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Descripti Complimentary regis	* Meal Expenses related to travel: on. Provide a spec	il Air Check Applicable \$ Transportation cific description Forrester - Se	Expenses 12/9-11/20 Dates (month, or of the paymore curity & Rise	Other Expenses 124 \$ 3 day, year) ent and its ager sk Summit in E	Name o \$	Total Expenses otal Expenses se and use. , MD.
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