

# Payment to Agency Report

# A Public Document

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>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 Assn of Asian American Investment Managers

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
 One Embarcadero Center, Suite 1160 San Francisco CA 94111  
 Address City State Zip Code

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 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:

10/8-10/2024 \$ 2,600.00  
 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 to attend AAAIM Elevate 2024 in Los Angeles, California, on October 8-10, 2024.

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

Thanki	Amit	Senior 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 \_\_\_\_\_ 1/5/2025  
 DocuSigned by: Print Name Title (month, day, year)

Comment:

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



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<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 National Institute on Retirement Security

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

1612 K Street, NW, Suite 500 Washington DC 20006

Address City State Zip Code

NIRS is a non-profit research and education organization established to contribute to informed policymaking.

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:

Nov 12-13, 2024 \$ 300.00

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 National Institute on Retirement Security (NIRS) Visionary Circle Meeting (complimentary admission is valued at \$300.00).

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

Cherney	Deborah	Chief Executive Officer	Administration
_____	_____	_____	_____
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.

 \_\_\_\_\_ Barbara Hannah Chief Counsel 1/17/2025

FOA37EFE73964BF...ture Print Name Title (month, day, year)

Comment:

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



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<b>Area Code/Phone Number</b> 909.885.7980	<b>Email</b> dcherney@sbcera.org		
<b>Agency Contact</b> (name and title) Deborah Cherney, Chief Executive Officer			

## 2. Donor Name and Address

Individual \_\_\_\_\_  Other Forrester Research, Inc.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 60 Acorn Park Drive Cambridge MA 02140  
 Address City State Zip Code

Forrester helps business and technology leaders use customer obsession to accelerate growth.  
 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:** \_\_\_\_\_ \$ 3,295.00  
 Dates (month, day, year) Total Expenses

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

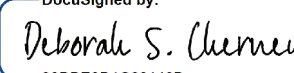
Complimentary registration to attend Forrester - Security & Risk Summit in Baltimore, MD.

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

Alvarez	Hugo	Information Security Mgr	Information
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

## 4. Verification

DocuSigned by: \_\_\_\_\_ of the reported payment(s) as in compliance with FPPC regulations.


 Deborah Cherney Chief Executive Officer 1/5/2025  
 Print Name Title (month, day, year)

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

