

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: Levi, Ray & Shoup, Inc. Includes fields for Individual/Other selection, Name, Address, City, State, Zip Code, and a section for identifying donor sources.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3): 3.1 (a) Travel Payment details including Location of Travel, Dates, Transportation Provider, and Expense breakdown (Lodging, Meal, Transportation, Other, Total).

3.2. Payment Description: Provide a specific description of the payment and its agency purpose and use. Text: Travel payment is for Chief Financial Officer as a presenter at an educational conference, Pension Gold Teaming Conference 2024, and speaking about SBCERA's functions or duties.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions): Table with columns for Last Name, First Name, Position/Title, and Department/Division. Entry: McInerney, Amy, Chief Financial Officer, Fiscal.

4. Verification: Authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes a signature block for Deborah S. Cherney and a Comment field.



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PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California Form 801 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 Industry Ventures

_____ Last Name First Name _____ Name
 30 Hotaling Place, 3rd Floor San Francisco CA 94111
 Address City State Zip Code

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 San Francisco, CA November 12-13, 2024
 Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other Hyatt Regency San Francisco
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 798.24 \$ 480.00 \$ 266.19 \$ _____ \$ 1,544.43
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____
 Dates (month, day, year) Total Expenses

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

Attendance at the Industry Ventures 2024 Annual Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare, lodging and meals will be covered by the Manager or General Partner.

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

<u>Thanki</u>	<u>Amit</u>	<u>Senior Investment Officer</u>	<u>Investments</u>
_____ 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 1/5/2025
 08DBE0D1C62140B... Print Name Title (month, day, year)

Comment:

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



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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 Clearlake Capital Group

_____ Last Name First Name _____ Name
 233 Wilshire Blvd #800 Santa Monica CA 90401
 Address City State Zip Code

An investment firm operating integrated business across private equity, credit and other related strategies.

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 November 20, 2024
 Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ 275.00 \$ _____ \$ _____ \$ 275.00
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____
 Dates (month, day, year) Total Expenses

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

Attendance at the Toigo Foundation 35th Anniversary LA Gala.

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

<u>Thanki</u> Last Name	<u>Amit</u> First Name	<u>Sr. Investment Officer</u> Position/Title	<u>Investments</u> 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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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: Brightwood Capital Advisors, 810 7th Ave., New York, NY 10019. Includes checkboxes for Individual and Other, and a section for identifying sources and amounts.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3): 3.1 (a) Travel Payment to Los Angeles, CA on November 20, 2024. Lists expenses for Lodging, Meals, Transportation, and Other.

3.2. Payment Description: Attendance at the Toigo Foundation 35th Anniversary LA Gala. 3.3. Identify the officials who used the payment in Section 3.1: Kim Thomas, Sr. Investment Officer, Investments Department.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Signed by Deborah S. Cherney, Chief Executive Officer, on 1/5/2025.

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