. Agency Name						YMENT TO AGENCY REPO
				Date Stam	р	California 80
San Bernardino County Em		nt Association				Form OU
Division, Department, or Reg	gion (if applicable)					For Official Use Only
Administration						
Street Address						
348 W. Hospitality Lane, St	uite 100, San Berna	ardino, CA 9240	08			
Area Code/Phone Number	Email			Amendmen	(explain in d	comment section)
909.885.7980	dcherney@sbcer	a.org		Data of Ovininal	Filin a.	
Agency Contact (name and title)				Date of Original	riling:	(month, day, year)
Deborah Cherney, Chief Ex						
Donor Name and Addre	ess			Levi, Ray & Sł	noun Inc	
☐ Individual	First	Name	_ ☑ Other		Nar	
2401 West Monroe Street	1 1100	Springfield		I	L	62704
Address		City		S	tate	Zip Code
LRS is a privately held, mu	Itinational corporati	on, that develo	ps and sells c	omputer softwa	e.	
If "Other" is marked, describe the entity	's business activity (if busin	ess) or its nature and	interests.			
>	:		H		f 41-:	
If applicable, i	identify the name of e	each source and	the amount(s) re	eceived by the do	nor for thi	s payment:
Name	\$	Amount		Name		\$
				Name		Amount
Payment Information (C	•	•), 3.2, 3.3)			
3.1 (a) Travel Payment	Springfield, IL			_ (-10, 2024
		Location of Travel		_		es (month, day, year)
Transportation Provider	🔲 Rail		Bus ☐ Aut	o		ee Abraham Lincolr
		Check Applicable	Boxes		INali	
\$\frac{434.34}{\text{Lodging Expenses}}\$	Meal Expenses	\$ Transportation	Evnenses \$.	Other Expenses	9	3434.34 Total Expenses
	•	Transportation	Expenses	Other Expenses		Total Exponess
				C C		
3.1 (b) Payment(s) not re	iateu to traver.		Dates (month, o	day, year)		Total Expenses
., .		fic description	Dates (month, o		nev pur	•
., .		fic description			ncy pur	•
3.2. Payment Description Travel payment is for (. Provide a speci Chief Financial (Officer as a p	of the paymoresenter at	ent and its age an education	al confe	oose and use. erence, Pension
3.2. Payment Description	. Provide a speci Chief Financial (Officer as a p	of the paymoresenter at	ent and its age an education	al confe	oose and use. erence, Pension
3.2. Payment Description Travel payment is for (. Provide a speci Chief Financial (Officer as a p	of the paymoresenter at	ent and its age an education	al confe	oose and use. erence, Pension
3.2. Payment Description Travel payment is for (. Provide a speci Chief Financial (ence 2024, and	Officer as a p speaking abo	of the paymoresenter at out SBCER/	ent and its age an education A's functions	al confe	oose and use. erence, Pension
3.2. Payment DescriptionTravel payment is for 0Gold Teaming Conference3.3. Identify the officials of the conference	Denotible a specion of the payons of the pay	Officer as a p speaking abo	of the paymoresenter at out SBCER/	ent and its age an education A's functions	al confe	oose and use. erence, Pension s.
3.2. Payment Description Travel payment is for 0 Gold Teaming Confere	. Provide a speci Chief Financial (ence 2024, and	Officer as a pspeaking abo	of the paymenter at put SBCERA on 3.1 (See instru	ent and its age an education A's functions	al confe or dutie	oose and use. erence, Pension s.
3.2. Payment DescriptionTravel payment is for CGold Teaming Conference3.3. Identify the officials of McInerny	Denovide a specion of the control of	Officer as a pspeaking abo	of the paymenter at put SBCERA on 3.1 (See instru	ent and its age an education A's functions ctions)	al confe or dutie	erence, Pension s.
3.2. Payment Description Travel payment is for 0 Gold Teaming Confere 3.3. Identify the officials of the McInerny Last Name	Denovide a specion of the control of	Officer as a pspeaking abo	of the paymenter at out SBCER/on 3.1 (See instru	ent and its age an education A's functions ctions) cial Officer	al confe or dutie	pose and use. erence, Pension s. Department/Division
3.2. Payment DescriptionTravel payment is for 0Gold Teaming Conference3.3. Identify the officials of the Moderny	Denovide a specion of the control of	Officer as a p speaking abo	of the paymenter at out SBCER/on 3.1 (See instru	ent and its age an education A's functions ctions)	al confe or dutie	erence, Pension s.
3.2. Payment Description Travel payment is for 0 Gold Teaming Confere 3.3. Identify the officials of McInerny Last Name Last Name	Denoting the control of the control	Officer as a p speaking abo	of the paymenter at out SBCER/on 3.1 (See instru	ent and its age an education A's functions ctions) cial Officer	al confe or dutie	pose and use. erence, Pension s. Department/Division
3.2. Payment Description Travel payment is for C Gold Teaming Confere 3.3. Identify the officials of McInerny Last Name Last Name	chief Financial (ence 2024, and ence 2024). Who used the payon Amy First Nan	Officer as a pspeaking about the second seco	of the paymenter at out SBCER/ on 3.1 (See instru Chief Finan Pos	ent and its age an education A's functions ctions) cial Officer ition/Title	al confe or dutie	pose and use. erence, Pension s. Department/Division
3.2. Payment Description Travel payment is for C Gold Teaming Confere 3.3. Identify the officials of McInerny Last Name Last Name	chief Financial (ence 2024, and ence 2024). Who used the payon Amy First Nan	Officer as a pspeaking about the section of the sec	of the paymenter at out SBCER/ on 3.1 (See instru Chief Finan Pos	ent and its age an education A's functions ctions) cial Officer ition/Title	al confe or dutie	Department/Division
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3.2. Payment Description Travel payment is for C Gold Teaming Confere 3.3. Identify the officials of McInerny Last Name Last Name Verification	chief Financial Cence 2024, and sence 2024 and sence 2024. Who used the payor Amy First Nance of the reported page	Officer as a page about the speaking about the spea	of the paymenter at out SBCER/ on 3.1 (See instru Chief Finan Pos Pos compliance wi	ent and its age an education A's functions ctions) cial Officer ition/Title th FPPC regula	al confeor dutie	Department/Division

ayment to Agency Re	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				
348 W. Hospitality Lane, Su	uite 100, San Bernardino, CA 924	408		
Area Code/Phone Number	Email			
909.885.7980	dcherney@sbcera.org		Amendment (exp	plain in comment section)
Agency Contact (name and title)	<u> </u>		Date of Original Fili	ng:
Deborah Cherney, Chief Ex	ecutive Officer			(month, day, year)
Donor Name and Addre	SS		Induction () (and the a	
Individual Last Name	First Name		Industry Ventures	
30 Hotaling Place, 3rd Floo	First Name r San Franci	isco	CA	Name 94111
Address	City		State	Zip Code
				•
If "Other" is marked, describe the entity'	s business activity (if business) or its nature ar	nd interests		
in Other to marked, decombe the only	s sacrificed detivity (ii sacrificed) of ite flatare at	id interesto.		
If applicable, id	dentify the name of each source and	d the amount(s) re	eceived by the donor	for this payment:
	¢			¢
Name			Name	Φ
Payment Information (C	omplete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	San Francisco, CA	,, , ,	Nov	ember 12-13, 2024
orr (a) maron aymont	Location of Travel			Dates (month, day, year)
American Airlines]Bus □Auto	o □ Other Hya	tt Regency San Francisco
Transportation Provider	Check Applicab	_		Name of Lodging Facility
798.24	480.00 266.19	•		1,544.43
\$ \$ Lodging Expenses	Meal Expenses S Transportatio	 n Expenses	Other Expenses	\$
3.1 (b) Payment(s) not rel	ated to travel:		\$	
		Dates (month, d		Total Expenses
3.2. Payment Description.	. Provide a specific descriptio	n of the payme	ent and its agency	purpose and use.
-				•
	stry Ventures 2024 Annual	•		•
	its of travel cost, including a	airtare, iodgin	ig and meals wi	ii be covered by the
Manager or General Pa	artner.			
3.3. Identify the officials v	vho used the payment in Secti	on 3.1 (See instruc	ctions)	
Thanki	Amit	Senior Inves	stment Officer	Investments
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
Verification				
	of the reported payment(s) as ir	n compliance wit	th FPPC regulation	ns
				1/5/2025
Deborali S. Cherney _	Deborah Cherney Print Name	Cnier	Executive Officer	
08DBE0D1C62140B	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			EDDC Form 904 / Jon //

						AYMENT TO AGENCY REPO
Agency Name				Date Stam	ıp	California 80
San Bernardino County E	mployees' Retirer	nent Association	1			Form OU
Division, Department, or Re	egion (if applicable)					For Official Use Only
Administration						
Street Address						
348 W. Hospitality Lane, S	Suite 100, San Be	rnardino, CA 92	408			
Area Code/Phone Number	Email			Amendmen	t (evolain in	comment section)
909.885.7980	dcherney@sb	cera.org		Amendmen	(explail) iii	comment section)
Agency Contact (name and title	e)			Date of Original	Filing:	(month, day, year)
Deborah Cherney, Chief E	Executive Officer					(month, day, year)
Donor Name and Addr	ess					
☐ Individual				Clearlake Cap		
Last Name	F	First Name	-:		Na	
233 Wilshire Blvd #800 Address		Santa Mor	nica		CA State	90401 Zip Code
	ing intograted bus	•	ivoto ogvitv or			•
An investment firm operat If "Other" is marked, describe the entited and the state of the state	0 0	•		edit and other re	iated Stra	itegies.
ii Other is marked, describe the enti-	ty's business activity (ii b	usiness) or its nature a	ind interests.			
	, identify the name o	of each source and	d the amount(s)	received by the do	nor for th	s payment:
	Φ.					Φ.
Name	\$	Amount	-	Name		\$ Amount
Payment Information (Complete Sect	ions 3.1 (2 or	h) 3 2 3 3)			
i ayınıcını imormation (Complete occi	10113 0.1 (a 01	D), U.Z, U.U)			
0.4 (a) Tuescal Daymant	I os Angele	s CA		ı	Novembe	ar 201 2012Δ
3.1 (a) Travel Payment	Los Angele				Novembe	•
3.1 (a) Travel Payment		Location of Travel				es (month, day, year)
3.1 (a) Travel Payment Transportation Provider	 □ R:	Location of Travel	_Bus _Au		Dai	•
		Location of Travel			Dai	es (month, day, year) ne of Lodging Facility
Transportation Provider	□ Ra	Location of Travel ail Air Check Applicat	ble Boxes	— - to □ Other _	Dai	ne of Lodging Facility
Transportation Provider \$ Lodging Expenses	\$\frac{275.00}{\text{Meal Expenses}}	Location of Travel	ble Boxes		Dai	es (month, day, year) ne of Lodging Facility
Transportation Provider	\$\frac{275.00}{\text{Meal Expenses}}	Location of Travel ail Air Check Applicat	on Expenses	to ☐ Other _ SOther Expenses	Dai	ne of Lodging Facility 275.00 Total Expenses
Transportation Provider \$	\$\frac{275.00}{\text{Meal Expenses}}\$	Location of Travel ail	on Expenses Dates (month	to Other Other Expenses , day, year)	Dai Nar	ne of Lodging Facility 275.00 Total Expenses Total Expenses
Transportation Provider \$ Lodging Expenses	\$\frac{275.00}{\text{Meal Expenses}}\$	Location of Travel ail	on Expenses Dates (month	to Other Other Expenses , day, year)	Dai Nar	ne of Lodging Facility 275.00 Total Expenses Total Expenses
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Transportation Provider \$	\$\frac{275.00}{\text{Meal Expenses}}\$ elated to travel: n. Provide a specific speci	Location of Travel ail	Dates (month	to Other _ Other Expenses , day, year) nent and its age	Dai Nar	ne of Lodging Facility 275.00 Total Expenses Total Expenses
Transportation Provider \$	\$\frac{275.00}{\text{Meal Expenses}}\$ elated to travel: n. Provide a specific speci	Location of Travel ail	Dates (month	to Other _ Other Expenses , day, year) nent and its age	Dai Nar	ne of Lodging Facility 275.00 Total Expenses Total Expenses
\$\frac{\text{Lodging Expenses}}{\text{2.1 (b) Payment(s) not rown.}}\$ 3.2. Payment Description Attendance at the Toil	\$\frac{275.00}{\text{Meal Expenses}}\$ elated to travel: n. Provide a specific formula in the contraction in	Location of Travel ail Air Check Applicate \$	Dates (month on of the payn	to ☐ Other _ Other Expenses , day, year) nent and its age a.	Dai Nar	ne of Lodging Facility 275.00 Total Expenses Total Expenses
\$\ \text{Lodging Expenses} \\ 3.1 (b) Payment(s) not red \\ 3.2. Payment Description \text{Attendance at the Toil} \\ 3.3. Identify the officials	\$\frac{275.00}{\text{Meal Expenses}}\$ elated to travel: n. Provide a speciago Foundation who used the parameters	Location of Travel ail Air Check Applicate \$	Dates (month on of the payn rsary LA Gal	Other Expenses Other Expenses day, year) nent and its age a.	Nar ncy pur	tes (month, day, year) the of Lodging Facility \$\frac{275.00}{\text{Total Expenses}}\$ Total Expenses pose and use.
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific go Foundation who used the particular to the p	Location of Travel ail	Dates (month on of the payn rsary LA Gal ion 3.1 (See inst	Other Expenses Other Expenses , day, year) nent and its age a. ructions) nent Officer	Nar ncy pur	ne of Lodging Facility 275.00 Total Expenses Total Expenses Dose and use.
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific go Foundation who used the particular to the p	Location of Travel ail Air Check Applicate \$	Dates (month on of the payn rsary LA Gal ion 3.1 (See inst	Other Expenses Other Expenses day, year) nent and its age a.	Nar ncy pur	tes (month, day, year) the of Lodging Facility \$\frac{275.00}{\text{Total Expenses}}\$ Total Expenses pose and use.
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific go Foundation who used the particular to the p	Location of Travel ail	Dates (month on of the payn rsary LA Gal ion 3.1 (See inst	Other Expenses Other Expenses , day, year) nent and its age a. ructions) nent Officer	Nar ncy pur	ne of Lodging Facility 275.00 Total Expenses Total Expenses Dose and use.
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific formulation who used the part of the part	Location of Travel ail Air Check Applicate \$	Dates (month on of the payn sary LA Galion 3.1 (See inst	Other Expenses Other Expenses Other Expenses a, day, year) nent and its age a. ructions) nent Officer sition/Title	Nar ncy pur	tments Department/Division
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific formulation who used the part of the part	Location of Travel ail	Dates (month on of the payn sary LA Galion 3.1 (See inst	Other Expenses Other Expenses , day, year) nent and its age a. ructions) nent Officer	Nar ncy pur	tments
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific formulation who used the part of the part	Location of Travel ail Air Check Applicate \$	Dates (month on of the payn sary LA Galion 3.1 (See inst	Other Expenses Other Expenses Other Expenses a, day, year) nent and its age a. ructions) nent Officer sition/Title	Nar ncy pur	tments Department/Division
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific go Foundation who used the part of the p	Location of Travel ail	Dates (month on of the payn sary LA Gal ion 3.1 (See inst Sr. Investr	Other Expenses Other Expenses (day, year) nent and its age a. ructions) nent Officer sition/Title	Nar	tments Department/Division
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific of the part of the reported in the part of the part of the part of the reported in the part of the part o	Location of Travel ail	Dates (month on of the payn rsary LA Gal ion 3.1 (See inst Sr. Investr	Other Expenses Other Expenses , day, year) nent and its age a. ructions) nent Officer sition/Title	Nar ncy pur Inves	tments Department/Division
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific of the part of the reported in the part of the part of the part of the reported in the part of the part o	Location of Travel ail	Dates (month on of the payn rsary LA Gal ion 3.1 (See inst Sr. Investr	Other Expenses Other Expenses (day, year) nent and its age a. ructions) nent Officer sition/Title	Nar ncy pur Inves	tments Department/Division
Transportation Provider \$	\$\frac{275.00}{Meal Expenses}\$ elated to travel: n. Provide a specific of the part of the reported in the part of the part of the part of the reported in the part of the part o	Location of Travel ail	Dates (month on of the payn rsary LA Gal ion 3.1 (See inst Sr. Investr	Other Expenses Other Expenses , day, year) nent and its age a. ructions) nent Officer sition/Title	Nar ncy pur Inves	tments Department/Division

San Bernardino County Employees' Retirement Association Division, Department, or Region (# applicable) Administration Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Agency Contact (wome and stee) Deborah Cherney@sbcera.org Agency Contact (wome and stee) Deborah Cherney. Chief Executive Officer Donor Name and Address Individual Last Name First Name New York NY 10019 Agreed credit firm with a long-standing track record of investing in middle-market businesses. In Other is marked, describe the entity's boeness activity (if business) or its nature and interests. In Other is marked, describe the entity's boeness activity (if business) or its nature and interests. In Other is marked, describe the entity's boeness activity (if business) or its nature and interests. In Other is marked, describe the entity's boeness activity (if business) or its nature and interests. In Other is marked, describe the entity's boeness activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other is marked, describe the entity's business activity (if business) or its nature and interests. In Other i	. Agency Name						NT TO AGENCY REPO
Division, Department, or Region (if applicable) Administration Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408					Date Stamp		
Administration Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number Email dchemey@sbcera.org Date of Original Filing: (month, day, year) Date of Original Filing: (month, day, year) Deborah Cherney, Chief Executive Officer Date of Original Filing: (month, day, year) Deborah Cherney, Chief Executive Officer Date of Original Filing: (month, day, year) Deborah Cherney, Chief Executive Officer Date of Original Filing: (month, day, year) Deborah Cherney, Chief Executive Officer Date of Original Filing: (month, day, year) Deborah Cherney, Chief Executive Officer Date of Original Filing: (month, day, year) Date (month, day, year) Salar	•		nt Association				
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number Email doherney@sbcera.org Date of Original Filing: (morth, day, year) Date of Original Filing: (morth, day,	Division, Department, or Rec	gion (if applicable)					For Official Use Only
Area Code/Phone Number Email Capacity Code/Phone Number Email Capacity Control (explain in comment section)	Administration						
Amendment (explain in comment section) Amendment (explain in comment section) Date of Original Filing:	Street Address						
Agency Contact (name and title) Date of Original Filing: Date of Original Filing:	348 W. Hospitality Lane, St	uite 100, San Berna	ardino, CA 9240	8			
Agency Contact (name and title) Date of Original Filling: (month. day, year)	Area Code/Phone Number	Email			☐ Amondment	(avalain in aamm	ent costion)
Deborah Cherney, Chief Executive Officer Donor Name and Address	909.885.7980	dcherney@sbcer	a.org		☐ Amendment	(explain in comin	ent section)
Deborah Cherney, Chief Executive Officer Donor Name and Address	Agency Contact (name and title)				Date of Original I	Filing:	nth day year)
Individual Last Name First Name New York Ny 10019	Deborah Cherney, Chief Ex	xecutive Officer				(IIIO	illi, day, year <i>)</i>
Individual Last Name New York NY 10019	Donor Name and Addre	ess					
Sate Name	□ Individual			□ Other	Brightwood Ca	pital Adviso	rs
Address A private credit firm with a long-standing track record of investing in middle-market businesses. Fother is marked, describe the entity's business activity (if business) or its nature and interests. Fother is marked, describe the entity's business activity (if business) or its nature and interests. Fother is marked, describe the entity's business activity (if business) or its nature and interests. Fother is marked, describe the entity's business activity (if business) or its nature and interests. Fother is marked, describe the entity's business activity (if business) or its nature and interests. Fother is marked, describe the entity's business activity (if business) or its nature and interests. Fother is marked, describe the entity's business activity (if business) or its nature and interests. Fother is marked, describe the entity's business activity (if business) and its against the payment. Fother is marked, describe the entity's business activity (if business) and its against the payment. Fotal Expenses	Last Name	First					
A private credit firm with a long-standing track record of investing in middle-market businesses. 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							
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:			•			•	o Code
If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Name	•	•		•	-market busines	ses.	
Name Samount Name Samount Name Samount	If "Other" is marked, describe the entity	's business activity (if busin	ness) or its nature and i	nterests.			
Name Samount Name Samount Name Samount Name Samount	If applicable, i	identify the name of e	each source and th	ne amount(s) re	eceived by the dor	or for this pa	vment:
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment	а.рр с., .	,					,
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment	Name	\$	Amount	-	Name		\$
Auto Dates (month, day, year) Dates (month, day, year) Dates (month, day, year)	Daymant Information /	Campleta Castia	no 2 4 /o ou b)	2 2 2 2\			
Location of Travel	•	-	•	, 3.2, 3.3)	.		0004
Rail	3.1 (a) Travel Payment				_ <u>N</u>		•
Transportation Provider Check Applicable Boxes \$\frac{275.00}{\text{Meal Expenses}} \frac{\text{\$\frac{275.00}}{\text{Meal Expenses}}}{\text{\$\frac{275.00}{\text{Transportation Expenses}}} \frac{\text{\$\frac{275.00}{\text{Transportation Expenses}}}}{\text{\$\frac{275.00}{\text{Transportation Expenses}}}} \frac{\text{\$\frac{275.00}{\text{Total Expenses}}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}{\text{Total Expenses}}} \frac{\text{\$\text{Total Expenses}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}{\text{Total Expenses}}} \frac{\text{\$\text{Total Expenses}}}{\text{Total Expenses}}} \frac{\text{\$\text{Total Expenses}}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}}{\text{Total Expenses}} \frac{\text{\$\text{Total Expenses}}}}{\text{Total Expenses}}} \frac{\text{\$\text{Total Expenses}}}{\text{Total Expenses}}} \text{\$\text{Total Ex		I	Location of Travel			Dates (m	onth, day, year)
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