

Payment to Agency Report

A Public Document

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 CNBC

_____ Last Name First Name _____ Name

900 Sylvan Avenue Englewood Cliffs NJ 07632

Address City State Zip Code

CNBC is a world leader in business news and provides real-time financial market coverage and business content.

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:

Sept 28, 2023 \$ 2,999.00

Dates (month, day, year) Total Expenses

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

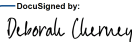
Invitation to attend the 13th Annual Delivering Alpha Investor Summit on September 28, 2023 in New York, NY (complimentary admission is valued at \$2,999.00).

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.

	Deborah Cherney	Chief Executive Officer	10/6/2023
Signature	Print Name	Title	(month, day, year)

Comment:

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

