Payment to Agency Re	eport A Publi	c Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O O 4
San Bernardino County Em	oloyees' Retirement Association	on	,	Form OUI
Division, Department, or Regi	on (if applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Su	ite 100, San Bernardino, CA 9	2408		
Area Code/Phone Number	Email		☐ Amendment (evol	ain in comment section)
909.885.7980	dcherney@sbcera.org		Amendment (explain in comment section)	
Agency Contact (name and title)			Date of Original Filing	g:(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			(month, day, year)
2. Donor Name and Addres	SS			
☐ Individual			Markets Group	
Last Name	First Name	_		Name
44 E 32nd Street, Floor 4	New York	K	NY	10016
Address	City		State	Zip Code
	person and virtual forums that h		nt management ind	ustry engage face to face.
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 for	or this payment:
7	,	()	,	
Name	\$Amount	-	Name	\$Amount
3. Payment Information (C	omplete Sections 3.1 (2.0)	r b) 2 2 2 2)		
Transportation Provider		☐ Bus ☐ Auto	Other	Name of Lodging Facility
\$ \$_ Lodging Expenses	Meal Expenses Transportar	\$_tion Expenses	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rela		3/27-29/20	•	•
3.1 (b) Fayineii(s) not leid	ateu to traver.	Dates (month, d	Ψ	Total Expenses
3.2. Payment Description.	Provide a specific descript	ion of the payme	ent and its agency	purpose and use.
	nvestment Officer as a pre- geles, CA, and speaking a			
3.3. Identify the officials w	ho used the payment in Sec	tion 3.1 (See instru	ctions)	
Thanki	Amit	Investment	Officer In	nvestments
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
				•
4. Verification				
	af the manager desired (1.1.)	to a series of the series	45 EDDO ! !'	
1 10	of the reported payment(s) as	•	<u> </u>	
Veborali Cherney	Deborah Cherney	Chief	Executive Officer	4/6/2023
573E050482454Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment for	or any additional information)			EDDC Form 904 / Jon/4

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	ort A Publ	ic Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O A
San Bernardino County Emplo	yees' Retirement Associati	on	24.0 0.4	Form OUT
Division, Department, or Region	•			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Suite	100, San Bernardino, CA 9	92408		
	mail			
909.885.7980 d	cherney@sbcera.org			ain in comment section)
Agency Contact (name and title)	,,,		Date of Original Filin	
Deborah Cherney, Chief Execu	utive Officer			(month, day, year)
2. Donor Name and Address				
2. Donor Name and Address			Markets Group	
☐ Individual	First Name			Name
44 E 32nd Street, Floor 4	New Yor	rk	NY	10016
Address	City	···	State	Zip Code
Market Group produces in-per	son and virtual forums that	help the investmen	nt management ind	ustry engage face to face.
If "Other" is marked, describe the entity's bu				
•				
If applicable, iden	tify the name of each source a	and the amount(s) re	ceived by the donor f	or this payment:
	\$	_		\$
Name	Amount		Name	Amount
3.1 (a) Travel Payment	Los Angeles, CA		Marc	h 27-29, 2023
3.1 (a) Travel Payment Transportation Provider	Location of Trave	☐ Bus ☐ Auto		Dates (month, day, year) Name of Lodging Facility
Transportation Provider	Location of Trave	□ Bus □ Auto	Other	Dates (month, day, year) Name of Lodging Facility
Transportation Provider \$ Lodging Expenses	Location of Trave	□ Bus □ Auto icable Boxes ation Expenses	Other Expenses	Dates (month, day, year) Name of Lodging Facility \$ Total Expenses
Transportation Provider	Location of Trave	Bus Auto icable Boxes \$_ ation Expenses 3/27-29/202	Other Other Expenses 1,50	Dates (month, day, year) Name of Lodging Facility \$ Total Expenses 0.00
Transportation Provider \$	Location of Trave	Bus Auto icable Boxes \$_ation Expenses 3/27-29/202 Dates (month, date)	Other Expenses 23 \$ 1,50 ay, year)	Dates (month, day, year) Name of Lodging Facility \$ Total Expenses 7.000 Total Expenses
Transportation Provider \$ Lodging Expenses	Location of Trave Rail Air Check Appli Meal Expenses Transports and to travel: rovide a specific descript on for all qualified investigations.	Bus Auto cicable Boxes \$\frac{3}{27-29/202}\$ \text{Dates (month, do the payments)}	Other Expenses 23 \$ 1,50 ay, year) nt and its agency	Dates (month, day, year) Name of Lodging Facility \$
Transportation Provider \$ \$ \$ \$ \$ \$ \$ \$	Location of Trave	Bus Auto cable Boxes 3/27-29/202 Dates (month, da tion of the payme stors to attend A	Other Expenses 23 \$ 1,50 ay, year) nt and its agency ALTSLA Forum 2	Dates (month, day, year) Name of Lodging Facility \$
Transportation Provider \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Location of Trave	Bus Auto cable Boxes 3/27-29/202 Dates (month, da tion of the payme stors to attend A	Other Expenses 23 \$ 1,50 ay, year) Int and its agency ALTSLA Forum 2 tions)	Dates (month, day, year) Name of Lodging Facility \$
Transportation Provider \$	Rail Air Check Appli deal Expenses Transports ad to travel: rovide a specific descript on for all qualified invested investor.	Bus Auto icable Boxes 3/27-29/202 Dates (month, dation of the payments to attend Autorition of the payments to attend Autorition of the payments to attend Autorition of the payment (December 2014)	Other Expenses 23 \$ 1,50 ay, year) Int and its agency ALTSLA Forum 2 tions)	Name of Lodging Facility \$
Transportation Provider \$ \$	Location of Trave	Bus Auto icable Boxes \$_ation Expenses 3/27-29/202 Dates (month, dation of the payments to attend Autorate attended Autorat	Other Expenses 23 \$ 1,50 ay, year) nt and its agency ALTSLA Forum 2 tions) Officer	Name of Lodging Facility Total Expenses 0.00 Total Expenses purpose and use. 2023 in Los Angeles,
Transportation Provider \$	Rail Air Check Appli feal Expenses Transporte ad to travel: rovide a specific descript on for all qualified invested investor. b used the payment in Security Jacob First Name	Bus Auto icable Boxes \$_ation Expenses 3/27-29/202 Dates (month, dation of the payments to attend Autorate attended Autorat	Other Expenses 23 \$ 1,50 ay, year) Int and its agency ALTSLA Forum 2 tions) Officer Interpolation of the properties of the propertie	Name of Lodging Facility \$
Transportation Provider \$	Rail Air Check Appli Meal Expenses Transports and to travel: rovide a specific descript on for all qualified invested investor. b used the payment in Security Jacob First Name	Bus Auto icable Boxes 3/27-29/202 Dates (month, da tion of the payme stors to attend A ction 3.1 (See instruct Investment C Posit	Other Expenses 23 \$ 1,50 ay, year) Int and its agency ALTSLA Forum 2 tions) Officer Interpretation	Dates (month, day, year) Name of Lodging Facility \$
Transportation Provider \$	Rail Air Check Appli Real Expenses Transporte de to travel: rovide a specific descript on for all qualified invested investor. bused the payment in Set Jacob First Name the reported payment(s) as	Bus Auto icable Boxes 3/27-29/202 Dates (month, da tion of the payme stors to attend A ction 3.1 (See instruct Investment C Posit Fosit in compliance with	Other Expenses 23 \$ 1,50 ay, year) Int and its agency ALTSLA Forum 2 tions) Officer Interpretation/Title th FPPC regulations	Dates (month, day, year) Name of Lodging Facility S
Transportation Provider \$	Rail Air Check Appli Real Expenses Transporte rovide a specific descript on for all qualified invested investor. bused the payment in Security Jacob First Name the reported payment(s) as Deborah Cherney	Bus Auto icable Boxes 3/27-29/202 Dates (month, da tion of the payme stors to attend A ction 3.1 (See instruct Investment C Posit Fosit in compliance with	Other Expenses 23 \$ 1,50 ay, year) Int and its agency ALTSLA Forum 3 tions) Officer Interpretations ion/Title th FPPC regulations Executive Officer	Dates (month, day, year) Name of Lodging Facility \$
Transportation Provider \$	Rail Air Check Appli Real Expenses Transporte de to travel: rovide a specific descript on for all qualified invested investor. bused the payment in Set Jacob First Name the reported payment(s) as	Bus Auto icable Boxes 3/27-29/202 Dates (month, da tion of the payme stors to attend A ction 3.1 (See instruct Investment C Posit Fosit in compliance with	Other Expenses 23 \$ 1,50 ay, year) Int and its agency ALTSLA Forum 2 tions) Officer Interpretation/Title th FPPC regulations	Dates (month, day, year) Name of Lodging Facility S

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