Payment to Agency Re	eport A Pub	lic Document		PAYMENT TO AGENCY REPORT
1. Agency Name	·		Date Stamp	California O O 4
San Bernardino County Em	ployees' Retirement Associa	tion		Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration	x			
Street Address			ŧ	
	ird Floor, San Bernardino, C	A 92415-0014		
Area Code/Phone Number	Email		Amendment (ex	xplain in comment section)
909.885.7980	dcherney@sbcera.org		_	
Agency Contact (name and title)			Date of Original Fil	ing:(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			(
2. Donor Name and Addres	3S			
☐ Individual			Ares Manageme	nt LLC
Last Name	First Name			Name
2000 Avenue of the Stars, 1	2th Floor Los Ang	geies	CA	
	•		State	Zip Code
	the largest global alternative	•		
If "Other" is marked, describe the entity's	business activity (if business) or its natu	ire and interests.		
If applicable, io	dentify the name of each source	and the amount(s) re	eceived by the donor	r for this payment:
		, ,	•	
Name	\$Amount	-	Name	\$
3. Payment Information (C	omplete Sections 2.1 /2	or b) 2 2 2 2)		
		or b), 3.2, 3.3)	Λmm	ii 47 2040
3.1 (a) Travel Payment	Dana Point, CA Location of Trav	vol	- Apr	il 17, 2019 Dates (month, day, year)
	Location of trav	vei		Dates (month, day, year)
Transportation Provider	Rail 🔲 Air	☐ Bus ☐ Auto	Other	Name of Lodging Facility
·		licable Boxes		,
\$ \$_	135.00			\$ 135.00
Lodging Expenses		tation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:	Dates (month, d	\$	Total Expenses
0.0 B	B '	•		·
3.2. Payment Description.	Provide a specific descrip	otion of the payme	ent and its agenc	y purpose and use.
Attendance at the Ares	Special Situations Fund	IV (ASSF IV) A	Annual Investor	Meeting. Pursuant to
the Master Custody Acc	count Agreement, comp	onents of travel	cost, which inc	ludes meals, will be
covered by Ares Manag	gement LLC.			
3.3. Identify the officials w	ho used the payment in Se	ection 3.1 (See instruc	ctions)	
Thanki	Amit		stment Officer	Investments
Last Name	First Name	_	tion/Title	Department/Division
				·
				<u> </u>
Last Name	First Name	Posi	tion/Title	Department/Division
. Verification				
I authorized the acceptance	of the reported payment(s) a	s in compliance wit	th FPPC regulation	ns.
11/10/	Deborah Cherney	W	Executive Officer	8.14.201
Signature	Print Name		Title	(month, day, year)
Old Land	THILITAINO		1100	(mondi, day, year)
Comment:				
(Use this space or an attachment fo	r any additional information)			EDDC Form 904 / Ion/49)

Payment to Agency F	Report	A Public Do	cument			PAYMENT TO AGENCY REPOR
1. Agency Name				Date St	amn	California O O A
San Bernardino County Er	mployees' Retiremer	nt Association		54.00	.comp	Form 8U 1
Division, Department, or Re						For Official Use Only
Administration						
Street Address						
348 W. Hospitality Lane, T	hird Floor. San Berr	nardino. CA 92415	-0014			
Area Code/Phone Number	Email		-			
909.885.7980	dcherney@sbcer	a.org		☐ Amendm	ent (explain	in comment section)
Agency Contact (name and title				Date of Origin	nal Filing:	
Deborah Cherney, Chief E				_	- 02	(month, day, year)
2. Donor Name and Addre	ess			01 0 11 15		re-
☐ Individual	F		Other	SL Capital F		
	FIRST	Name Edinburgh, Sco	tland LIK F	= ⊔ 2 21 1		Name
Address		City City	uariu, UK L	-112 2LL	State	Zip Code
A global private markets in	vestment manager	•				
if "Other" is marked, describe the entity			aete			
in other terminate, describe the office,	y o buomood delivity (" buom	oss) or its finiture and litter	0313.			
If applicable,	identify the name of e	ach source and the	amount(s) re	eceived by the	donor for	this payment:
	¢					¢
Name	Ψ	Amount		Name		Amount
. Payment Information (Complete Section	ns 3.1 (a or b), 3	.2, 3.3)			
3.1 (a) Travel Payment	London		•		April 30	, 2019
		ocation of Travel		9		Dates (month, day, year)
American Airlines		☑ Air ☐ Bus	s	□ Other	Hotel G	range St. Pauls
Transportation Provider		Check Applicable Boxe			N. N.	lame of Lodging Facility
_e 794.77	•	\$ 10,281.00	•			_e 11,075.77
Lodging Expenses	Meal Expenses	Transportation Expe	nses 5_	Other Expenses	 S	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:			9	B	
		ī	Dates (month, d	ay, year)		Total Expenses
3.2. Payment Description	n. Provide a specif	ic description of	the payme	ent and its ag	gency pu	rpose and use.
Attendance at the Abe						
Meeting. Pursuant to t						
entitled to be reimburs						
				_	i tilat Ce	ipacity.
3.3. Identify the officials	who used the payn	nent in Section 3.	1 (See instruc	ctions)		
Thanki	Amit	S	enior Inves	tment Office	r Inve	estments
Last Name	First Name	e	Posit	ion/Title		Department/Division
Last Name	First Nam		Desi	Line (PPIA) -		Donoton at/Divinion
Last Name	First Nam	6	Posii	tion/Title		Department/Division
. Verification						
I authorized the acceptance	of the reported pay	ment(s) as in com	pliance wit	h FPPC regu	ılations.	
11/1/0/	Deborah Ch	nernev	Chief	Executive Of	ficer	8.14.19
Signature		Print Name	-	Title		(month, day, year)
						,
Comment:						
(Use this space or an attachment	for any additional informa	ation)				FPPC Form 801 (Jan/1
						advice@fppc.ca.go

Payment to Agency Rep	ort	A Public Docu	ument		PAYMENT	TO AGENCY REPOR
1. Agency Name				Date Stamp		ornia OO4
San Bernardino County Emplo	yees' Retirement	Association		,-	Fo	orm OUI
Division, Department, or Region	1 (if applicable)				Fo	r Official Use Only
Administration						
Street Address						
348 W. Hospitality Lane, Third		rdino, CA 92415-00	014			
	mail			Amendment (e	xplain in commen	t section)
	cherney@sbcera.	org				
Agency Contact (name and title)				Date of Original Fi		ı, day, year)
Deborah Cherney, Chief Exec	utive Officer					
2. Donor Name and Address						
☐ Individual		· · · ·] Other	Ares Manageme		
Last Name	First Na	me			Name	207
2000 Avenue of the Stars, 12t		Los Angeles City		C.A. State		
		•		State	e Zip C	oue
Ares Management is one of th						
If "Other" is marked, describe the entity's bu	siness activity (if business) or its nature and interests	5 ₀₀			
If applicable, ider	itify the name of eac	h source and the am	ount(s) re	ceived by the dono	r for this payn	nent:
	¢.					
Name	A	mount		Name	Φ-	Amount
3.1 (b) Payment(s) not relate 3.2. Payment Description. P	Provide a specific	description of the	es (month, da	nt and its agenc	\$\frac{134.}{\text{Total E}}\$	xpenses
Attendance at the Ares A components of travel cos 3.3. Identify the officials who	t, which include	es meals, will be	covere	ed by Ares Mai	•	•
Fiorino	Louis	Trus	stee		Board of Re	etirement
Last Name	First Name		Posit	ion/Title	Depart	ment/Division
Lood Norma	5			The state of the s		
Last Name	First Name		Posit	tion/Title	⊅ерап	tment/Division
I. Verification						
I authorized the acceptance of	the reported paym	ent(s) as in compli	ance wit	h FPPC regulatio		
1/1/0/	Deborah Cher	rney	Chief	Executive Officer		8.14.19
Signatufe	_	nt Name	0.00	Title		(month, day, year)
Comment:						
(Use this space or an attachment for a	ny additional information	on)			EDD	C Form 904 / Inn/4

FPPC Form 801 (Jan/18) advice@fppc.ca.gov

1. Agency Name San Bernardino County Employees' Retirement Association	Date Stamp Califor	AGENCY REPOR
	Forr	
Division, Department, or Region (if applicable)		fficial Use Only
Administration		
Street Address		
348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014		
Area Code/Phone Number Email	Amendment (explain in comment se	ection)
909.885.7980 dcherney@sbcera.org	Americanett (explain in comment se	Caony
Agency Contact (name and title)	of Original Filing:(month, da	av vear)
Deborah Cherney, Chief Executive Officer	(month, de	iy, year)
2. Donor Name and Address		
☐ Individual	Management LLC	
Last Name First Name	Name	
2000 Avenue of the Stars, 12th Floor Los Angeles	CA 90067	
Address City	State Zip Code	;
Ares Management is one of the largest global alternative asset 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	d by the donor for this paymer	nt:
•		
Name Amount	\$ Name	Amount
Transportation Provider Check Applicable Boxes \$ 134.00 \$ \$	\$	penses
3.2. Payment Description. Provide a specific description of the payment an	nd its agency purpose and	d use.
Attendance at the Ares Annual Investor Dinner. Pursuant to the Macomponents of travel cost, which includes meals, will be covered by 3.3. Identify the officials who used the payment in Section 3.1 (See instructions)		
Kennedy Michael Trustee	Board of Retir	ement
Last Name First Name Position/Title		
Last Name First Name Position/Title	e Departme	nt/Division
. Verification		
I authorized the acceptance of the reported payment(s) as in compliance with FPI	<u> </u>	11 0
	utive Officer	.14.19
Signature Print Name	Title (i	month, day, year)
7		
Comment:		

Payment to Agency R	eport	A Public Do	cument		PAYMENT TO AGEN	CY REPOR
1. Agency Name				Date Stamp	Callifornia	
San Bernardino County En	nployees' Retireme	nt Association			Form	OUL
Division, Department, or Reg	ion (if applicable)				For Official Us	se Only
Administration						
Street Address						
348 W. Hospitality Lane, Ti	nird Floor, San Ber	nardino, CA 92415	-0014			
Area Code/Phone Number	Email			□ Amondment	(audain in assessant assticus)	
909.885.7980	dcherney@sbcer	ra.org		Amendment	(explain in comment section)	
Agency Contact (name and title)				Date of Original F	iling:	_
Deborah Cherney, Chief Ex	cecutive Officer				(month, day, year))
2. Donor Name and Addre	ess					
				Ares Managem	ent LLC	
☐ Individual Last Name	First	Name	Other		Name	
2000 Avenue of the Stars,	12th Floor	Los Angeles		C	A 90067	
Address		City		Sta	ate Zip Code	
Ares Management is one o	f the largest global	alternative asset n	nanagers.			
If "Other" is marked, describe the entity	's business activity (if busir	ness) or its nature and inter	ests.			
a						
If applicable, i	dentify the name of e	each source and the	amount(s) re	eceived by the don	or for this payment:	
	\$				\$	
Name		Amount		Name	Amo	ount
3. Payment Information (C	complete Section	ns 3.1 (a or b), 3	.2, 3.3)			
3.1 (a) Travel Payment	Dana Point, C	A		Α	pril 18, 2019	
		Location of Travel		· · · · · · · · · · · · · · · · · · ·	Dates (month, day, yea	ır)
		☐ Air ☐ Bus	S □ Auto	Other		
Transportation Provider		Check Applicable Boxe			Name of Lodging Facilit	ty
¢ ¢	138.00	¢	•		s 138.00	
Lodging Expenses	Meal Expenses	Transportation Expe	nses Ψ-	Other Expenses	Total Expenses	
3.1 (b) Payment(s) not rel	lated to travel:			\$		
		ī	Dates (month, d	lay, year)	Total Expenses	
3.2. Payment Description	. Provide a speci	fic description of	the payme	ent and its agen	cy purpose and use) <u>.</u>
Attendance at the Ares	Cornorata Onr	ortunities Fund	e (ACOE	\ Annual Inve	etor Meeting Dure	uant to
the Master Custody Ac			•	,	•	
covered by Ares Mana	_	nt, components	oi liavei	COSt, WillCit II	iciades meais, wiii	1 00
	_					
3.3. Identify the officials v	who used the pay	ment in Section 3.	.1 (See instruc	ctions)		
Fiorino	Louis	Т	rustee		Board of Retiremen	ıt
Last Name	First Nam	ne	Posit	tion/Title	Department/Divisi	on
Last Name	First Nan		Posi	tion/Title		ion
Last Warne	i iist Naii		FUSI	don/ Hue	Department/Divisi	ion
. Verification						
I authorized the acceptance	of the reported pa	yment(s) as in com	ipliance wit	th FPPC regulati	ons.	
11/100 -	Deborah C	herney	Chief	Executive Office	er 8-14.	. 19
Signature	1	Print Name		Title		day, year)
Comment:						
(Use this space or an attachment f	or any additional inform	ation)			FPPC Form 8	01 (Jan/1
					advice@fp	opc.ca.gc

Payment to Agency F	Report	A Public Dod	cument			PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stan	np	California O O 4
San Bernardino County Er	nployees' Retireme	nt Association			•	Form OUI
Division, Department, or Re	gion (if applicable)					For Official Use Only
Administration						
Street Address						
348 W. Hospitality Lane, T	hird Floor, San Ber	nardino, CA 92415-	0014			
Area Code/Phone Number	Email			□ Amendmen	t (evolpin	in comment section)
909.885.7980	dcherney@sbcer	ra.org		Amendmer	it (explain	in comment section)
Agency Contact (name and title				Date of Origina	l Filing:	(month, day, year)
Deborah Cherney, Chief E	xecutive Officer					(month, day, year)
2. Donor Name and Addre	ess					
□ Individual			✓ Other	Ares Manage	ment LL	_C
☐ Individual Last Name	First	Name	☑ Offiet		1	Name
2000 Avenue of the Stars,	12th Floor	Los Angeles			CA	90067
Address		City			State	Zip Code
Ares Management is one of	of the largest global	alternative asset m	anagers.			
If "Other" is marked, describe the entity	y's business activity (if busin	ess) or its nature and intere	sts,			
If applicable	identify the name of a	each source and the a	mount/e\ re	sociand by the de	oper for t	this novmont:
ii applicable,	identity the name of e	ach source and the a	mount(s) re	eceived by the do	ווטו וטוונ	ins payment.
Name	\$	Amount		Name		\$Amount
	2 - 4 - 0 4!		0 0 0\	IVAILIG		Amount
3. Payment Information (2, 3.3)		A 11 40	2010
3.1 (a) Travel Payment	Dana Point, C				April 18	
	l	Location of Travel			L	Dates (month, day, year)
Towns define Desiden	🔲 Rail	☐ Air ☐ Bus	☐ Auto	Other _		
Transportation Provider		Check Applicable Boxes	3		N	ame of Lodging Facility
\$	138.00	\$	_ \$_	···-		\$
Lodging Expenses	Meal Expenses	Transportation Expen	ses	Other Expenses		Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	-		\$		
			ates (month, d			Total Expenses
3.2. Payment Description	n. Provide a speci	fic description of t	he payme	ent and its age	ency pu	rpose and use.
Attendance at the Are the Master Custody Accovered by Ares Mana	ccount Agreeme		•	,		•
3.3. Identify the officials	who used the payı	nent in Section 3.1	(See instru	ctions)		
Kennedy	Michael	Tr	ustee		Boa	rd of Retirement
Last Name	First Nam	ie -	Posi	tion/Title		Department/Division
Lost Namo	First No.		D	er. erro.	• 1: · · · · · · · · · · · · · · · · · ·	Daniel de Militaire
Last Name	First Nan	ne .	Posi	tion/Title		Department/Division
1. Verification						
I authorized the acceptance	e of the reported pag	yment(s) as in comp	oliance wit	th FPPC regula	itions.	9
(1) 00	Deborah Cl	hernev	Chief	Executive Office	cer	8.14.19
Signature		Print Name		Title		(month, day, year)
Comment:	· · · · · · · · · · · · · · · · · · ·					
(Use this space or an attachment	for any additional inform	ation)				FPPC Form 801 (Jan/18
						advice@fppc.ca.go

- Albanian and Alb	A I ubile be	cument		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California O 0 4
San Bernardino County Employees'	Retirement Association		·	Form OU
Division, Department, or Region (if appl	icable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Third Floor	, San Bernardino, CA 92415	5-0014		
Area Code/Phone Number Email			☐ Amondment (e	xplain in comment section)
909.885.7980 dchern	ey@sbcera.org		Amendment (e.	Apiain in comment section)
Agency Contact (name and title)			Date of Original Fil	ing:(month, day, year)
Deborah Cherney, Chief Executive (Officer			(month, day, year)
. Donor Name and Address		- Li		
□ Individual		C Other	Milken Institute	
☐ Individual Last Name	First Name	✓ Other .		Name
1250 Fourth Street	Santa Monica		CA	90401
Address	City		State	e Zip Code
Increase global prosperity by advan-	cing collaborative solutions t	that widen a	ccess to capital,	create jobs, improve health.
If "Other" is marked, describe the entity's business a	ctivity (if business) or its nature and inte	erests.		
If applicable, identify the	e name of each source and the	amount(s) re	ceived by the dono	r for this payment:
in applicable, identity the	; name of each source and the	amount(s) re	ceived by the dono	r for this payment.
Name	\$,	Name	\$
Payment Information (Complet			Name	Amount
Transportation Provider	_		Other	Name of Lodging Facility
\$ \$ Meal Exp	senses \$Transportation Expe	enses \$_	Other Expenses	Total Expenses
3.1 (b) Payment(s) not related to t		4/28/19-5/1	/19 - 6 15	,000.00
(-,		Dates (month, da		Total Expenses
3.2. Payment Description. Provid		•	ay, year)	Total Expenses
	e a specific description of n Institute Global Confe	the payme erence on	nt and its agenc April 28 - May	Total Expenses y purpose and use. 1, 2019, in Beverly
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me	e a specific description of n Institute Global Confe embership Benefits, whi	the payme erence on ich include	nt and its agenc April 28 - May complimenta	Total Expenses y purpose and use. 1, 2019, in Beverly
3.2. Payment Description. ProvidInvitation to attend 2019 MilkeHills, California. (Associate Me at \$15,000.00.)3.3. Identify the officials who used	e a specific description of en Institute Global Confe embership Benefits, whi d the payment in Section 3	the payme erence on ich include	nt and its agence April 28 - May e complimenta	Total Expenses y purpose and use. 1, 2019, in Beverly
3.2. Payment Description. ProvidInvitation to attend 2019 MilkeHills, California. (Associate Me at \$15,000.00.)3.3. Identify the officials who used	e a specific description of en Institute Global Confe embership Benefits, whi d the payment in Section 3	the payme erence on ich include 3.1 (See instruct nvestment C	nt and its agence April 28 - May e complimenta	Total Expenses y purpose and use. 1, 2019, in Beverly ry admission, is valued
 3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott 	e a specific description of an Institute Global Confe embership Benefits, whi d the payment in Section 3	the payme erence on ich include 3.1 (See instruct nvestment C	nt and its agence April 28 - May complimenta	Total Expenses y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott Jac Last Name	e a specific description of an Institute Global Conference of the payment in Section 3 First Name	the payme erence on ich include 3.1 (See instruct nvestment C	nt and its agence April 28 - May e complimenta cions) Officer	Total Expenses y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments Department/Division
 3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott 	e a specific description of an Institute Global Confe embership Benefits, whi d the payment in Section 3	the payme erence on ich include 3.1 (See instruct nvestment C	nt and its agence April 28 - May complimenta	Total Expenses y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott Jac Last Name	e a specific description of an Institute Global Conference of the payment in Section 3 First Name	the payme erence on ich include 3.1 (See instruct nvestment C	nt and its agence April 28 - May e complimenta cions) Officer	Total Expenses y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments Department/Division
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott Jac Last Name	e a specific description of an Institute Global Conference of the payment in Section 3 First Name	the payme erence on ich include 3.1 (See instruct nvestment C	nt and its agence April 28 - May e complimenta cions) Officer	Total Expenses y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments Department/Division
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott Jac Last Name	e a specific description of an Institute Global Conference Benefits, which the payment in Section 3 cob Sirst Name	the payme erence on ich include 3.1 (See instruct nvestment C Positi	nt and its agence April 28 - May complimenta complimenta con/Title	Total Expenses y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments Department/Division Department/Division
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott Jac Last Name Verification I authorized the acceptance of the re-	e a specific description of an Institute Global Conference Benefits, which the payment in Section 3 cob Sirst Name	erence on ich include 3.1 (See instruct nvestment C Positi Positi	nt and its agence April 28 - May complimenta complimenta con/Title	y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments Department/Division Department/Division
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott Jac Last Name Verification I authorized the acceptance of the re-	e a specific description of an Institute Global Conference of the payment in Section 3 and First Name sported payment(s) as in conference of the payment of	erence on ich include 3.1 (See instruct nvestment C Positi Positi	nt and its agence April 28 - May e complimenta cions) Officer on/Title	y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments Department/Division Department/Division
3.2. Payment Description. Provid Invitation to attend 2019 Milke Hills, California. (Associate Me at \$15,000.00.) 3.3. Identify the officials who used Abbott Jac Last Name Verification I authorized the acceptance of the re	e a specific description of an Institute Global Conference on the payment in Section 3 cob Section Sec	erence on ich include 3.1 (See instruct nvestment C Positi Positi	nt and its agence April 28 - May e complimenta cions) Officer on/Title n FPPC regulatio Executive Officer	y purpose and use. 1, 2019, in Beverly ry admission, is valued Investments Department/Division Department/Division

FPPC Form 801 (Jan/18) advice@fppc.ca.gov

Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California O 0 1
San Bernardino County En	nployees' Retirement Association	า	p	Form OU
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Street Address				
	nird Floor, San Bernardino, CA 9	2415-0014		
Area Code/Phone Number	Email		Amendment (exp	lain in comment section)
909.885.7980	dcherney@sbcera.org			
Agency Contact (name and title)			Date of Original Filin	g:(month, day, year)
Deborah Cherney, Chief Ex				
2. Donor Name and Addre	ss		22 112121 (21 124	-
☐ Individual		☑ Other	Society for Human	Resources Management
Last Name	First Name Alexandri a	•	VA	Name 22314
Address	City		State	Zip Code
SHRM promotes the role of	f HR as a profession and provide	es education ce		·
	s business activity (if business) or its nature a		Tuncation, and netw	orking to its members.
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
If applicable, i	dentify the name of each source an	d the amount(s) re	eceived by the donor f	for this payment:
	\$			\$
Name	Amount		Name	Amount
3. Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	·		<u> </u>	
	Location of Travel			Dates (month, day, year)
Transportation Provider	∏ Rail ☐ Air ☐ Check Applical	☐ Bus ☐ Auto	Other	Name of Lodging Facility
\$\$Lodging Expenses	Meal Expenses Transportation	on Expenses \$	Other Expenses	\$Total Expenses
3.1 (b) Payment(s) not re	ated to travel:	6/15/19	\$ 1,35	0.00
		Dates (month, o	lay, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency	purpose and use.
Learning System (\$950	SHRM Foundation Certificat 3) and the SHRM Certificat R professional designation	ion Exam (\$4	•	
3.3. Identify the officials v	vho used the payment in Sect	ion 3.1 (See instru	ctions)	
Barnier	Stacey	Director of h	HR & RM H	luman Resources
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
. Verification	of the venetal newspart/s) as is		th FDDC regulation	
The acceptance	of the reported payment(s) as in Deborah Cherney	•	Executive Officer	8.14.19
Signature	Print Name		Title	(month, day, year)
				(
Comment:				
(Use this space or an attachment f	or any additional information)			FPPC Form 801 (Jan/ advice@fppc.ca.go