

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

Donor information for The Pension Bridge Inc. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

The Pension Bridge Inc. offers educational conferences to the Institutional Investment Community. If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

Identify the name of each source and the amount(s) received by the donor for this payment. Includes fields for Name and Amount.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Travel payment details including Location of Travel, Dates, Transportation Provider, Rail/Air/Bus/Auto/Other checkboxes, and Lodging Expenses.

3.1 (b) Payment(s) not related to travel: April 17-19, 2023, \$ 189.00. Includes fields for Dates and Total Expenses.

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

Invitation to attend 2023 Pension Bridge Annual on April 17-19, 2023 San Francisco, California (complimentary admission is valued at \$189.00).

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

Official information for Fiorino, Louis, and Board of Trustees. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature verification for Deborah Cherney, Chief Executive Officer, dated 7/5/2023. Includes fields for Signature, Print Name, Title, and Date.

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



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PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> San Bernardino County Employees' Retirement Association		Date Stamp	<b>California 801</b> Form For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Administration			
<b>Street Address</b> 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
<b>Area Code/Phone Number</b> 909.885.7980	<b>Email</b> dcherney@sbcera.org	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) Deborah Cherney, Chief Executive Officer		<b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other The Pension Bridge Inc.

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name

4504 S. Ocean Blvd. Highland Beach FL 33487

Address City State Zip Code

The Pension Bridge Inc. offers educational conferences to the Institutional Investment Community.

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:**

April 17-20, 2023 \$ 189.00

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 2023 Pension Bridge Annual on April 17-20, 2023 San Francisco, California (complimentary admission is valued at \$189.00).

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

Cherney	Deborah	Chief Executive Officer	Administration
_____	_____	_____	_____
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: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ 7/7/2023 (month, day, year)

Comment:

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

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

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<b>1. Agency Name</b> San Bernardino County Employees' Retirement Association		Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Administration			
<b>Street Address</b> 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
<b>Area Code/Phone Number</b> 909.885.7980	<b>Email</b> dcherney@sbcera.org	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) Deborah Cherney, Chief Executive Officer		<b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Institutional Investor

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name  
1120 Ave of the Americas, 6th Fl New York NY 10036  
Address City State Zip Code

Institutional Investor is a leading international business to business publisher, focused primarily on international finance.

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:**

4/24-26/2023 \$ 435.00  
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 Institutional Investor 2023 Public Funds Roundtable on April 24-26, 2023 in Los Angeles, California (complimentary admission is valued at \$435.00).

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

<b>Newcomer</b> Jared	<b>Trustee</b>	<b>Board of Trustees</b>
_____ 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 Cherney Deborah Cherney Chief Executive Officer 7/5/2023  
Signature Print Name Title (month, day, year)

Comment:

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

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PAYMENT TO AGENCY REPORT

1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address

Donor information: Institutional Investor. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

Institutional Investor is a leading international business to business publisher, focused primarily on international finance. 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:

Table for donor sources with columns for Name and Amount.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Travel payment details: Location of Travel, Dates, Transportation Provider, Rail/Air/Bus/Auto/Other checkboxes, Name of Lodging Facility, and various expense amounts.

3.1 (b) Payment(s) not related to travel:

Summary of non-travel payment: 4/24-26/2023, Total Expenses \$ 435.00

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

Invitation to attend Institutional Investor 2023 Public Funds Roundtable on April 24-26, 2023 in Los Angeles, California (complimentary admission is valued at \$435.00).

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

Officials used for payment: Fiorino, Louis, Trustee, Board of Trustees. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature verification: Deborah Cherney, Chief Executive Officer, 7/5/2023. Includes fields for Signature, Print Name, Title, and Date.

Comment:

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



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<b>1. Agency Name</b> San Bernardino County Employees' Retirement Association		Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Administration			
<b>Street Address</b> 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
<b>Area Code/Phone Number</b> 909.885.7980	<b>Email</b> dcherney@sbcera.org	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) Deborah Cherney, Chief Executive Officer		<b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

Individual \_\_\_\_\_  Other Milken Institute

\_\_\_\_\_ Last Name First Name \_\_\_\_\_ Name

1250 Fourth Street Santa Monica CA 90401

Address City State Zip Code

Increase global prosperity by advancing collaborative solutions that widen access to capital, create jobs, improve health.

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

## 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:

4/29/23-5/3/23 \$ 25,000.00

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 Milken 26th Annual Institute Global Conference on April 29, 2023 - May 3, 2023, in Beverly Hills, California.

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

Thanki	Amit	Sr. Investment Officer	Investments
_____	_____	_____	_____
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 Cherney Deborah Cherney Chief Executive Officer 7/5/2023

Signature Print Name Title (month, day, year)

Comment:

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

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

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1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address: Markets Group, 44 E 32nd Street, Floor 4, New York, NY 10016. Includes checkboxes for Individual and Other, and a section for identifying donor sources.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Beverly Hills, CA, June 7, 2023. Includes checkboxes for Rail, Air, Bus, Auto, Other and expense breakdown.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Invitation to attend Market Group's Southern California Institutional Forum on June 7, 2023, in Beverly Hills, California (complimentary admission is valued at \$450.00).

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Includes fields for Last Name, First Name, Position/Title, and Department/Division for Deborah Cherney.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Barbara Hannah, Chief Counsel, dated 7/7/2023.

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

