

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

San Bernardino County Employees' Retirement Association

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

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

Date Stamp

California
Form 801

For Official Use Only

☐ Amendment (explain in comment section)Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Milken Institute

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	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)

_____	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> 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:

May 4-7, 2025

Dates (month, day, year)

\$ 25,000.00

Total Expenses

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

Invitation to attend 2025 Milken Institute Global Conference on May 4-7, 2025, in Beverly Hills, California.

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

Abbott

Jacob

Sr. Investment Officer

Investments

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

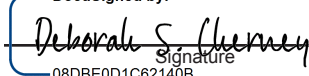
Position/Title

Department/Division

4. Verification

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

DocuSigned by:

Signature
08DBE0D1C62140B...

Deborah Cherney

Print Name

Chief Executive Officer

Title

7/6/2025

(month, day, year)

Comment:

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

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Agency Contact (name and title)			
Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

☐ Individual
Last Name First Name
1250 Fourth Street Santa Monica CA 90401
Address City State Zip Code

☒ Other Milken Institute
Name
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Transportation Provider	Check Applicable Boxes
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\$ ——— Lodging Expenses	\$ ——— Meal Expenses
\$ ——— Transportation Expenses	\$ ——— Other Expenses
\$ ——— Total Expenses	

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

May 4-7, 2025	\$ 25,000.00
Dates (month, day, year)	Total Expenses

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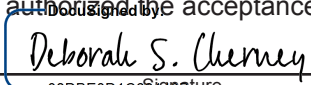
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Kim	Thomas	Sr. Investment Officer	Investments
Last Name	First Name	Position/Title	Department/Division
—————	—————	—————	—————
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	Deborah Cherney	Chief Executive Officer	7/6/2025
Signature	Print Name	Title	(month, day, year)

Comment:

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