Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR	
I. Agency Name			Date Stamp	California Q 🗘 🗸	
San Bernardino County Employees' Retirement Association				Form OU	
Division, Department, or Region (if applicable)				For Official Use Only	
Administration					
Street Address					
	uite 100, San Bernardino, CA 92	408			
Area Code/Phone Number	Email	400			
			Amendment (expla	in in comment section)	
909.885.7980	dcherney@sbcera.org		Data of Ovining Filing		
Agency Contact (name and title)			Date of Original Filing	(month, day, year)	
Deborah Cherney, Chief Ex	cecutive Officer				
. Donor Name and Addre	ess				
- Landbalde at		— 044	Milken Institute		
Individual Last Name	First Name			Name	
1250 Fourth Street	Santa Mor	nica	CA	90401	
Address	City		State	Zip Code	
Increase global prosperity b	by advancing collaborative soluti	ons that widen a	access to capital, cre	eate jobs, improve health.	
	's business activity (if business) or its nature a				
•					
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor fo	or this payment:	
	\$			\$	
Name	Amount		Name	Amount	
. Payment Information (C	complete Sections 3.1 (a or	b), 3.2, 3.3)			
3.1 (a) Travel Payment	•				
o. r (a) maver r ayment	Location of Travel		-	Dates (month, day, year)	
				, , , , , , , , , , , , , , , , , , ,	
Transportation Provider		∃Bus ⊟Auto	Other	Name of Lodging Facility	
nanoponanon no naci	Check Applicat	ole Boxes		rame or Loughig Fashing	
\$\$Lodging Expenses	Meal Expenses \$Transportation	\$ <u></u>	011	\$Total Expenses	
			,		
3.1 (b) Payment(s) not related to travel:		May 4-7, 2025 Dates (month, day, year) \$ 25,000			
		•		Total Expenses	
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency	purpose and use.	
Invitation to attend 202	25 Milken Institute Global C	onference on	Mav 4-7, 2025, i	n Beverly Hills.	
California.			, ,	,	
2.2 Identify the efficiels	ula usad the neumant in Costi	iam 2.4 .a			
_	who used the payment in Secti				
Abbott	Jacob	Sr. Investme	ent Officer In	vestments	
Last Name	First Name	Posi	tion/Title	Department/Division	
Last Name	First Name	D 1	ition/Title	Donartmont/Divining	
Last Name	First Name	Posi	ition/ file	Department/Division	
. Verification					
I authorized the acceptance	of the reported payment(s) as in	n compliance wi	th FPPC regulations		
DocuSigned by:	Deborah Cherney		Executive Officer	7/6/2025	
Vehorale Singlemen	Print Name		Title	(month, day, year)	
08DBE0D1C62140B	i'llit Name		Hue	(monus, day, year)	
Comment:					
001111101111					

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Area Code/Phone Number	Email	.400			
			Amendment (explain	n in comment section)	
909.885.7980	dcherney@sbcera.org		Date of Original Filings		
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Deborah Cherney, Chief Ex	cecutive Officer				
. Donor Name and Addre	ess				
		C Othor	Milken Institute		
Individual Last Name	First Name	Ø Other		Name	
1250 Fourth Street	Santa Mor	nica	CA	90401	
Address	City		State	Zip Code	
Increase global prosperity b	by advancing collaborative soluti	ions that widen a	access to capital, crea	ate jobs, improve health.	
If "Other" is marked, describe the entity	's business activity (if business) or its nature a	and interests.			
<u> </u>					
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor for	this payment:	
	\$			\$	
Name	Amount		Name	Amount	
Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)			
3.1 (a) Travel Payment					
(1)	Location of Travel			Dates (month, day, year)	
	□ Poil □ Air □	☐Bus ☐Auto	Othor		
Transportation Provider	Rail Air Check Applicat		o □ Other	Name of Lodging Facility	
\$ \$_Lodging Expenses	S \$ Transportation	on Expenses \$.	Other Expenses	\$ Total Expenses	
14 4 7 6					
3.1 (b) Payment(s) not related to travel:		Dates (month, o		Total Expenses	
2.2 Doument Description	Drovido o apositio decoriptio	,		•	
3.2. Payment Description	. Provide a specific description	on or the payme	ent and its agency p	urpose and use.	
Invitation to attend 202	25 Milken Institute Global C	Conference on	ı May 4-7, 2025, ir	n Beverly Hills,	
California.					
3.3. Identify the officials v	who used the payment in Sect	ion 3.1 (See instru	ctions)		
_				, a a tura a un ta	
Kim	Thomas	Sr. Investme		vestments	
Last Name	First Name	Posi	ition/Title	Department/Division	
Last Name	First Name	Pos	ition/Title	Department/Division	
				•	
. Verification					
l authorizadathe acceptance	e of the reported payment(s) as in	n compliance wi	th FPPC regulations.		
Deborale S. Cherney	Deborah Cherney	Chief	Executive Officer	7/6/2025	
08DBE0D1C62ignsture	Print Name		Title	(month, day, year)	
				,	
Comment:					
(Use this space or an attachment to	for any additional information)			EDDC Form 904 / Jan/4	

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