ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association			Form OUI
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Administration				
Street Address			-	
	iite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email		-	<u> </u>
909.885.7980	dcherney@sbcera.org		Amendment (exp	plain in comment section)
	deficities/@specia.org		Date of Original Fili	ua.
Agency Contact (name and title)	acutive Officer			(month, day, year)
Deborah Cherney, Chief Ex				
2. Donor Name and Addre	ss			
☐ Individual			Kayne Anderson	Capital Advisors, L.P.
Last Name	First Name	_		Name
2121 Avenue of the Stars, 9		es	CA	90067
Address	City		State	Zip Code
	ngmt firm focused on real estate,		ucture/energy, rene	wables, and growth capital.
If "Other" is marked, describe the entity'	s business activity (if business) or its nature a	nd interests.		
If applicable is	dentify the name of each source and	the amount(s) r	eceived by the depar	for this navment:
ii applicable, ii	dentity the hame of each source and	a tric arribulit(5) fe	coerved by the double	ioi uno payment.
Name	\$		Name	\$Amount
	Amount		Name	Amount
3. Payment Information (C	omplete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Boca Raton, FL		Apri	1 2-4, 2025
	Location of Travel			Dates (month, day, year)
]Bus □ Auto	o	Boca Raton
Transportation Provider	Check Applicab	le Boxes		Name of Lodging Facility
\$\frac{1,700.74}{\text{Lodging Expenses}}\tag{\$}	552.00 \$ Transportatio	\$		\$ 2,252.74
Lodging Expenses	Meal Expenses \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc	n Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		\$	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	Provide a specific description	n of the payme	ent and its agency	purpose and use.
Attendance at the Kay	no Andorson Pool Estato 2	025 Investor	Conforance D	urguant to the Macter
-	ne Anderson Real Estate 2 ement, components of trav			
by Kayne Anderson Ca	,	ei cost, iliciut	ullig alliale allu	loughly will be covered
,	•			
3.3. Identify the officials v	vho used the payment in Secti	on 3.1 (See instru	ictions)	
Kim	Thomas	Senior Inve	stment Officer	Investments
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	sition/Title	Department/Division
. Verification				
	of the reported navment(s) as in	n compliance wi	ith FPPC regulation	ne
DocuSigned by:	of the reported payment(s) as in	OL: 4	f Evenutive Office	7/6/2025
Deboral S. Cherney	Deborah Cherney	Cniet	f Executive Officer	
O8DBE0D1C62140B	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			EDDC Form 901 / Jan/19

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association		· ·	Form OUI
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Administration				
Street Address			1	
348 W. Hospitality Lane, Su	uite 100, San Bernardino, CA 924	108		
Area Code/Phone Number	Email			
909.885.7980	dcherney@sbcera.org		Amendment (e	explain in comment section)
Agency Contact (name and title)			Date of Original Fi	ling:
Deborah Cherney, Chief Ex	ecutive Officer			(month, day, year)
<u> </u>				
2. Donor Name and Addre	SS		Tarahan Datinan	and Overhous of Tavas
☐ Individual	First Name	Other	Teacher Retirem	nent System of Texas
1000 Red River Street	First Name Austin		TX	
Address	City		Stat	
	tirement system in Texas providi	na retirement o		·
• .	s business activity (if business) or its nature an	•	County by mivesul	ig and managing hust assets
ii Other is marked, describe the entity	s business activity (ii business) or its nature an	iu iiilerests.		
If applicable, in	dentify the name of each source and	the amount(s) re	eceived by the dono	or for this payment:
	Φ.			c
Name	Amount		Name	Amount
3. Payment Information (C	complete Sections 3.1 (a or I	0), 3,2, 3,3)		
3.1 (a) Travel Payment	Austin, TX	-,, -:-,	Ap	oril 9-10, 2025
3.1 (a) Haver I ayment	Location of Travel		- <u>·</u>	Dates (month, day, year)
		ID		
Transportation Provider	Rail Air Check Applicable] Bus ☐ Auto	o ☐ Other	Name of Lodging Facility
		io Boxoo		\$
\$ \$ Lodging Expenses	50.48 Meal Expenses \$Transportation	\$. n Expenses	Other Expenses	S Total Expenses
3.1 (b) Payment(s) not rel		•	\$	•
o. i (b) i dyment(s) not lei	ated to traver.	Dates (month, o		Total Expenses
3.2 Payment Description	. Provide a specific descriptio	n of the navme	ent and its agend	cy nurnose and use
			_	
	S 2025 Investment Operation	ons Forum or	n April 9-10, 20	025, in Austin, Texas,
wherein State Street w	as a sponsor.			
3.3. Identify the officials v	vho used the payment in Section	on 3.1 (See instru	ctions)	
Law	Michael	Inv Op & Po	ortfolio Analytics	Investments
Last Name	First Name		ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
. Verification				
	of the reported payment(s) as in	compliance wi	th FPPC regulation	ons
DocuSigned by:		•	•	
Deborale Sinfluences	Deborah Cherney Print Name		Executive Office	<u> </u>
08DBE0D1C62140B	Frint Name		ride	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			EDDC Form 901 / Jan/19

Payment to Agency F	keport A Pι	ublic Documen	τ	PAYMENT TO AGENCY REPO
. Agency Name			Date Stamp	California 20
San Bernardino County Er	nployees' Retirement Assoc	ciation		Form OU
Division, Department, or Re	gion (if applicable)		1	For Official Use Only
Administration				
Street Address			1	
348 W. Hospitality Lane, S	uite 100, San Bernardino, 0	CA 92408		
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org		Amendment (e	explain in comment section)
Agency Contact (name and title) Deborah Cherney, Chief E)		Date of Original Fi	(month, day, year)
Donor Name and Addre	ess			
☐ Individual			Teacher Retiren	nent System of Texas
Last Name	First Name			Name
1000 Red River Street	Aust	in	T>	
Address	City		Stat	·
TRS is the largest public re	etirement system in Texas բ	providing retirement	security by investir	ng and managing trust asse
If "Other" is marked, describe the entity	y's business activity (if business) or its	nature and interests.		
→ If applicable,	identify the name of each soul	rce and the amount(s)	received by the dono	or for this payment:
	\$			\$
Name	Amount		Name	Amount
Transportation Provider	Location of		to Other	Dates (month, day, year) Name of Lodging Facility
	\$ 50.48	Applicable boxes		50.48
\$ Lodging Expenses		sportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:	Dates (month,	\$	Total Expenses
3.2. Payment Description	n. Provide a specific desc	•		·
-	S 2025 Investment Op		_	
3.3. Identify the officials	who used the payment in	Section 3.1 (See instr	ructions)	
Law	Michael	Inv Op & P	ortfolio Analytics	Investments
Last Name	First Name	Pos	sition/Title	Department/Division
Last Name	First Name	Po	sition/Title	Department/Division
Verification				
I authorized the acceptance	e of the reported payment(s	,	_	
1 0 1 11	Deborah Cherney	Chie	of Executive Office	r 7/6/2025
OSDBEODIC62140B	Print Nam	ie	Title	(month, day, year
OBDEODICE2140B Comment:		ne	Title	(month, day, year

Payment to Agency Rep	oort	A Public Do	cument		PAYMENT TO AGENCY REPO
. Agency Name				Date Stamp	California Qn
San Bernardino County Empl	oyees' Retiremen	t Association			Form OU
Division, Department, or Regio	n (if applicable)				For Official Use Only
Administration					
Street Address					
348 W. Hospitality Lane, Suite	e 100, San Bernaı	rdino, CA 92408			
	Email dcherney@sbcera	ı.org		Amendment (e	xplain in comment section)
Agency Contact (name and title) Deborah Cherney, Chief Exec	cutive Officer			Date of Original Fi	(month, day, year)
Donor Name and Address			L		
☐ Individual			☑ Other .	Institutional Inve	stor
Last Name	First N		M Other .		Name
1120 Ave of the Americas, 6th	h Fl	New York		NY	
Address	in a laka w = 41 1 1:	City	و بادالیان م	State	•
Institutional Investor is a lead	•		-	r, focused primai	rily on international finance.
If "Other" is marked, describe the entity's b	usiness activity (if busine	ss) or its nature and inter	ests.		
If applicable, ide	ntify the name of ea	ich source and the a	mount(s) red	ceived by the dono	r for this payment:
	•			-	•
Name	\$	Amount		Name	\$ Amount
Transportation Provider	Rail	cation of Travel Air Bus Check Applicable Boxe		☐ Other	Dates (month, day, year) Name of Lodging Facility
	,490.00	спеск Арріісавіе вохе	S		1,490.00
\$Lodging Expenses	Meal Expenses	\$ Transportation Expe	\$_ nses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not relat	ed to travel:			\$	
		ī	ates (month, da	ay, year)	Total Expenses
3.2. Payment Description.	Provide a specifi	c description of	the payme	nt and its agend	cy purpose and use.
Invitation to attend Institu Angeles, California.	utional Investor	· 2025 Public F	unds Rou	ındtable on Ap	oril 28-30, 2025, in Los
3.3. Identify the officials wh	o used the paym	nent in Section 3.	1 (See instruct	tions)	
Fiorino	Louis	Т	rustee		Board of Trustees
Last Name	First Name		Position	on/Title	Department/Division
Last Name	First Name		Positi	ion/Title	Department/Division
Varification					
verification				h FPPC regulatio	ine
. Verification I <u>authogize</u> d the acceptance o	f the reported pay	ment(s) as in com	pliance witi	iii i o regulatio	110.
lauthorized the acceptance of				_	
	Deborah Ch			Executive Officer	
Deborale S. Cherney	Deborah Ch	erney		Executive Officer	7/6/2025

Payment to Agency Re	eport	A Public	Document	<u> </u>	PAYM	ENT TO AGENCY REPO
. Agency Name				Date Stam	np Ca	alifornia gn
San Bernardino County Em	ployees' Retiremer	nt Association				Form OU
Division, Department, or Reg	ion (if applicable)			1		For Official Use Only
Administration						
Street Address				1		
348 W. Hospitality Lane, Su	iite 100, San Berna	ordino, CA 9240	08			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera	a.org		☐ Amendmen	t (explain in com	ment section)
Agency Contact (name and title) Deborah Cherney, Chief Ex	ecutive Officer			Date of Original		onth, day, year)
Donor Name and Addre	ss					
□ Individual			_ ☑ Other	Markets Grou	р	
Last Name	First	Name			Name	
44 E 32nd Street, Floor 4		New York				10016
Address		City			State Z	ip Code
Markets Group is an executing "Other" is marked, describe the entity"	•			ctor.		
if "Other" is marked, describe the entity"	s business activity (if busine	ess) or its nature and	interests.			
If applicable, i	dentify the name of e	ach source and	the amount(s) r	eceived by the do	onor for this p	ayment:
	¢					¢
Name	Ф	Amount	-	Name		- Φ————————————————————————————————————
3.1 (a) Travel Payment	Las Vegas, N\	ocation of Travel				month, day, year)
	🔲 Rail	☐ Air ☐	Bus ☐ Aut	o □Other <u></u>		oria Las Vegas
Transportation Provider		Check Applicable	Boxes			f Lodging Facility
\$\frac{760.18}{\text{Lodging Expenses}}\$	Meal Expenses	\$ Transportation	Expenses \$	Other Expenses	\$ <u></u>	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		Datas (month	\$_	To	tal Expenses
3.2. Payment Description	Provide a specif	ic description	Dates (month,			'
Travel payment is for S conference, Markets G SBCERA's functions o	BBCERA's Senio roup Private Cre	or Investmen	it Officer as	a presenter a	at an educ	ational
3.3. Identify the officials v	vho used the payr	nent in Sectio	n 3.1 (See instru	uctions)		
Thanki	Amit		Senior Inve	stment Officer	Investme	ents
Last Name	First Nam	е	Pos	ition/Title	De	epartment/Division
Last Name	First Nam	ne	Pos	sition/Title	D	epartment/Division
Verification						
I <u>authorized</u> the acceptance	of the reported pay	yment(s) as in	compliance w	ith FPPC regula	ations.	
Delarvale S Cherry	Deborah Cl			f Executive Office		7/6/2025
OSDBEOD1C62140B		Print Name		Title		(month, day, year
Comment:						
(Use this space or an attachment f	or any additional inform	ation)				EDDC Form 904 / lor

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	n		Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email			
909.885.7980	dcherney@sbcera.org		Amendment (expla	in in comment section)
	deneme y w sucera.org		Date of Original Filing	:
Agency Contact (name and title)	regultive Officer			(month, day, year)
Deborah Cherney, Chief Ex				
2. Donor Name and Addre	SS			
☐ Individual			Blueprint Capital Ad	dvisors
Last Name	First Name			Name
45 Academy Street, Suite 2			NJ	07102
Address	City		State	Zip Code
•	ed investment advisory firm.			
If "Other" is marked, describe the entity	s business activity (if business) or its nature a	ind interests.		
If annlicable is	dentify the name of each source an	d the amount(e) re	aceived by the donor fo	or this navment:
ii applicable, i	dentity the name of each source all	a me amount(s) fe	socived by the dollor it	n uno payment.
Name	\$		Name	\$Amount
	Amount		ivame	Amount
s. Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Los Angeles, CA		May 4	I-5, 2025
	Location of Travel			Dates (month, day, year)
		∃Bus ⊟Auto	o □ Other	
Transportation Provider	Check Applical	_		Name of Lodging Facility
¢ ¢	215.00 \$ Transportation	¢		\$ 215.00
Lodging Expenses	Meal Expenses Transportation	on Expenses \$_	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel			\$	
		Dates (month, d	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency i	ourpose and use.
	·			•
	eprint Capital Advisors 202	5 FUWEI 100	Allu LP G	ir Dieakiasi on May
4-5, 2025, in Los Ange	IICO, UA.			
3.3. Identify the officials v	who used the payment in Sect	ion 3.1 (See instru	ctions)	
Thanki	Amit	Sr. Investme	ent Officer In	vestments
Last Name	First Name		ition/Title	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
. Verification				
	of the reported way are and (a) and	n compliance of	th EDDC magnifications	
i authorized the acceptance	of the reported payment(s) as i			
Deboral S. Cherney	Deborah Cherney	Chief	Executive Officer	7/6/2025
Signature 08DBE0D1C62140B	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment t	for any additional information)			
(Ope this space of all attachment)	or arry additional initionitalitin)			EDDC Form 901 / Jan/19

ayment to Agency F	Report	A Public D	ocument		PAYMENT TO AGENCY REPO
. Agency Name				Date Stamp	California Qn
San Bernardino County Er	nployees' Retiremen	t Association		·	Form OU
Division, Department, or Re	gion (if applicable)				For Official Use Only
Administration					
Street Address					
348 W. Hospitality Lane, S	suite 100, San Bernai	dino, CA 92408			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera	ı.org		_	explain in comment section)
Agency Contact (name and title Deborah Cherney, Chief E				Date of Original Fi	(month, day, year)
Donor Name and Addr	ess				
☐ Individual			Other	TPG Angelo Go	rdon
Last Name	First N		<u></u> 0 0.		Name
245 Park Avenue		New York		N\ Stat	
Address TDC Angele Corden is a continuous	ulahal altarnativa inva	City	r founded in	Stat	re Zip Code
TPG Angelo Gordon is a g		•		1900.	
ii Other is marked, describe the entity	y 3 business activity (ii busine	33) of its flature and in	1616313.		
If applicable,	identify the name of ea	ich source and the	e amount(s) re	eceived by the dono	or for this payment:
	\$				\$
Name		Amount		Name	Amount
Payment Information (3.1 (a) Travel Payment	New York, NY	s 3.1 (a or b),	3.2, 3.3)	Ma	ay 19-21, 2025
	Lo	ocation of Travel			Dates (month, day, year)
United Airlines	□ Rail	☑ Air ☐ Bı	us 🔲 Auto	○ □ Other Lo	tte Palace Hotel
Transportation Provider		Check Applicable Bo	oxes		Name of Lodging Facility
\$ 2,025.00	\$ Meal Expenses	\$ 3,423.97	\$_		\$ 6,423.97
Lodging Expenses		Transportation Ex	penses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		Dates (month, d	\$	Total Expenses
3.2. Payment Description	n Provido a specifi	c description o			·
Attendance at the TP0	G Angelo Gordon Deement, compone	Credit Invest	ors Meetin	g & LAPCs. F	Pursuant to the Master d lodging will be covere
3.3. Identify the officials		ent in Section			
Kim	Thomas			stment Officer	Investments
Last Name	First Name		Posi	tion/Title	Department/Division
Last Name	First Name	·	Posi	tion/Title	Department/Division
Verification					
I authorized the acceptance	e of the reported pay	ment(s) as in co	mpliance wi	th FPPC regulation	ons.
Deborali S. Cherney	Deborah Ch	erney	Chief	Executive Office	r 7/6/2025
08DBE0D1C62 ignature		Print Name		Title	(month, day, year
Comment:					

ayment to Agency R	eport A Public	C Document		PAYME	ENT TO AGENCY REPOR
. Agency Name			Date Stam	-	lifornia 801
	ployees' Retirement Association	n]		Form OUI
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Street Address					
348 W. Hospitality Lane, Su	uite 100, San Bernardino, CA 92	2408			
Area Code/Phone Number	Email		☐ Amendment	(explain in comn	nent section)
909.885.7980	dcherney@sbcera.org		_		,
Agency Contact (name and title)			Date of Original	Filing:(mo	onth, day, year)
Deborah Cherney, Chief Ex					
. Donor Name and Addre	SS		Datria Investm	onto Limitod	1
☐ Individual	First Name	Ø Other	Patria Investm	Name	l
601 Lexington Avenue, 55tl			1		10022
Address	City				p Code
	ve investment firm with specializ	ed experience in			
	s business activity (if business) or its nature a	·			
Julio 13 marked, describe the efflity	o baomicoo donvity (ii buomicoo) Ui ito iidluite d	and interests.			
If applicable, id	dentify the name of each source an	d the amount(s) re	eceived by the do	nor for this pa	ayment:
Name	\$		Name		\$
	Amount		Name		Amount
. Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)			
3.1 (a) Travel Payment	New York, NY			/lay 12-13, 2	
	Location of Travel		_		nonth, day, year)
	🗌 Rail 🔲 Air 🛛	☐ Bus ☐ Auto	o	•	tel New York
Transportation Provider	Check Applica	ble Boxes			Lodging Facility
\$\frac{2,220.00}{\$}	580.00 \$ Transportation	\$.			800.00
Lodging Expenses	Meal Expenses Transportation	on Expenses \$.	Other Expenses		Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		\$_		
		Dates (month, o	* * *		al Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its age	ncy purpos	e and use.
Attendance at the Patr	ia Investments Annual Ger	neral Meeting	(AGM) and S	SOF LPAC	. Pursuant to
the Master Custody Ac	count Agreement, compor	nents of travel	cost, includir	ng airfare	and lodging wil
be covered by Patria Ir	nvestments.				
3.3. Identify the officials v	who used the payment in Sect	ion 3.1 (See instru	ctions)		
Thanki	Amit	Senior Inves	stment Officer	Investme	ents
Last Name	First Name	Posi	ition/Title	De	partment/Division
Last Name	First Name		ition/Title		partment/Division
Last Haille	i iist Naille	Pos	nuon/ mue	De	partificity Division
. Verification					
	of the reported payment(s) as:	n compliance :::	th EDDC rockle	tions	
Docusigned by:	of the reported payment(s) as i				7/6/2025
Deboral S. Cherney	Deborah Cherney	Chief	Executive Offic	er ———	
Signature 08DBE0D1C62140B	Print Name		Title		(month, day, year)
Comment:					
(Use this space or an attachment f	or any additional information)				IDDC Form 904 / lon/4

ayment to Agency R	eport A Public I	Document		PAYMENT TO AGENCY	REPOR
. Agency Name			Date Stamp	California o	04
San Bernardino County Em	ployees' Retirement Association		·	Form O	UI
Division, Department, or Reg	ion (if applicable)			For Official Use O	nly
Administration					
Street Address					
	uite 100, San Bernardino, CA 9240	10			
Area Code/Phone Number		70			
	Email		Amendment (explain in comment section)	
909.885.7980	dcherney@sbcera.org		Data of Onininal E	'III	
Agency Contact (name and title)			Date of Original F	(month, day, year)	-
Deborah Cherney, Chief Ex	ecutive Officer				
. Donor Name and Addre	SS S				
The distance i		- Others	Invesco Real Es	state	
Individual Last Name	First Name	_ ☑ Other		Name	
1555 Peachtree Street, NE	Atlanta		G	A 30309	
Address	City		Sta	ate Zip Code	
If "Other" is marked, describe the entity	s business activity (if business) or its nature and	interests.			
If applicable, i	dentify the name of each source and t	the amount(s) re	eceived by the done	or for this payment:	
	\$			\$	
Name	Amount		Name	Amount	ŧ
. Payment Information (C	complete Sections 3.1 (a or b)), 3.2, 3.3)			
3.1 (a) Travel Payment	Seoul, Korea		Ju	ıne 11-12, 2025	
on (a) maron aymont	Location of Travel		_	Dates (month, day, year)	
Asiana Airlines		Due Auto	The Th	ne Shilla Seoul	
Transportation Provider	Rail Air Check Applicable	Bus Auto	Other II	Name of Lodging Facility	
_ 1,228.59				11.190.52	
\$S Lodging Expenses	802.00 \$9,159.93 Meal Expenses Transportation I	\$_ Expenses	Other Expenses	\$	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3.1 (b) Payment(s) not rel	ated to traver:	Dates (month, d	\$	Total Expenses	
2.0 Downsont Decemention	Duranida a sussifia description	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	
3.2. Payment Description	. Provide a specific description	or the payme	ent and its agen	cy purpose and use.	
Attendance at the Inve	sco Real Estate Asia Client	Conference	& LPACs. SB	CERA is a member	of
the Investor Advisory (Committee. Pursuant to the A	Agreement o	of Limited Part	nership, Investor	
Advisory Committee is	entitled to reimbursement for	or travel exp	enses and out	t-of-pocket expense:	S.
3.3. Identify the officials v	who used the payment in Section	n 3.1 (See instru	ctions)		
_				Investments	
Kim	Thomas		stment Officer	Investments	
Last Name	First Name	Posi	tion/Title	Department/Division	
Last Name	First Name	Posi	ition/Title	Department/Division	
				•	
. Verification					
I authorized the acceptance	of the reported payment(s) as in	compliance wi	th FPPC regulation	ons.	
(0 , 4	Deborah Cherney		Executive Office		
Ulboral S. Clurry	Print Name		Title	(month, day,	, year)
08DBE0D1C6Z140B				, , , , , ,	- /
Comment:					
(Use this space or an attachment t	or any additional information)			EDDC Form 801	