

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California 801 Form For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other LuminArx Capital Management

_____ Last Name First Name _____ Name

712 Fifth Avenue, 23rd Floor New York NY 10019

Address City State Zip Code

A global alternative investment manager focused on Special Situations investing.

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:

9/18/2024 \$ 250.00

Dates (month, day, year) Total Expenses

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

Complimentary registration to attend the LuminArx Capital Investor Forum in New York, NY, on September 18, 2024.

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

Kim	Thomas	Senior Investment Officer	Investments
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

DocuSigned by: _____ of the reported payment(s) as in compliance with FPPC regulations.

Deborah S. Cherney _____ Deborah Cherney _____ Chief Executive Officer _____ 10/2/2024

08DBE0D1C62140B... Print Name Title (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		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other With Intelligence

_____ Last Name First Name _____ Name

41 Madison Avenue New York NY 10010

Address City State Zip Code

Connects investors and managers to the people and insight-enriched data they need to raise and allocate assets.

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: _____ \$ 250.00

9/24-25/2024 _____

Dates (month, day, year) Total Expenses

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

Complimentary registration to attend the The Fall Retreat in Beverly Hills, California, on September 24 - 25, 2024.

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

Abbott	Jacob	Senior Investment Officer	Investments
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

DocuSigned by: _____ of the reported payment(s) as in compliance with FPPC regulations.

Deborah S. Cherney _____ Deborah Cherney Chief Executive Officer 10/2/2024

08DBE0D1C62140B... _____ Print Name Title (month, day, year)

Comment:

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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, Department, or Region, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Individual or Other With Intelligence. Fields for Last Name, First Name, Address, City, State, Zip Code, and Name.

Connects investors and managers to the people and insight-enriched data they need to raise and allocate assets.

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 source information 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

Fields for Location of Travel, Dates, Transportation Provider, Rail/Air/Bus/Auto/Other, Name of Lodging Facility, and various Expense categories.

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

Fields for Dates (9/24-25/2024) and Total Expenses (\$ 250.00).

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

Complimentary registration to attend the The Fall Retreat in Beverly Hills, California, on September 24 - 25, 2024.

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

Table for officials with columns 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 fields for DocuSigned by: Deborah S. Cherney, Print Name, Title, and Date.

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, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Donor information: Individual or Other IDAC. Fields for Last Name, First Name, Address, City, State, and Zip Code.

IDAC is a non-profit organization that brings together various professionals across the asset management industry.

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 source information 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, Name of Lodging Facility, and various expense amounts.

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

Payment(s) not related to travel: Dates (9/24-26/2024) and Total Expenses (\$ 1,000.00).

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

Complimentary registration to attend the Investment Diversity Advisory Council (IDAC) 2024 Annual Summit in Broomfield, Colorado, on September 24 - 26, 2024.

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

Official information table with columns 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: Barbara Hannah, Chief Counsel, dated 10/5/2024.

Comment:

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Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other IDAC _____

_____ Last Name First Name _____ Name

1200 Entrepreneurial Drive Broomfield CO 80021

Address City State Zip Code

IDAC is a non-profit organization that brings together various professionals across the asset management industry.

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:

9/24-26/2024 \$ 1,000.00

Dates (month, day, year) Total Expenses

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

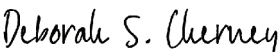
Complimentary registration to attend the Investment Diversity Advisory Council (IDAC) 2024 Annual Summit in Broomfield, Colorado, on September 24 - 26, 2024.

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

Newcomer Jared	Trustee	Board of Retirement
_____ 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 Chief Executive Officer 10/2/2024

08DBE0D1C62140B... Print Name Title (month, day, year)

Comment:

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

