

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

San Diego County Employees Retirement Association (SDCERA)

Division, Department, or Region (if applicable)

Board of Retirement

Street Address

2275 Rio Bonito Way, Suite 100, San Diego, CA 92108

Area Code/Phone Number

619 515-6800

Email

bwill@sdcera.org

Agency Contact (name and title)

Brant Will, SDCERA Chief Legal Officer

COSD CLERK OF THE BOARD 2023 NOV 6 5:24

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/Other State Assn.of County Retirement Systems
1225 8th Street, Suite 550 Sacramento CA 95814

An entity for county pension systems in CA that developes governance standards, strategies and address pension issues.

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

Huntington Beach, CA

September 25-26, 2023

Location of Travel

Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other Hyatt Regency Huntington Bch

\$ 375.96 Lodging Expenses \$ Meal Expenses \$ Transportation Expenses \$ Other Expenses \$ 375.96 Total Expenses

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

Dates (month, day, year) \$ Total Expenses

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

Travel payment (hotel accomodiations for Committee Member Gilmore) were used to attend a SACRS Board of Director's meeting in Huntington Beach, CA. Meetings are held to conduct official business relating to county public pension systems governance, strategies and pension issues.

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

David Gilmore SDCERA Board Member Board of Retirement

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.

Signature of Tracy Sandoval

Tracy Sandoval

Chief Executive Officer

11/1/23 (month, day, year)

Comment:

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

