

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Los Angeles County Employees Retirement Association		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 300 North Lake Avenue Pasadena, CA 91101			
Area Code/Phone Number 626-564-6000	Email srice@lacera.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Steven Rice, Chief Counsel			

2. Donor Name and Address

Individual _____ Last Name First Name Other SEE ATTACHED Name

Address _____ City _____ State _____ Zip Code _____

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 SEE ATTACHED

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

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

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

_____ 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.

 Santos Kreimann Chief Executive Officer 04/25/24
 Signature Print Name Title (month, day, year)

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

2. Donor Name and Address				3. Payment Information										3.3 Officials who used payment in Section 3.1				
Name		Entity's Business Activity	Address	3.1(a) Travel Payment										3.2 Payment Description	Last Name	First Name	Position/Title	Department/Division
Individual	Other			Location	Dates	Transportation Provider	Type	Name of Lodging Facility	Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses					
N/A	Axium Infrastructure	Infrastructure Investment	2020, Robert-Bourassa Blvd., Suite 2500 Montréal Québec H3A 2A5 Canada	Montréal Québec, Canada	March 27-28, 2024	Uber	Ground (Car)	N/A	N/A	N/A	\$45.17	N/A	\$45.17	Payment is for travel to attend Partnership Advisory Committee Annual Meeting. Per LACERA's contracts with Axium Infrastructure funds, all reasonable out-of-pocket travel expenses related to attending the meeting are covered by the funds.	Joye	Daniel	Finance Analyst III	Investments
N/A	Partners Group Direct Infrastructure IV (USD) A, L.P.	Infrastructure Investment	1200 Entrepreneurial Drive, Broomfield, CO 80021	Miami, FL	March 12-15, 2024	American Airlines	Air	Coral Reef at Key Biscayne	\$934.04	N/A	\$565.64	\$165.99	\$1,665.67	Payment is for travel to attend Partnership's Advisory Board meeting. Per LACERA's contract with the Partnership, reasonable out-of-pocket travel expenses related to attending the meeting are covered by the fund.	Joye	Daniel	Finance Analyst III	Investments