

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Los Angeles County Employees Retirement Association
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
Agency Contact (name and title)
Steven Rice, Chief Counsel
Date Stamp
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 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)
Transportation Provider Rail Air Bus Auto Other
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.

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 H. Kreimann Digitally signed by Santos H. Kreimann Date: 2024.07.29 14:20:21 -0700
Santos H. Kreimann Chief Executive Officer
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														
Name		Entity's Business Activity	Address	3.1(a) Travel Payment							3.2 Payment Description	3.3 Officials who used payment in Section 3.1						
Individual	Other			Location	Dates	Transportation Provider	Type	Name of Lodging Facility	Lodging Expenses	Meal Expenses		Transportation Expenses	Other Expenses	Total Expenses	Last Name	First Name	Position/Title	Department/Division
N/A	Bain Capital Real Estate Funds I-III	Real Estate Fund Manager	200 Clarendon St., Boston, MA 02116	Boston, MA	May 20-22, 2024	Delta Airlines, Uber, & Lyft	Airfare & Rideshare	Hilton Double Tree	\$654.46	\$100.00	\$1,178.18	\$0.00	\$1,932.64	Payment is for travel to attend Bain Capital Real Estate's Annual General Meeting and Limited Partner Advisory Committee Meeting. Per LACERA's contract with the Bain Capital Real Estate, all expenses related to Advisory Board meetings are covered by the fund.	Tsao	Mel	Finance Analyst II	Investments
N/A	CapMan Nordic Funds II & III	Private Equity & Real Estate Firm	Ludviginkatu 6 Helsinki, Finland	Helsinki, Finland	June 9-13, 2024	British Airways	Airfare	Crowne Plaza	\$547.51	\$289.08	\$6,087.90	\$0.00	\$6,924.49	Payment is for traveling to attend CapMan Nordic Funds II & III advisory board meetings. Per LACERA's contract with the funds, all reasonable costs and expenses of advisory board meetings are covered by the funds.	Aggarwal	Amit	Finance Analyst III	Investments
N/A	Macquarie Global Infrastructure Fund SCSP	Infrastructure Investment Firm	2 Embarcadero Center, Suite 200, San Francisco, CA 94111	Barcelona, Spain	June 25-28, 2024	Air France, Uber, & Taxi	Airfare	Hotel Arts Barcelona	\$1,261.94	\$324.99	\$5,846.85	\$0.00	\$7,433.78	Payment is for travel to attend the Macquarie LPAC meeting. Per LACERA's contract with Macquarie, all reasonable out-of-pocket expenses related to the LPAC meeting are covered by the fund.	Elijah	Terra	Finance Analyst II	Investments