

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 Ave Suite 600 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 or Other
Revelstoke Capital Partners Fund III, LP
260 N. Josephine St. Suite 500 Denver CO 80206
Address City State Zip Code

Private equity fund sponsor

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
Boulder, CO
October 9-10, 2024
Location of Travel Dates (month, day, year)
United Airlines & Rideshare
Rail Air Bus Auto Other
St. Julien Boulder's Hotel
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.

Payment is for travel to attend Revelstoke Capital Partners Fund III LP Advisory Committee meeting. Per LACERA's contract with Revelstoke Capital Partners, out-of-pocket costs incurred in connection with service as a member of the LP Advisory Committee are reimbursed by the fund.

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

Lu Cheryl
Last Name First Name
Investment Officer
Investments
Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Santos H. kreimann
Signature
Santos Kreimann
Print Name
Chief Executive Officer
Title
01/16/25
(month, day, year)

Comment:

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

