

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Los Angeles County Employees Retirement Association		Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
<b>Street Address</b> 300 North Lake Ave Suite 600 Pasadena CA 91101			
<b>Area Code/Phone Number</b> (626) 564-6000	<b>Email</b> srice@lacera.com	<input type="checkbox"/> <b>Amendment</b> (explain in comment section) <b>Date of Original Filing:</b> _____ (month, day, year)	
<b>Agency Contact</b> (name and title) Steven Rice, Chief Counsel			

## 2. Donor Name and Address

☐ Individual \_\_\_\_\_ ☒ Other Pension Real Estate Association  
Last Name First Name Name  
 100 Pearl Street, 13th Floor Hartford CT 06103  
Address City State Zip Code  
 Non-profit trade association for the institutional real estate investment 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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

## 3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

**3.1 (a) Travel Payment**      Dallas, TX      March 24-26, 2025  
Location of Travel      Dates (month, day, year)  
 \_\_\_\_\_ ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other Fairmont Dallas  
Transportation Provider      Check Applicable Boxes      Name of Lodging Facility  
 \$ 400.00      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ 400.00  
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.

The payment (\$200/night credit for lodging) was made for the travel expenses of an official for the purpose of receiving training directly related to the official's job duties and the payment is provided by an organization that commonly provides such training.

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

Herubin	Terri	Senior Investment Officer	Investments
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

## 4. Verification

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

Luis A. Lugo	Luis Lugo	Deputy Chief Executive Officer	04/30/25
<small>Digitally signed by Luis A. Lugo Date: 2025.04.30 10:59:28 -0700</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>
_____	_____	_____	_____
<small>Signature</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment:

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