

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name Orange County Employees Retirement System		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 2223 E. Wellington Ave., Ste. 100, Santa Ana, CA 92701			
Area Code/Phone Number 714-558-6200	Email mserpa@ocers.org	☐ Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Manuel Serpa, General 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
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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
 _____ Name of Lodging Facility

Check Applicable Boxes

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

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

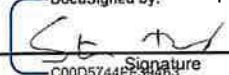
_____ Dates (month, day, year) _____ \$ _____ Total Expenses

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.

DocuSigned by:  C00D5744FF39463...	Steve Delaney	Chief Executive Officer	10/23/2025
Signature	Print Name	Title	(month, day, year)

Comment:

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

Orange County Employees Retirement System
Form 801 Quarterly Reporting
Quarter Ending : September 30, 2025

2. Donor Name and Address				3. Payment Information															
Name				3.1 (a) Travel Payment										3.2 Payment Description		3.3 Identify the officials who used the payment in Section 3.1			
Individual	Other	Entity's Business Activity	Address	Location	Travel Dates	Transportation Provider	Type	Name of Lodging Facility	Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses	Payment Received Date	Description	Last Name	First Name	Position/Title	Department/ Division
N/A	AEW Capital Management	Real Estate Fund Manager	2 Seaport Lane, Floor 15, Boston, MA 02210	Boston	May 27- May 29, 2025	Jet Blue and Delta Airlines, Uber, Lyft	Airfare and Ground	The Newbury Boston	1,281.34	48.21	1,216.24	-	2,545.79	7/17/2025	Payment is for travel to attend the AEW Core Property Fund's Annual Fund Meeting and Advisory Board Meeting. Per OCERS contract with the fund, all expenses related to the Advisory Board meetings are covered by the fund.	Ji	Emma	Senior Investment Analyst	Investments
N/A	Wafra Inc	Private Equity Investment	345 Park Avenue, 41st Floor New York, NY 10154	Sweden	June 23- June 25, 2025	SAS Airlines, Pick up Ride	Airfare and Ground	Grand Hotel, Stockholm, Sweden	2,140.17	67.05	1,679.22	-	3,886.44	8/15/2025	Payment is for travel to attend the Wafra's Capital Constellation Limited Partner Advisory Committee. Per OCERS contract with the fund, all expenses related to the Advisory Board meetings are covered by the fund.	Walander-Sarkin	Stina	Investment Officer	Investments
													-						
													-						
													-						
													-						
													-						
													-						
													-						
								Total for Quarter	\$ 3,421.51	\$ 115.26	\$ 2,895.46	\$ -	\$ 6,432.23						