

**Payment to Agency Report****A Public Document**

PAYMENT TO AGENCY REPORT

**California Form 801**

For Official Use Only

|  |                           |  |     |
|--|---------------------------|--|-----|
| 1. Agency Name<br>Orange County Employees Retirement System              |                           | Date Stamp   | 801 |
| Division, Department, or Region (if applicable)                          |                           |  |     |
| Street Address<br>2223 E. Wellington Ave., Ste. 100, Santa Ana, CA 92701 |                           |  |     |
| Area Code/Phone Number<br>714-558-6200                                   | Email<br>mserpa@ocers.org | <input type="checkbox"/> <b>Amendment</b> (explain in comment section)<br><b>Date of Original Filing:</b> _____<br><small>(month, day, year)</small> |     |
| Agency Contact (name and title)<br>Manuel Serpa, General Counsel         |                           |  |     |

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other \_\_\_\_\_ SEE ATTACHED  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ 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 _____ | <input type="checkbox"/> Rail | <input type="checkbox"/> Air | <input type="checkbox"/> Bus | <input type="checkbox"/> Auto | <input type="checkbox"/> Other | 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

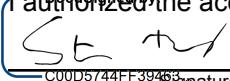
**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.****3.3. Identify the officials who used the payment in Section 3.1** (See instructions)

|                 |                  |                      |                           |
|-----------------|------------------|----------------------|---------------------------|
| Last Name _____ | First Name _____ | Position/Title _____ | Department/Division _____ |
|-----------------|------------------|----------------------|---------------------------|

|                 |                  |                      |                           |
|-----------------|------------------|----------------------|---------------------------|
| Last Name _____ | First Name _____ | Position/Title _____ | Department/Division _____ |
|-----------------|------------------|----------------------|---------------------------|

**4. Verification**

I, the undersigned, do hereby certify that I have authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

  
Steve Delaney  
Signature

Steve Delaney

Chief Executive Officer

Print Name

Title

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)  
advice@fppc.ca.gov

Orange County Employees Retirement System  
 Form 801 Quarterly Reporting  
 Quarter Ending : December 31, 2025

| 2. Donor Name and Address |                                   |                                       |   | 3. Payment Information |                       |   |                    |   |                  |               |                         |                |                         |                       | 3.2 Payment Description  |           | 3.3 Identify the officials who used the payment in Section 3.1 |                           |                     |
|---------------------------|-----------------------------------|---------------------------------------|---|------------------------|-----------------------|---|--------------------|---|------------------|---------------|-------------------------|----------------|-------------------------|-----------------------|--|-----------|--|---------------------------|---------------------|
| 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                       | CBC Group                         | Healthcare investment management firm | 520 Madison Ave. 24th Floor<br>New York, NY 10022                             | Singapore              | Sep 10 - Sep 20, 2025 | All Nippon Airways  | Airfare            | ParkRoyal Collection Marina Bay, Singapore                          | 639.73           | 26.82         | 4,976.41                | -              | 5,642.96                | 11/21/2025            | Payment is for travel to attend R-Bridge LPAC. Per OCERS contract with the fund, all expenses related to the Advisory Board meetings are covered by the fund.                          | Turaigi   | Tarek  | Senior Investment Officer | Investments         |
| N/A                       | Collective Global Management L.P. | Private equity                        | 161 West Breezy Way<br>The Woodlands, TX 77380                                | Stockholm, Sweden      | Sep 21 - Sep 25, 2025 | Finnair, British Airways, Uber, Arlanda express, Taxi Stockholm | Airfare and Ground | Grand Hotel & Radisson Blu Airport Terminal Hotel Stockholm, Sweden | 1,538.36         | 19.51         | 4,645.80                | -              | 6,203.67                | 12/1/2025             | Payment is for travel to attend Collective Global 2025 Founders Summit. Per OCERS contract with the fund, all expenses related to the Advisory Board meetings are covered by the fund. | Murphy    | Molly  | Chief Investment Officer  | Investments         |
| N/A                       | FSN Capital Compass LP            | Private equity                        | Aztec Group House IFC6, The Esplanade St Helier Jersey JE4 0QH United Kingdom | Oslo, Norway           | Sep 14 - Sep 17, 2025 | SAS Airlines, Uber, Flytoget                                    | Airfare and Ground | Clarion Hotel® Oslo   | 497.44           | 13.32         | 469.59                  | -              | 980.35                  | 12/10/2025            | Payment is for travel to attend Compass LPAC. Per OCERS contract with the fund, all expenses related to the Advisory Board meetings are covered by the fund.                           | Murphy    | Molly  | Chief Investment Officer  | Investments         |
|                           |                                   |                                       |   |                        |                       |   |                    |   |                  |               |                         |                |                         |                       |  |           |  |                           |                     |
|                           |                                   |                                       |   |                        |                       |   |                    |   |                  |               |                         |                |                         |                       |  |           |  |                           |                     |
|                           |                                   |                                       |   |                        |                       |   |                    |   |                  |               |                         |                |                         |                       |  |           |  |                           |                     |
|                           |                                   |                                       |   |                        |                       |   |                    |   |                  |               |                         |                |                         |                       |  |           |  |                           |                     |
|                           |                                   |                                       |   |                        |                       |   |                    |   |                  |               |                         |                |                         |                       |  |           |  |                           |                     |
|                           |                                   |                                       |   |                        |                       |   |                    |   |                  |               |                         |                |                         |                       |  |           |  |                           |                     |
| Total for Quarter         |                                   |                                       |   |                        |                       |   |                    | \$ 2,675.53   | \$ 59.65         | \$ 10,091.80  | \$ -                    | \$ 12,826.98   |                         |                       |  |           |  |                           |                     |