

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Donor information: Individual or Other With Intelligence. Fields for Last Name, First Name, Address, City, State, Zip Code, and Name.

Connects investors and managers to the people and insight-enriched data they need to raise and allocate assets. 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: Los Angeles, CA, November 2-3, 2022. Includes checkboxes for Rail, Air, Bus, Auto, Other and expense breakdown for Lodging, Meal, Transportation, and Other 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.

Attendance at The Partners' Retreat for Allocator Leaders.

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

Table of officials: Kim (Last Name), Thomas (First Name), Investment Officer (Position/Title), Investments (Department/Division).

4. Verification

Authorized by: Signature of Deborah Cherney, Print Name, Title (Chief Executive Officer), Date (1/18/2023).

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



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1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Administration			
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Golden Tree Asset Management LP

_____ Last Name First Name _____ Name
 300 Park Avenue, 21st Floor New York NY 10022
 Address City State Zip Code

Global asset management firm specializing in high yield bonds, leveraged loans, private credit, distressed debt, structured
 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 New York, NY November 9, 2022
 Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ 150.00 \$ _____ \$ _____ \$ 150.00
 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.

Attendance at Golden Tree Annual Investor Conference.

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

<u>Abbott</u>	<u>Jacob</u>	<u>Investment Officer</u>	<u>Investments</u>
_____ 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.

Deborah Cherney Deborah Cherney Chief Executive Officer 1/18/2023
 Signature Print Name Title (month, day, year)

Comment:
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2. Donor Name and Address

Individual donor information: 1 George Street, Edinburgh EH2 2LL, Scotland, UK. Includes checkboxes for Individual and Other (ABRND).

The largest active asset manager in the UK, with investments in equities, multi-asset, fixed income, liquidity, sovereign we

If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Includes fields for Name and Amount.

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

3.1 (a) Travel Payment: London, England; November 15, 2022; American Airlines; Transportation Expenses: \$625.00; Meal Expenses: \$; Transportation Expenses: \$8,737.00; Total Expenses: \$9,372.00.

3.1 (b) Payment(s) not related to travel: Includes fields for Dates and Total Expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Attendance at the SOF Funds I-IV Advisory Board Meeting. Pursuant to the Limited Partnership Agreement, components of travel cost, which includes transportation, lodging, meals, and similar costs, will be covered by ABRDN.

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

Officials: Thanki, Amit, Sr. Investment Officer, Investments. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

Authorized by: Deborah Cherney, Chief Executive Officer, 1/18/2023. Includes fields for Signature, Print Name, Title, and Date.

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1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address: Long Arc Capital. Includes checkboxes for Individual and Other, and fields for Name, Address, City, State, and Zip Code.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Includes 3.1 (a) Travel Payment details for Los Angeles, CA on November 17, 2022, and 3.1 (b) Payment(s) not related to travel.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Attendance at the 2022 Toigo Industry Dinner.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Lists Thanki Amit, Sr. Investment Officer, and Investments.

4. Verification: authorized by the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Deborah Cherney, Chief Executive Officer, dated 1/18/2023.

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



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1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address

Individual or Other With Intelligence. Fields for Last Name, First Name, Address, City, State, and Zip Code.

Connects investors and managers to the people and insight-enriched data they need to raise and allocate assets.

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:

Table for donor sources with columns for Name and Amount.

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

3.1 (a) Travel Payment: Los Angeles, CA, Nov 30 - Dec 1, 2022. Includes transportation provider, Rail/Air/Bus/Auto/Other checkboxes, and expense categories.

3.1 (b) Payment(s) not related to travel: \$ 189.00 Total Expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Attendance at the Pension Bridge Alternatives 2022.

3.3. Identify the officials who used the payment in Section 3.1. Includes fields for Name, Position/Title, and Department/Division.

4. Verification

Authorized by the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Deborah Cherney, Chief Executive Officer, dated 1/18/2023.

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1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address: PGIM Real Estate Investors. Includes fields for Individual/Other selection, Name, Address, City, State, Zip Code, and a section for identifying sources of payment.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: American Airlines, Charlotte, NC, December 7-8, 2022, The Ritz-Carlton. Section 3.1 (b) Payment(s) not related to travel. Section 3.2 Payment Description: Attendance at the PGIM Real Estate Investors Fall 2022 PRISA III Advisory Council Meeting. Section 3.3 Identify the officials who used the payment in Section 3.1.

4. Verification: authorized by the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Deborah Cherney, Chief Executive Officer, dated 1/18/2023.

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

