ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	nployees' Retirement Association	1		Form OU
Division, Department, or Reg	gion (if applicable)			For Official Use Only
Street Address				
348 W. Hospitality Lane, Sเ	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email		Amoralmant/	oin in comment co-#>
909.885.7980	dcherney@sbcera.org		Amenament (expi	ain in comment section)
Agency Contact (name and title)			Date of Original Filing	
Deborah Cherney, Chief Ex	cecutive Officer			(month, day, year)
. Donor Name and Addre				
. Donor Haine and Addre			DoubleLine	
☐ Individual	First Name	☑ Other		Name
2002 N. Tampa Street, Suit			FL	33602
Address	City		State	Zip Code
DoubleLine is an independe	ent, employee-owned money ma	anagement firm	offering investment	strategies.
·	's business activity (if business) or its nature a	•		
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor f	or this payment:
	\$			\$
Name	Amount		Name	Amount
Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Los Angeles, CA		Janu	ary 11, 2024
.,	Location of Travel			Dates (month, day, year)
		∃Bus ⊟Auto	o	
Transportation Provider	Check Applical			Name of Lodging Facility
c	, 60.00 _c	¢		6 0.00
Φ Φ Lodging Expenses	Meal Expenses Transportation		Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	lated to travel:		\$	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency	purpose and use.
Doublet ine 4th Annua	I Round Table Prime is an	evelusive invi	te-only event for	Doublet ine clients
DoubleLine 4th Annua	Tround Table I fille is all	exclusive ilivi	te-only event for	DoubleLine Clients.
3.3. Identify the officials v	who used the payment in Sect	ion 3.1 (See instru	ctions)	
Thanki	Amit	Senior Inves	stment Officer In	nvestments
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name		ition/Title	Department/Division
Last Name	FIISUNAINE	POS	IUOII/ HUC	Department/DIVISION
. Verification				
I authorized the acceptance	e of the reported payment(s) as in	n compliance wi	th FPPC regulations	S.
Docusigned by:	Deborah Cherney		Executive Officer	4/3/2024
Webstall Signature	Print Name		Title	(month, day, year)
08DBE0D1C6214ŎB				•
Comment:				
(Use this space or an attachment t	for any additional information)			EDDC Form 904 / lon/

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	1		Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Street Address				
348 W. Hospitality Lane. Su	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email		<u> </u>	
909.885.7980	dcherney@sbcera.org		Amendment (expl	ain in comment section)
Agency Contact (name and title)			Date of Original Filing	g:
Deborah Cherney, Chief Ex	recutive Officer			(month, day, year)
Donor Name and Addre	SS			
☐ Individual		☑ Other	DoubleLine	
Last Name	First Name	_	FI	Name
2002 N. Tampa Street, Suit	te 200 Tampa		FL State	33602 Zip Code
	•	nogomont firm-		•
·	ent, employee-owned money ma	•	onening investment	suategies.
If "Other" is marked, describe the entity	s business activity (if business) or its nature a	nd interests.		
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor f	or this payment:
F 100 100 100 100 100 100 100 100 100 10	_	-(-)	,	
Name	\$Amount	_	Name	\$Amount
Payment Information (C	Complete Sections 3.1 (a or	h) 3 2 3 3)		
•	•	D), 3.2, 3.3)	lanu	on/11 2024
3.1 (a) Travel Payment	Los Angeles, CA		- Janu	Dates (month, day, year)
				Dates (month, day, year)
Transportation Provider		∃Bus ⊟Auto	Other	Name of Lodging Facility
•	Check Applical	ole Boxes		
S	Meal Expenses Transportation	\$_	Others	\$_60.00 Total Expenses
Lodging Expenses	process of the second	on Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	lated to travel:	Datas (menth d	\$	Total Expenses
		Dates (month, d	,	·
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency	purpose and use.
DoubleLine 4th Annual	Round Table Prime is an	exclusive invi	te-only event for	DoubleLine clients.
			•	
3.3 Identify the officials y	who used the payment in Sect	ion 3.1 (San instru	ctions)	
-				
Abbott	Jacob			nvestments
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	. Posi	ition/Title	Department/Division
		. 00		- p - m - m - m - m - m - m - m - m - m
Verification				
I <u>authorized</u> the acceptance	of the reported payment(s) as i	n compliance wi	th FPPC regulations	S.
Deborale S. Chenne	Deborah Cherney		Executive Officer	4/3/2024
08DBF0D1C62140B	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	for any additional information)			EDDC Form 904 / Jon/

A NI	ort A	New Public Docur		PAYMENT TO AGENCY REPO		
Agency Name			Date Stamp			
San Bernardino County Emplo	yees' Retirement A	ssociation		Form OU		
Division, Department, or Region	(if applicable)			For Official Use Only		
Street Address			 			
348 W. Hospitality Lane, Suite	100, San Bernardi	no, CA 92408				
Area Code/Phone Number Er	nail		□ Amendment	(avalois is comment acction)		
909.885.7980 dcherney@sbcera.org				Amendment (explain in comment section)		
Agency Contact (name and title) Deborah Cherney, Chief Execu	utive Officer		Date of Original F	(month, day, year)		
Donor Name and Address						
☐ Individual			Other			
Last Name	First Nam	e <u>—</u>		Name		
2002 N. Tampa Street, Suite 2		Tampa	F			
Address Double line is an independent		city		ate Zip Code		
DoubleLine is an independent, If "Other" is marked, describe the entity's but		,	t iirm oliering investme	ent strategies.		
ii Other is marked, describe the entity's but	siness activity (ii business)	or its riature and interests.				
If applicable, iden	tify the name of each	source and the amou	nt(s) received by the don	or for this payment:		
	¢			Q		
Name	ΨAm	nount	Name			
Transportation Provider		iion of Travel Air Bus [Check Applicable Boxes	☐ Auto ☐ Other	Dates (month, day, year) Name of Lodging Facility		
\$ 60	.00	•	•	60.00		
Lodging Expenses \$	leal Expenses	Transportation Expenses	Other Expenses	Total Expenses		
3.1 (b) Payment(s) not relate	d to travel:		\$			
		Dates	month, day, year)	Total Expenses		
3.2. Payment Description. P	rovide a specific o	description of the	payment and its agen	cy purpose and use.		
DoubleLine 4th Annual R	ound Table Prin	ne is an exclusiv	e invite-only event	for DoubleLine clients.		
3.3. Identify the officials who	used the paymer	nt in Section 3.1 (S	ee instructions)			
Kim	Thomas	Senio	r Investment Officer	Investments		
Last Name	First Name		Position/Title	Department/Division		
Last Name	First Name		Position/Title	Department/Division		
Verification						
l authorized the acceptance of	the reported payme	ent(s) as in complia	nce with FPPC regulati	ons.		
DocuSigned by:	Deborah Cheri		Chief Executive Office	1/2/3031		
Weborah & Cherry		it Name	Title	(month, day, year		
08DBE0D1C62140B				, ,,,,		
OSDBEOD1C62140B Comment:				· , , , , , , , , , , , , , , , , , , ,		

Agency Name			Document		PAYMENT TO AGENCY REPO	
				Date Stamp		
San Bernardino County	Employees' Retireme	ent Association			Form OU	
Division, Department, or	Region (if applicable)]	For Official Use Only	
Street Address				-		
348 W. Hospitality Lane	e, Suite 100, San Bern	ardino, CA 924	108			
Area Code/Phone Number 909.885.7980	er Email dcherney@sbce	era.org		Amendment (explain in comment section)		
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			Date of Original I	(month, day, year)		
Donor Name and Ad	dress			l		
☐ Individual				NEPC, LLC		
Last Name	Firs	st Name	[5.00.00]		Name	
255 State Street		Boston			1A 02109	
Address	o industry's largest in	City	convice invest		ate Zip Code	
NEPC, LLC is one of the If "Other" is marked, describe the	, ,	•		nent consulting i	IIIIIS.	
ii Other is marked, describe the e	entity's business activity (ii busi	iness) or its nature an	a meresis.			
	ole, identify the name of	each source and	the amount(s) r	eceived by the dor	nor for this payment:	
	\$				\$	
Name	Ψ	Amount		Name	Amount	
3.1 (a) Travel Payment		Location of Travel	1 Duo D Aut		Dates (month, day, year) empe Mission Palms Hotel	
	Rail	Air Check Applicabl]Bus □Aut	o ☐ Other _	Name of Lodging Facility	
Transportation Provi	idei		e Boxes			
Transportation Provi	193.00				733.00	
		\$Transportation		Other Expenses		
\$ 540.00	\$		Expenses \$	\$_	\$\frac{733.00}{\text{Total Expenses}}	
\$\frac{540.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not	\$\frac{193.00}{Meal Expenses}\$ t related to travel:	\$_ Transportation	Expenses Dates (month,	day, year)	\$\frac{733.00}{\text{Total Expenses}}	
\$\frac{540.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a specistration for all qua	\$ Transportation	Dates (month,	day, year) \$ _	\$\frac{733.00}{\text{Total Expenses}}\$ Total Expenses acy purpose and use.	
\$\frac{540.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regi	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a spec istration for all qualied investor.	\$	Dates (month, or of the paymers to attend	s day, year) ent and its ager NEPC 2024 P	\$\frac{733.00}{\text{Total Expenses}}\$ Total Expenses acy purpose and use.	
\$\frac{540.00}{Lodging Expenses}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regises SBCERA is a qualif	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a spec istration for all qualied investor.	\$	Dates (month, or of the paymers to attend	s day, year) ent and its ager NEPC 2024 P	\$\frac{733.00}{\text{Total Expenses}}	
\$\frac{540.00}{Lodging Expenses}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regist SBCERA is a qualifity 3.3. Identify the official	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a specistration for all qualied investor.	\$ific descriptionalified investo	Dates (month, on of the payments to attended on 3.1 (See instruction)	s day, year) ent and its ager NEPC 2024 P	\$\frac{733.00}{Total Expenses}\$ Total Expenses acy purpose and use. Public Funds Workshop	
\$\frac{540.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regises SBCERA is a qualif 3.3. Identify the official Pierce	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a spec istration for all qual ied investor. als who used the pay Don	\$ific description lified investo rment in Section	Dates (month, on of the payments to attend on 3.1 (See instruction of the payments)	day, year) \$ ent and its ager NEPC 2024 P uctions) tment Officer	\$\frac{733.00}{\text{Total Expenses}}\$ Total Expenses Incy purpose and use. Public Funds Workshop Investments	
\$\frac{540.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regises SBCERA is a qualification. 3.3. Identify the officiation. Pierce Last Name	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a specistration for all qualities investor. als who used the pay Don First Nat	\$ific description lified investo rment in Section	Dates (month, on of the payments to attend on 3.1 (See instruction of the payments)	day, year) ent and its ager NEPC 2024 P uctions) tment Officer sition/Title	\$\frac{733.00}{Total Expenses}\$ Total Expenses Incy purpose and use. Public Funds Workshop Investments Department/Division	
\$\frac{540.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regi SBCERA is a qualif 3.3. Identify the official Pierce Last Name Last Name	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a spec istration for all qual ied investor. als who used the pay Don First Nat	\$ific descriptionalified investo	Dates (month, on of the payments to attend on 3.1 (See instruction of the payments) Chief Investments Postments	s day, year) ent and its ager NEPC 2024 P uctions) tment Officer sition/Title	\$\frac{733.00}{Total Expenses}\$ Total Expenses Acy purpose and use. Public Funds Workshop. Investments Department/Division Department/Division	
\$\frac{540.00}{Lodging Expenses}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regises SBCERA is a qualif 3.3. Identify the official Pierce Last Name Verification I authorized the acceptary I authorized the acceptar	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a specistration for all qualified investor. als who used the pay Don First National F	ific description lified investo ment in Section me	Dates (month, on of the payments to attend on 3.1 (See instruction of the payments) Chief Investors Postors Compliance were a series of the payments of the	s day, year) ent and its ager NEPC 2024 P uctions) tment Officer sition/Title	\$\frac{733.00}{\text{Total Expenses}}\$ Total Expenses Incy purpose and use. Public Funds Workshop. Investments Department/Division Department/Division	
\$\frac{540.00}{\text{Lodging Expenses}}\$ 3.1 (b) Payment(s) not 3.2. Payment Descript Complimentary regi SBCERA is a qualif 3.3. Identify the official Pierce Last Name Last Name	\$\frac{193.00}{Meal Expenses}\$ t related to travel: tion. Provide a spec istration for all qual ied investor. als who used the pay Don First Nat	ific description lified investo ment in Section me	Dates (month, on of the payments to attend on 3.1 (See instruction of the payments) Chief Investors Postors Compliance were a series of the payments of the	tment Officer sition/Title \$ aday, year) \$ ent and its ager NEPC 2024 P actions) tment Officer sition/Title	\$\frac{733.00}{\text{Total Expenses}}\$ Total Expenses Incy purpose and use. Public Funds Workshop. Investments Department/Division Department/Division	

Agency Name	-		Document		PAYMENT TO AGENCY REPO
				Date Stamp	
San Bernardino County E	mployees' Retireme	ent Association	1		Form OU
Division, Department, or Re	egion (if applicable)				For Official Use Only
Street Address				_	
348 W. Hospitality Lane, S	Suite 100, San Bern	ardino, CA 92	408		
Area Code/Phone Number 909.885.7980	Email dcherney@sbce	ra.org		Amendment (explain in comment section)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			Date of Original I	(month, day, year)	
Donor Name and Addr	ress			l	
☐ Individual				NEPC, LLC	
Last Name	Firs	t Name			Name
255 State Street		Boston			1A 02109
Address	industru's largest in	City	Laamiiaa invaatr		ate Zip Code
NEPC, LLC is one of the i		•		nent consulting i	irms.
ii Other is marked, describe the enti	ny's business activity (ii busi	ness) or its nature a	na interests.		
→ If applicable	, identify the name of	each source an	d the amount(s) r	eceived by the dor	or for this payment:
	\$				\$
Name	Ψ	Amount		Name	Amount
3.1 (a) Travel Payment	Tempe, AZ □ Rail	Location of Travel]Bus □ Aut		Dates (month, day, year) empe Mission Palms Hotel
Transportation Provider	r	Check Applicat		o 🗀 oui.o	Name of Lodging Facility
\$ 540.00	_{\$ 193.00}	¢	\$		\$ 733.00
Lodging Expenses	Meal Expenses	\$ Transportation	on Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not r	elated to travel:		Dates (month,	\$	Total Expenses
3.2. Payment Descriptio	n Provide a spec	ific description	,	,	·
-	tration for all qua	-		_	ublic Funds Workshop
3.3. Identify the officials	who used the pay	ment in Sect	ion 3.1 (See instru	uctions)	
Kim	Thomas		Senior Inve	stment Officer	Investments
	First Na	me	Pos	ition/Title	
Last Name	i iistivai	no no	FUS	ation/ file	Department/Division
Last Name Last Name	First Na			sition/Title	Department/Division Department/Division
					·
Last Name Verification	First Na	me	Pos	sition/Title	Department/Division
Verification I authorized the acceptance becausigned by:	First Na	^{me} ayment(s) as i	Pos n compliance w	ition/Title ith FPPC regulat	Department/Division ions.
Last Name Verification	First Na	^{me} ayment(s) as i	Pos n compliance w	sition/Title	Department/Division ions.

	1 (if applicable) 100, San Berna mail cherney@sbcera utive Officer First I	rdino, CA 9240 a.org Name Boston City ependent, full-s	_ ☑ Other	NEPC, LLC	Name A 02109 Te Zip Code
Street Address 348 W. Hospitality Lane, Suite Area Code/Phone Number 909.885.7980 Agency Contact (name and title) Deborah Cherney, Chief Exect Donor Name and Address Individual Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	1 (if applicable) 100, San Berna mail cherney@sbcera utive Officer First I	rdino, CA 9240 a.org Name Boston City ependent, full-s	_ ☑ Other	NEPC, LLC	Por Official Use Only explain in comment section) Iling: (month, day, year) Name A 02109 te Zip Code
Street Address 348 W. Hospitality Lane, Suite Area Code/Phone Number 909.885.7980 Agency Contact (name and title) Deborah Cherney, Chief Execu Donor Name and Address Individual Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	100, San Berna mail cherney@sbcera utive Officer First I	Name Boston City ependent, full-s	_ ☑ Other	NEPC, LLC	explain in comment section) Iling: (month, day, year) Name A 02109 te Zip Code
348 W. Hospitality Lane, Suite Area Code/Phone Number 909.885.7980 Agency Contact (name and title) Deborah Cherney, Chief Executor Donor Name and Address Individual Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	mail cherney@sbcera utive Officer First I stry's largest inde	Name Boston City ependent, full-s	_ ☑ Other	NEPC, LLC	Name A 02109 Tele Zip Code
Area Code/Phone Number 909.885.7980 Agency Contact (name and title) Deborah Cherney, Chief Exect Donor Name and Address Individual Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	mail cherney@sbcera utive Officer First I stry's largest inde	Name Boston City ependent, full-s	_ ☑ Other	NEPC, LLC	Name A 02109 Tele Zip Code
909.885.7980 do Agency Contact (name and title) Deborah Cherney, Chief Executor Donor Name and Address Individual Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	cherney@sbcera utive Officer First I stry's largest inde	Name Boston City ependent, full-s	service investm	NEPC, LLC	Name A 02109 Tele Zip Code
Deborah Cherney, Chief Exect Donor Name and Address Individual Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	First I stry's largest inde siness activity (if busine	Boston City ependent, full-s	service investm	NEPC, LLC M/	Name A 02109 Te Zip Code
Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	First I stry's largest inde siness activity (if busine	Boston City ependent, full-s	service investm	M/ Stat	A 02109 te Zip Code
Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	stry's largest inde	Boston City ependent, full-s	service investm	M/ Stat	A 02109 te Zip Code
Last Name 255 State Street Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	stry's largest inde	Boston City ependent, full-s	service investm	Stat	A 02109 te Zip Code
Address NEPC, LLC is one of the indus If "Other" is marked, describe the entity's bus	siness activity (if busine	City ependent, full-s		Stat	te Zip Code
NEPC, LLC is one of the indus	siness activity (if busine	ependent, full-s			·
If "Other" is marked, describe the entity's bus	siness activity (if busine			nent consulting fir	ms.
		ess) or its nature and	interests.		
If applicable, iden	itify the name of ea				
		ach source and t	the amount(s) re	eceived by the dono	or for this payment:
	•		. ,	·	
Name	\$	Amount	-	Name	\$ Amount
Transportation Provider	Rail	Air Check Applicable	Bus	Other <u>Te</u>	Pempe Mission Palms Hotel Name of Lodging Facility 733.00
S S	Meal Expenses	\$ Transportation I	Expenses \$_	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not relate	ed to travel:			\$	
			Dates (month, d		Total Expenses
3.2. Payment Description. P Complimentary registration SBCERA is a qualified investment of the second sec	on for all quali	-		_	
3.3. Identify the officials who	. •	nent in Sectio	·	ctions)	
Newcomer	Jared		Trustee		Board of Trustees
Last Name	First Name	9	Posit	tion/Title	Department/Division
Last Name	First Nam	e	Posi	tion/Title	Department/Division
Verification					
I authorized the acceptance of	the reported pay	ment(s) as in o	compliance wit	th FPPC regulation	ons.
Deborali S. Cherney	Deborah Ch	` ,	•	Executive Office	4 /2 /2 2 4
08DBE0D1C63ignature		Print Name		Title	(month, day, year
Comment:					

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. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	1	·	Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Street Address				
348 W. Hospitality Lane, Su	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email			
909.885.7980	dcherney@sbcera.org		Amendment (explain	n in comment section)
Agency Contact (name and title)	<u> </u>		Date of Original Filing:	
Deborah Cherney, Chief Ex	ecutive Officer			(month, day, year)
. Donor Name and Addre				
	33		NEPC, LLC	
Individual Last Name	First Name	☑ Other		Name
255 State Street	Boston		MA	02109
Address	City		State	Zip Code
NEPC, LLC is one of the in-	dustry's largest independent, full	l-service investn	nent consulting firms.	
	s business activity (if business) or its nature a			
-				
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor for	this payment:
	\$			\$
Name	Amount		Name	Amount
Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Tempe, AZ		_	ry 30-31, 2024
-	Location of Travel			Dates (month, day, year)
		∃Bus ⊟Auto	o	e Mission Palms Hotel
Transportation Provider	Check Applicat	_		Name of Lodging Facility
\$ 540.00	193.00	\$		\$
Lodging Expenses	Meal Expenses Transportation	on Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel			\$	
		Dates (month, d	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency p	urpose and use.
Complimentary registra	ation for all qualified investo	ors to attend I	NEPC 2024 Public	: Funds Workshop
SBCERA is a qualified	•		O LOL FI GOIN	. and wontonop.
3.3 Identify the officials w	who used the payment in Secti	ion 3.1 vocation	otions)	
_	• •			
Bracco	Marc	Trustee		ard of Trustees
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
\\\-\!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Verification				
I authorized the acceptance	of the reported payment(s) as in	n compliance wi	th FPPC regulations.	4/2/2024
Deporale S. Cherry	Deborah Cherney	Chief	Executive Officer	4/3/2024
O8DBE0D1C62140B	Print Name		Title	(month, day, year)
Commont:				
Comment:	for any additional information)			
(Use this space or an attachment f	or any additional information)			EDDC Form 904 / Jan/6

ayment to Agency Re	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	1		Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Street Address				
<u>·</u> <u>·</u>	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email		Amendment (exp	plain in comment section)
909.885.7980	dcherney@sbcera.org		Date of Original Eilin	20.
Agency Contact (name and title)	065		Date of Original Filir	ig:(month, day, year)
Deborah Cherney, Chief Ex				
Donor Name and Addre	ss			
☐ Individual		☑ Other	Apollo Global Mar	
9 West 57th Street, 42nd Fl	First Name loor New York	_	NY	Name 10019
Address	City		State	Zip Code
	firm providing investment mana	gement and inve		•
	s business activity (if business) or its nature a	-		
•				
If applicable, i	dentify the name of each source and	d the amount(s) re	eceived by the donor	for this payment:
	\$			\$
Name	Amount		Name	Amount
•	Complete Sections 3.1 (a or	D), 3.2, 3.3)	Feb	ruary 27, 2024
3.1 (a) Travel Payment	Miami, FL Location of Travel			Dates (month, day, year)
			— 0.11	Dates (month, day, your)
Transportation Provider	Rail Air [Check Applicat	Bus □ Auto	O Cther	Name of Lodging Facility
	645.00			645.00
\$ \$ Lodging Expenses	Meal Expenses Transportation	\$_ on Expenses	Other Expenses	S Total Expenses
3.1 (b) Payment(s) not rel			\$	
		Dates (month, d	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency	purpose and use.
No registration fee to a	ttend Apollo's 2024 Credit	Annual Meeti	inα	
o rogiotiation roo to a			····a.	
3.3. Identify the officials w	who used the payment in Secti	ion 3.1 (See instru	ctions)	
-	Thomas			Investments
Last Name	First Name		tion/Title	Department/Division
Last Name	i iist ivailie	FOSI	uon/ Huc	บอนสาแนนตาเกาเพลา
Last Name	First Name	Posi	ition/Title	Department/Division
Verification				
	of the reported payment(s) as in	n compliance wi	th FPPC regulation	IS.
Deborali S. Cherney	Deborah Cherney	•	Executive Officer	4/3/2024
08DBE0D1C62&ignature	Print Name		Title	(month, day, year)
				,
Comment:				
(Use this space or an attachment f	or any additional information)			EDDC Form 901 / Jan

. Agency Name			Document		PAYMENT TO AGENCY REPO
				Date Stam	California 20
San Bernardino County	/ Employees' Re	tirement Association			Form OU
Division, Department, or	Region (if applicabl	e)			For Official Use Only
Legal Services					
Street Address					
348 W. Hospitality Lane	e, Suite 100, Sar	n Bernardino, CA 924	408		
Area Code/Phone Number	er Email			☐ Amendment	(explain in comment section)
909.885.7980	dcherney@	gsbcera.org		Amendment	(Oxplain in common cocion)
Agency Contact (name and	title)			Date of Original	Filing:(month, day, year)
Deborah Cherney, Chie	ef Executive Office	cer			(monal, day, your)
Donor Name and Ad	ldress				
☐ Individual				Partners Grou	o (USA) Inc.
Last Name		First Name	_		Name
201 Mission Street, Sui	ite 1200	San Franc	isco		CA 94105
Address	had makes to	City			tate Zip Code
			_	er 900 institutio	nal investors worldwide.
If "Other" is marked, describe the	entity's business activit	y (if business) or its nature ai	nd interests.		
	ble, identify the na	me of each source and	the amount(s) re	eceived by the do	nor for this payment:
		r.			Φ
Name		Φ————Amount		Name	
American Airlines Transportation Prov. 1,500.00	600.00	Check Applicat	\$.	D Clilei _	The Ritz-Carlton Key Biscayr Name of Lodging Facility \$ 2,490.00
\$		¥		O(1) E	* T.O. L.C
\$	Meal Expense	es ransportatio	n Expenses	Other Expenses	Total Expenses
5	·	•	· 	\$_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3.1 (b) Payment(s) no	t related to trav	rel:	Dates (month, o	day, year)	Total Expenses
3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F	tion. Provide a Partners Grout, component	rel: specific description p Annual Genera	Dates (month, on of the payment)	tay, year) \$_ ent and its age 24. Pursuant	Total Expenses
3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreemen	et related to travition. Provide a Partners Grout, components	rel: specific description p Annual Genera s of travel cost, ir	Dates (month, on of the payment) I Meeting 202 Including airfa	\$_ ent and its age 24. Pursuant re and lodgin	Total Expenses ncy purpose and use. to the Master Custody
3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreement Partners Group (US)	et related to travition. Provide a Partners Grout, components	rel: specific description p Annual Genera s of travel cost, ir	Dates (month, on of the paymont) If Meeting 202 Including airfa on 3.1 (See instru	\$_ ent and its age 24. Pursuant re and lodgin	Total Expenses ncy purpose and use. to the Master Custody
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3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreemen Partners Group (US 3.3. Identify the officia Thanki Last Name	tion. Provide a Partners Grou t, components SA) Inc. als who used the	rel: specific description p Annual General s of travel cost, in the payment in Section First Name	Dates (month, on of the payment) If Meeting 202 Including airfa On 3.1 (See instruction on Position Position)	stment Officer	Total Expenses Incy purpose and use. It to the Master Custody g will be covered by Investments Department/Division
3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreemen Partners Group (US 3.3. Identify the officia	tion. Provide a Partners Grou t, components SA) Inc. als who used the	rel: specific description p Annual Genera s of travel cost, in	Dates (month, on of the payment) If Meeting 202 Including airfa On 3.1 (See instruction on Position Position)	stment Officer	Total Expenses ncy purpose and use. to the Master Custody g will be covered by Investments
3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreemen Partners Group (US 3.3. Identify the officia Thanki Last Name Last Name	tion. Provide a Partners Grou t, components SA) Inc. als who used the	rel: specific description p Annual General s of travel cost, in the payment in Section	Dates (month, on of the payment) If Meeting 202 Including airfa On 3.1 (See instruction on Position Position)	stment Officer	Total Expenses Incy purpose and use. It to the Master Custody g will be covered by Investments Department/Division
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3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreemen Partners Group (US 3.3. Identify the officia Thanki Last Name	tion. Provide a Partners Grou t, components SA) Inc. als who used th Amit	specific description p Annual General s of travel cost, in the payment in Section First Name Tirst Name tted payment(s) as in	Dates (month, on of the payment of t	stment Officer tion/Title th FPPC regula	Total Expenses Incy purpose and use. It to the Master Custody g will be covered by Investments Department/Division Department/Division
3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreemen Partners Group (US 3.3. Identify the official Thanki Last Name Verification Last Name Verification Lauthorized the acceptance Otheral S. Churue	tion. Provide a Partners Grou t, components SA) Inc. als who used th Amit	specific description p Annual Generals of travel cost, in the payment in Section First Name	Dates (month, on of the payment of t	stment Officer tition/Title	Total Expenses Incy purpose and use. It to the Master Custody g will be covered by Investments Department/Division Department/Division
3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the F Account Agreemen Partners Group (US 3.3. Identify the official Thanki Last Name Verification Latter of the partners of the	tion. Provide a Partners Grou t, components SA) Inc. als who used th Amit	specific description p Annual General s of travel cost, in the payment in Section First Name Tirst Name tted payment(s) as in	Dates (month, on of the payment of t	stment Officer tion/Title th FPPC regula	Total Expenses Incy purpose and use. It to the Master Custody g will be covered by Investments Department/Division Department/Division

Agency Name					PAYMENT TO AGENCY REPO
rigorio y riamino				Date Stamp	California 80
San Bernardino County Er	mployees' Retireme	ent Association			Form OU
Division, Department, or Re	gion (if applicable)				For Official Use Only
Administration					
Street Address					
348 W. Hospitality Lane, S	uite 100, San Bern	ardino, CA 9240)8		
Area Code/Phone Number 909.885.7980	Email dcherney@sbce	ra.org		Amendment (explain in comment section)
Agency Contact (name and title) Deborah Cherney, Chief E				Date of Original F	(month, day, year)
Donor Name and Addre	ess				
☐ Individual			_ 🔽 Other	Markets Group	
Last Name	Firs	t Name			Name
44 E 32nd Street, Floor 4		New York		N'	
Address		City		Sta	•
···	•			nt management	industry engage face to fac
If "Other" is marked, describe the entity	y's business activity (if busi	ness) or its nature and	interests.		
If applicable,	identify the name of	each source and t	he amount(s) re	eceived by the done	or for this payment:
	Ф				Φ
Name	———	Amount		Name	———— Φ————— Amount
Transportation Provider		☐ Air ☐ ☐ ☐ Check Applicable	Bus □ Auto	Other	Name of Lodging Facility
\$S Lodging Expenses	\$ Meal Expenses	\$Transportation I	\$_	Other Expenses	\$\frac{500.00}{\text{Total Expenses}}
	·	rransportation i	Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		Dates (month, d	av. vear) \$	Total Expenses
3.2. Payment Description	. Provido o onco	ifia dagarintian	•		·
Complimentary registr SBCERA is a qualified	ration for all qua	-		_	
oboe. Will a qualified					
3.3. Identify the officials		ment in Section	·		
3.3. Identify the officials Kim	Thomas		Senior Inves	stment Officer	Investments
3.3. Identify the officials			Senior Inves		Investments Department/Division
3.3. Identify the officials Kim	Thomas	me	Senior Inves	stment Officer	
3.3. Identify the officials Kim Last Name Last Name	Thomas First Na	me	Senior Inves	stment Officer	Department/Division
3.3. Identify the officials Kim Last Name Last Name	Thomas First Nai First Na	me	Senior Inves Posi Posi	stment Officer tion/Title tion/Title	Department/Division Department/Division Department/Division
3.3. Identify the officials Kim Last Name Last Name Verification Lauthorized the acceptance	Thomas First Nai First Na	me me ayment(s) as in o	Senior Inves Posi Posi	stment Officer tion/Title tion/Title	Department/Division Department/Division Department/Division
3.3. Identify the officials Kim Last Name Last Name Verification	Thomas First Na First Na	me me ayment(s) as in o	Senior Inves Posi Posi	th FPPC regulation	Department/Division Department/Division Department/Division

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California 201
San Bernardino County Em	ployees' Retirement Association	1		Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration				
Street Address				
	uito 100 San Bornardino CA 02	408		
	uite 100, San Bernardino, CA 92	400		
Area Code/Phone Number	Email		Amendment (expla	ain in comment section)
909.885.7980	dcherney@sbcera.org			
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			
Donor Name and Addre	ss .			
			Markets Group	
Individual	First Name		<u>'</u>	Name
44 E 32nd Street, Floor 4	New York		NY	10016
Address	City		State	Zip Code
Market Group produces in-	person and virtual forums that he	elp the investme	ent management indu	ustry engage face to face
	s business activity (if business) or its nature a	*	J	, , , ,
outor to marked, accorde and chary	2 2 2 3 1 2 2 2 3 1 3 2 3 3 3 3 3 3 3 3			
→ If applicable, in the second s	dentify the name of each source and	d the amount(s) re	eceived by the donor fo	or this payment:
	Φ			Φ.
Name			Name	——— Φ—————————————————————————————————
Complimentary registra SBCERA is a qualified	Check Applicate 500.00 Meal Expenses ated to travel: Provide a specific description ation for all qualified investors.	Dates (month, con of the payments to attend s	Other Expenses \$ day, year) ent and its agency 9th Annual ALTS	•
Cherney	Deborah	Chief Execu	utive Officer A	dministration
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
Lauthorized the acceptance	of the reported payment(s) as in	n compliance wi	th FPPC regulations	
Larbara James de	Barbara Hannah	Chief	Counsel	4/17/2024
F0A37EFE7396 ignature	Print Name		Title	(month, day, year)
Comment:				
Comment: (Use this space or an attachment f	or any additional information)			EDDC Form 904 / la