

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name

San Bernardino County Employees' Retirement Association

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

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

Date Stamp

California Form 801

For Official Use Only

☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address**☐ **Individual**

Last Name

First Name

☒ **Other**

Kayne Anderson Capital Advisors, L.P.

Name

2121 Avenue of the Stars, 9th Floor

Los Angeles

CA

90067

Address

City

State

Zip Code

An alternative investment mgmt firm focused on real estate, credit, infrastructure/energy, renewables, and growth capital.

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**

Boca Raton, FL

Location of Travel

April 8-9, 2026

Dates (month, day, year)

JetBlue Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

The Boca Raton Hotel

Name of Lodging Facility

\$ 1,950.00

Lodging Expenses

\$ 590.00

Meal Expenses

\$ 845.00

Transportation Expenses

\$ _____

Other Expenses

\$ 3,385.00

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 the Kayne Anderson RE Partnership Adv. Board & Dinner Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Kayne Anderson Capital Advisors, L.P.

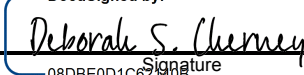
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Kim	Thomas	Deputy CIO	Investments
_____	_____	_____	_____
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	Chief Executive Officer	7/30/2026
_____	_____	_____	_____
Signature	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

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PAYMENT TO AGENCY REPORT

1. Agency Name

San Bernardino County Employees' Retirement Association

Division, Department, or Region (if applicable)

Legal Services

Street Address

348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408

Area Code/Phone Number

909.885.7980

Email

dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

Date Stamp

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☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____

(month, day, year)

2. Donor Name and Address☐ **Individual**

Last Name

First Name

☒ **Other**

Partners Group (USA) Inc.

Name

201 Mission Street, Suite 1200

San Francisco

CA

94105

Address

City

State

Zip Code

Partners Group is a global private markets investment manager, serving over 900 institutional investors worldwide.

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**

Switzerland

Location of Travel

April 13-15, 2026

Dates (month, day, year)

American Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

Burgenstock Resort

Name of Lodging Facility

\$ 2,240.00

Lodging Expenses

\$ 1,050.00

Meal Expenses

\$ 13,465.43

Transportation Expenses

\$ _____

Other Expenses

\$ 16,755.43

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 the Partners Group Annual General Meeting 2026. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Partners Group (USA) Inc.

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

Thanki

Last Name

Amit

First Name

Senior Investment Officer

Position/Title

Investments

Department/Division

Last Name

First Name

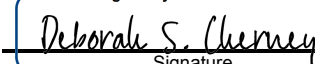
Position/Title

Department/Division

4. Verification

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

DocuSigned by:



Signature

Deborah Cherney

Print Name

Chief Executive Officer

Title

7/30/2026

(month, day, year)

Comment:

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

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☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address**☐ Individual

Last Name

First Name

☒ Other

With Intelligence

Name

41 Madison Avenue

New York

NY

10010

Address

City

State

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:

_____	\$ _____	_____	\$ _____
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

Location of Travel

April 20-22, 2026

Dates (month, day, year)

_____	☐ Rail	☐ Air	☐ Bus	☐ Auto	☐ Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____	\$ 930.00	\$ _____	\$ _____	\$ 930.00
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.

Complimentary registration to attend the Pension Bridge Annual 2026 in Los Angeles, California, on April 20-22, 2026.

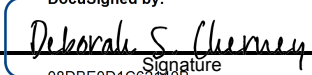
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Thanki	Amit	Senior Investment Officer	Investments
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: 	Deborah Cherney	Chief Executive Officer	7/30/2026
Signature	Print Name	Title	(month, day, year)

Comment:

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☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address**☐ Individual

Last Name

First Name

☒ Other

Institutional Investor

Name

1120 Ave of the Americas, 6th Fl

New York

NY

10036

Address

City

State

Zip Code

Institutional Investor is a leading international business to business publisher, focused primarily on international finance.

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

Location of Travel

April 27-29, 2026

Dates (month, day, year)

_____	☐ Rail	☐ Air	☐ Bus	☐ Auto	☐ Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____	\$ 736.00	\$ _____	\$ _____	\$ 736.00
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 Institutional Investor 2026 Public Funds Roundtable on April 27-29, 2026, in Los Angeles, California.

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

Fiorino

Louis

Trustee

Board of Trustees

Last Name

First Name

Position/Title

Department/Division

Last Name

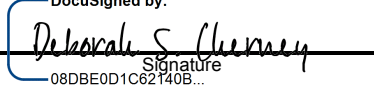
First Name

Position/Title

Department/Division

4. Verification

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

DocuSigned by: 	Deborah Cherney	Chief Executive Officer	7/30/2026
Signature	Print Name	Title	(month, day, year)

Comment:

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Last Name

First Name

☒ Other

Institutional Investor

Name

1120 Ave of the Americas, 6th Fl

New York

NY

10036

Address

City

State

Zip Code

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→ 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

Location of Travel

April 28-29, 2026

Dates (month, day, year)

_____	☐ Rail	☐ Air	☐ Bus	☐ Auto	☐ Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____	\$ 736.00	\$ _____	\$ _____	\$ 736.00
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 Institutional Investor 2026 Public Funds Roundtable on April 28-29, 2026, in Los Angeles, California.

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

Mukhopadhyay

Shreemoyee

Assoc. Investment Officer

Investments

Last Name

First Name

Position/Title

Department/Division

Last Name

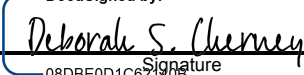
First Name

Position/Title

Department/Division

4. Verification

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	Deborah Cherney	Chief Executive Officer	7/30/2026
08DBE0D1C62140B...	Print Name	Title	(month, day, year)

Comment:

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☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address**☐ Individual

Last Name

First Name

☒ Other

Markets Group

Name

44 E 32nd Street, Floor 4

New York

NY

10016

Address

City

State

Zip Code

Markets Group is an executive forum organizer in the financial services sector.

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**

Seattle, WA

Location of Travel

April 30, 2026

Dates (month, day, year)

_____	☐ Rail	☐ Air	☐ Bus	☐ Auto	☐ Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____	\$ 95.00	\$ _____	\$ _____	\$ 95.00
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 the Markets Group 2026 Pacific Northwest Institutional Forum in Seattle, WA.

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

Cherney

Deborah

Chief Executive Officer

Administration

Last Name

First Name

Position/Title

Department/Division

Last Name

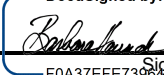
First Name

Position/Title

Department/Division

4. Verification

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

	Barbara Hannah	Chief Counsel	8/12/2026
Signature	Print Name	Title	(month, day, year)

Comment:

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Email

dcherney@sbcera.org

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

Date Stamp

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☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address**☐ Individual

Last Name

First Name

☒ Other

Markets Group

Name

44 E 32nd Street, Floor 4

New York

NY

10016

Address

City

State

Zip Code

Markets Group is an executive forum organizer in the financial services sector.

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**

Seattle, WA

Location of Travel

April 30, 2026

Dates (month, day, year)

_____	☐ Rail	☐ Air	☐ Bus	☐ Auto	☐ Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____	\$ 95.00	\$ _____	\$ _____	\$ 95.00
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 the Markets Group 2026 Pacific Northwest Institutional Forum in Seattle, WA.

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

Newcomer

Jared

Trustee

Board of Trustees

Last Name

First Name

Position/Title

Department/Division

Last Name

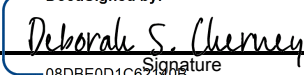
First Name

Position/Title

Department/Division

4. Verification

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

	Deborah Cherney	Chief Executive Officer	7/30/2026
08DBE0D1C62140B...	Print Name	Title	(month, day, year)

Comment:

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Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	☐ Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

☐ Individual	_____	_____	☒ Other	Markets Group
	Last Name	First Name		Name
	44 E 32nd Street, Floor 4	New York		NY 10016
	Address	City		State Zip Code

Markets Group is an executive forum organizer in the financial services sector.

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—————→ 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	Seattle, WA	April 30, 2026
	Location of Travel	Dates (month, day, year)
_____	☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other	_____
Transportation Provider	Check Applicable Boxes	Name of Lodging Facility
\$ _____	\$ 95.00	\$ 95.00
Lodging Expenses	Meal Expenses	Total Expenses

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

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

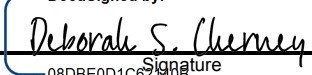
Attendance at the Markets Group 2026 Pacific Northwest Institutional Forum in Seattle, WA.

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

Pierce	Donald	Chief Investment Officer	Investments
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	Chief Executive Officer	7/30/2026
Signature	Print Name	Title	(month, day, year)

Comment:

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Last Name

First Name

☒ **Other**

PGIM Real Estate Investors

Name

7 Giralda Farms

Madison

NJ

07940

Address

City

State

Zip Code

Global real estate investors with \$66 billion in assets under management in the Americas, Europe, and Asia Pacific.

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**

Miami, FL

Location of Travel

May 14-16, 2026

Dates (month, day, year)

Delta Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

St. Regis Bal Harbour

Name of Lodging Facility

\$ 1,700.00

Lodging Expenses

\$ 1,500.00

Meal Expenses

\$ 1,079.00

Transportation Expenses

\$ _____

Other Expenses

\$ 4,279.00

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 the PGIM Real Estate Investors 2026 Global Client Conference. Pursuant to the Limited Partnership Agreement, components of travel cost, including airfare and lodging will be covered by Limited Partnership of PRISA III Fund LP.

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

Abbott

Last Name

Jacob

First Name

Senior Investment Officer

Position/Title

Investments

Department/Division

Last Name

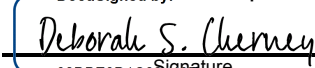
First Name

Position/Title

Department/Division

4. Verification

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08DBE0D1C62109...

Deborah Cherney

Print Name

Chief Executive Officer

Title

7/30/2026

(month, day, year)

Comment:

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Agency Contact (name and title)

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☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address**☐ Individual

Last Name

First Name

☒ Other

Milken Institute

Name

1250 Fourth Street

Santa Monica

CA

90401

Address

City

State

Zip Code

Increase global prosperity by advancing collaborative solutions that widen access to capital, create jobs, improve health.

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**

Beverly Hills, CA

Location of Travel

May 3-6, 2026

Dates (month, day, year)

_____	☐ Rail	☐ Air	☐ Bus	☐ Auto	☐ Other
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.

Invitation to attend 2026 Milken Institute Global Conference on May 3-6, 2026, in Beverly Hills, California.

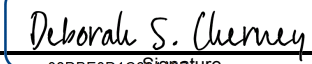
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Kim	Thomas	Deputy CIO	Investments
Last Name	First Name	Position/Title	Department/Division

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

4. Verification

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

	Deborah Cherney	Chief Executive Officer	7/30/2026
Signature	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

Clear Page

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name

San Bernardino County Employees' Retirement Association

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

Agency Contact (name and title)

Deborah Cherney, Chief Executive Officer

Date Stamp

California Form 801

For Official Use Only

☐ **Amendment** (explain in comment section)**Date of Original Filing:** _____
(month, day, year)**2. Donor Name and Address**☐ Individual _____ ☒ Other Apollo Global Management

Last Name

First Name

Name

9 West 57th Street, 42nd Floor

New York

NY

10019

Address

City

State

Zip Code

An American private equity firm providing investment management and invests in credit, private equity, and real 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**Beverly Hills, CA

Location of Travel

May 4, 2026

Dates (month, day, year)

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

\$ _____	\$ <u>160.00</u>	\$ _____	\$ _____	\$ <u>160.00</u>
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 Public Pensions Apollo Roundtable & Reception at 2026 Milken Institute Global Conference on May 4, 2026, in Beverly Hills, California.

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

<u>Kim</u>	<u>Thomas</u>	<u>Deputy CIO</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.

<u>Deborah S. Cherney</u>	<u>Deborah Cherney</u>	<u>Chief Executive Officer</u>	<u>7/30/2026</u>
Signature	Print Name	Title	(month, day, year)

Comment:

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

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