

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)**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**

Goldman Sachs

Name

200 West Street

New York

NY

10282

Address

City

State

Zip Code

A global investment banking, securities, and investment management firm.

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

Location of Travel

October 21-22, 2025

Dates (month, day, year)

_____	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____
Lodging Expenses\$ 500.00
Meal Expenses\$ _____
Transportation Expenses\$ _____
Other Expenses\$ 500.00
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 Goldman Sachs Alternatives Summit & AGM in New York, NY, on October 21-22 2025.

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 S. Cherney

Deborah Cherney

Print Name

Chief Executive Officer

Title

1/6/2026

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

Last Name

First Name

☒ **Other**

Gramercy Capital Solutions

Name

CA

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**

Greenwich, CT

Location of Travel

October 27, 2025

Dates (month, day, year)

American Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

J House Greenwich

Name of Lodging Facility

\$ 838.18

Lodging Expenses

\$ 100.00

Meal Expenses

\$ 496.96

Transportation Expenses

\$ 301.75

Other Expenses

\$ 1,736.89

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 Gramercy Capital Solutions Advisory Committee Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Gramercy Capital Solutions.

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

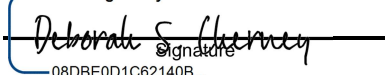
Position/Title

Department/Division

4. Verification

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Deborah Cherney

Print Name

Chief Executive Officer

Title

1/6/2026

(month, day, year)

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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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

☐ Individual _____ ☒ Other Industry Ventures

Last Name	First Name	Name
30 Hotaling Place, 3rd Floor	San Francisco	CA 94111
Address	City	State Zip Code

Innovative, full-stack venture capital & growth firm that applies an entrepreneurial mindset to unlock unique opportunities.

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 San Francisco, CA November 4-5, 2025

Location of Travel Dates (month, day, year)

American Airlines ☐ Rail ☒ Air ☐ Bus ☐ Auto ☐ Other Hyatt Regency San Francisco

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>905.34</u>	\$ <u>480.00</u>	\$ <u>436.61</u>	\$ <u>299.18</u>	\$ <u>2,121.13</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 the Industry Ventures 2025 Annual Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare, lodging and meals will be covered by the Manager or General Partner.

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

<u>Thanki</u>	<u>Amit</u>	<u>Senior 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.

<u>Deborah S. Cherney</u>	<u>Deborah Cherney</u>	<u>Chief Executive Officer</u>	<u>1/6/2026</u>
Signature	Print Name	Title	(month, day, year)

Comment:

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(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

ILPA

Name

801 18th Street N.W., Suite 300

Washington

D.C.

82000

Address

City

State

Zip Code

ILPA partners with organizations to cultivate best practices/improve the quality and flow of info related to private equity.

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

Location of Travel

November 4-6, 2025

Dates (month, day, year)

Transportation Provider ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$ _____
Lodging Expenses\$ 238.00
Meal Expenses\$ _____
Transportation Expenses\$ _____
Other Expenses\$ 238.00
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 ILPA Summit 2025 in New York, NY, on November 4-6, 2025.

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

Abbott

Jacob

Senior Investment Officer

Investments

Last Name

First Name

Position/Title

Department/Division

Last Name

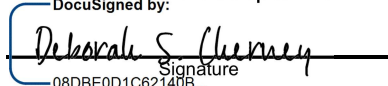
First Name

Position/Title

Department/Division

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Chief Executive Officer

Title

1/6/2026

(month, day, year)

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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**

Los Angeles, CA

Location of Travel

November 6-7, 2025

Dates (month, day, year)

Transportation Provider☐ Rail☐ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

Terranea Resort

Name of Lodging Facility

\$ 457.00

Lodging Expenses

\$ 435.00

Meal Expenses

\$ _____
Transportation Expenses\$ _____
Other Expenses

\$ 892.00

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 2025 Investor Conference (registration is complimentary).

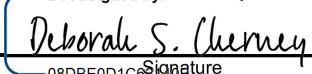
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Kim	Thomas	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.

	Deborah Cherney	Chief Executive Officer	1/6/2026
_____	_____	_____	_____
Signature	Print Name	Title	(month, day, year)

Comment:

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Last Name

First Name

☒ **Other**

Patria Investments Limited

Name

601 Lexington Avenue, 55th floor

New York

NY

10022

Address

City

State

Zip Code

Patria is a leading alternative investment firm with specialized experience in key resilient sectors.

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**

London, England

Location of Travel

November 12, 2025

Dates (month, day, year)

American Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

Marbel Arch Mariott

Name of Lodging Facility

\$ 878.79

Lodging Expenses

\$ 50.00

Meal Expenses

\$ 9,259.43

Transportation Expenses

\$ _____

Other Expenses

\$ 10,188.22

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 Patria SOF Advisory Committee Meeting . Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare, lodging and meals will be covered by the Manager or General Partner.

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

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DocuSigned by:



Signature

Deborah Cherney

Print Name

Chief Executive Officer

Title

1/6/2026

(month, day, year)

Comment:

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Agency Contact (name and title)

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Last Name

First Name

☒ **Other**

LuminArx Capital Management

Name

712 Fifth Avenue, 23rd Floor

New York

NY

10019

Address

City

State

Zip Code

A global alternative investment manager focused on Special Situations investing.

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

Location of Travel

November 20, 2025

Dates (month, day, year)

_____	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____
Lodging Expenses\$ 121.00
Meal Expenses\$ _____
Transportation Expenses\$ _____
Other Expenses\$ 121.00
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 LuminArx IAB Meeting and Investor Forum in New York, NY, on November 20, 2025.

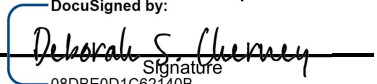
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Kim	Thomas	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	1/6/2026
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**

Los Angeles, CA

Location of Travel

December 2, 2025

Dates (month, day, year)

_____	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____
Lodging Expenses\$ 55.00
Meal Expenses\$ _____
Transportation Expenses\$ _____
Other Expenses\$ 55.00
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.

Invitation to attend the PGIM Real Estate Los Angeles Round Table (complimentary registration).

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

Abbott

Jacob

Senior Investment Officer

Investments

Last Name

First Name

Position/Title

Department/Division

Last Name

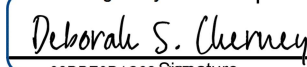
First Name

Position/Title

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Deborah Cherney

Chief Executive Officer

1/6/2026

08DBE0D1C62 Signature

Print Name

Title

(month, day, year)

Comment:

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