

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, Third Floor, San Bernardino, CA 92415-0014
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
Ares Management LLC
2000 Avenue of the Stars, 12th Floor Los Angeles CA 90067
Ares Management is one of the largest global alternative asset managers.

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
Dana Point, CA April 17, 2019
Transportation Provider Rail Air Bus Auto Other
Lodging Expenses \$135.00 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 Ares Special Situations Fund IV (ASSF IV) Annual Investor Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes meals, will be covered by Ares Management LLC.

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

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
Signature Deborah Cherney Chief Executive Officer 8.14.2019
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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Division, Department, or Region (if applicable) Administration			
Street Address 348 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0014			
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 SL Capital Partners LLP

_____ Last Name First Name Name

1 George Street Edinburgh, Scotland, UK EH2 2LL

Address City State Zip Code

A global private markets investment manager.

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 April 30, 2019

Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other Hotel Grange St. Pauls

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ <u>794.77</u>	\$ _____	\$ <u>10,281.00</u>	\$ _____	\$ <u>11,075.77</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 Aberdeen Standard Investments Secondary Opportunity Funds Advisory Board Meeting. Pursuant to the Limited Partnership Agreement, members of the Advisory Committee are entitled to be reimbursed for reasonable expenses incurred while acting in that capacity.

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.

 Deborah Cherney Chief Executive Officer 8.14.19

Signature Print Name Title (month, day, year)

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Agency Contact (name and title) Deborah Cherney, Chief Executive Officer		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Ares Management LLC

Last Name: _____ First Name: _____ Name: _____
 2000 Avenue of the Stars, 12th Floor Los Angeles CA 90067
 Address City State Zip Code

Ares Management is one of the largest global alternative asset managers.
 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 Dana Point, CA April 17, 2019
 Location of Travel Dates (month, day, year)

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

\$ _____ Lodging Expenses \$ 134.00 Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ 134.00 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 Ares Annual Investor Dinner. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes meals, will be covered by Ares Management LLC.

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

<u>Fiorino</u>	<u>Louis</u>	<u>Trustee</u>	<u>Board of Retirement</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 Chief Executive Officer 8.14.19
 Signature Print Name Title (month, day, year)

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Individual Other Ares Management LLC
Last Name First Name Name
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Address City State Zip Code

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Name Amount Name Amount

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

3.1 (a) Travel Payment Dana Point, CA April 17, 2019
Location of Travel Dates (month, day, year)

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

\$ 134.00 \$ 134.00
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 Ares Annual Investor Dinner. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes meals, will be covered by Ares Management LLC.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Kennedy Michael Trustee Board of Retirement
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.

Signature Deborah Cherney Chief Executive Officer 8.14.19
Print Name Title (month, day, year)

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Address City State Zip Code

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Name Amount Name Amount

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

3.1 (a) Travel Payment Dana Point, CA April 18, 2019
Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
Check Applicable Boxes
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.

Attendance at the Ares Corporate Opportunities Funds (ACOF) Annual Investor Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes meals, will be covered by Ares Management LLC.

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

Fiorino Louis Trustee Board of Retirement
Last Name First Name Position/Title Department/Division

4. Verification

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Signature Deborah Cherney Chief Executive Officer 8-14-19
Print Name Title (month, day, year)

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2. Donor Name and Address

Individual Other Ares Management LLC
Last Name First Name Name
2000 Avenue of the Stars, 12th Floor Los Angeles CA 90067
Address City State Zip Code

Ares Management is one of the largest global alternative asset managers.

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 Dana Point, CA April 18, 2019
Location of Travel Dates (month, day, year)

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

Lodging Expenses \$138.00 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 Ares Corporate Opportunities Funds (ACOF) Annual Investor Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes meals, will be covered by Ares Management LLC.

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

Kennedy Michael Trustee Board of Retirement
Last Name First Name Position/Title Department/Division

4. Verification

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Signature Deborah Cherney Chief Executive Officer 8.14.19
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2. Donor Name and Address

Individual Other Milken Institute
Last Name First Name 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

Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
Check Applicable Boxes
Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

4/28/19-5/1/19 \$ 15,000.00
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 2019 Milken Institute Global Conference on April 28 - May 1, 2019, in Beverly Hills, California. (Associate Membership Benefits, which include complimentary admission, is valued at \$15,000.00.)

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

Abbott Jacob Investment Officer Investments
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.

Signature Deborah Cherney Chief Executive Officer 8.14.19
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2. Donor Name and Address

Individual

Last Name

First Name

Other

Society for Human Resources Management

Name

1800 Duke Street

Alexandria

VA

22314

Address

City

State

Zip Code

SHRM promotes the role of HR as a profession and provides education, certification, and networking to its members.

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

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

6/15/19

Dates (month, day, year)

\$ 1,350.00

Total Expenses

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

Recipient of the 2019 SHRM Foundation Certification Scholarship which includes the SHRM Online Learning System (\$950) and the SHRM Certification Exam (\$400). This is a test preparation program and exam fee for an HR professional designation.

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

Barnier

Last Name

Stacey

First Name

Director of HR & RM

Position/Title

Human Resources

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.

Signature

Signature

Deborah Cherney

Print Name

Chief Executive Officer

Title

8.14.19

(month, day, year)

Comment:

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