ayment to Agency R	eport A Public	c Document		PAYMENT TO AGENCY REPOR
Agency Name			Date Stamp	California Q 🗸 🗸
San Bernardino County Em	nployees' Retirement Associatio	n		Form OU
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 92	2408		
Area Code/Phone Number	Email	2400		
			Amendment (explai	n in comment section)
909.885.7980	dcherney@sbcera.org		Date of Original Filing	
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Deborah Cherney, Chief Ex	recutive Officer			
Donor Name and Addre	ss			
المان بنطرياما		CT Other	Adams Street Partn	ers, LLC
Individual Last Name	First Name			Name
One North Wacker Drive, S	Suite 2700 Chicago		IL	60606
Address	City		State	Zip Code
Adams Street Partners is a	private markets investment ma	ınager.		
	's business activity (if business) or its nature	_		
If applicable, i	dentify the name of each source ar	nd the amount(s) re	eceived by the donor fo	r 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				
orr (a) maron aymone	Location of Travel			Dates (month, day, year)
			o 🗖 Othor	
Transportation Provider	Rail Air Check Applica	☐ Bus ☐ Auto	o ☐ Other	Name of Lodging Facility
			20.00	568.00
\$ \$_Lodging Expenses	<u> </u>	ion Expenses	Other Expenses	\$ Total Expenses
	·	LON EXPONDED	•	
3.1 (b) Payment(s) not re	ated to traver:	Dates (month, o	tav vear)	Total Expenses
2.2 Daymant Daganintian	Duovido o opositio docovinti	,		·
3.2. Payment Description	. Provide a specific descripti	on of the paymo	ent and its agency p	ourpose and use.
Invitation to attend Ada	ams Street 2022 US Inves	tor Conference	e on June 7, 2022	2, in Chicago, IL.
Pursuant to the Master	r Custody Account Agreen	nent, compone	ents of travel cost	(including
transportation, lodging	, meals, and similar costs)	will be covere	ed by Adams Stre	et Partners, LLC.
3.3 Identify the officials y	who used the payment in Sec	tion 3.1 (See instru	ctions)	
-	• •			
Kim	Thomas	Investment		vestments
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
I authorized the acceptance	of the reported payment(s) as	in compliance wi	th FPPC regulations.	
DocuSigned by:	Deborah Cherney	Chief	Executive Officer	7/21/2022
Duborali (lurnuy 573E65648245470Signature	Print Name		Title	(month, day, year)
y				· · · · · · · · · · · · · · · · · · ·
Comment:				
(Use this space or an attachment	for any additional information)			EDDO E COLLIS

Individual Last Name First Name Other Invesco Real Estate	. Agency Name	ort	A Public D				MENT TO AGENCY REPO
For Official Use Only Administration For Official Use Only Administration For Official Use Only Administration Administration Aroa Code/Phone Number Email Other Aroa Code/Phone Number Email Other Aroa Code/Phone Number Other Aroa Code/Phone Number Other Aroa Code/Phone Number Other Oth					Date Stam	, C	alifornia 🙎 📭
Administration Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number Email Gherney@sbcera.org Date of Original Filing: (month, day, year) Date of Original Filing: (month, day, year) Donor Name and Address Individual Last Name Fast Name Oity State Zip Code If opinished, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Sydney, Australia Sydney, Sala Sydney, Australia Sydney, Australia Sydney, Sala Sydney	San Bernardino County Employ	ees' Retiremen	t Association				
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number Email dcherney@sbcera.org dcherney@sbcera.org Date of Original Filings:	Division, Department, or Region (i	if applicable)					For Official Use Only
Area Code/Phone Number Email Chemistry Email Chemistry Chief Executive Officer Date of Original Filing:	Administration						
Amendment (explain in comment section) Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer Date of Original Filling: General Cherney (Chief Executive Officer T/21/2022 Total Expenses Total Cherney (Chief Executive Officer T/21/2022 Total Cherney (Chief Executive Officer T/21/2022 T/21/20	Street Address						
Agency Contact (name and title) Deborah Cherney (Chief Executive Officer Date of Original Filing:	348 W. Hospitality Lane, Suite 1	00, San Bernaı	dino, CA 92408	3			
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer Donor Name and Address	Area Code/Phone Number Ema	ail			☐ Amendment	(explain in cor	ment section)
Deborah Cherney, Chief Executive Officer Donor Name and Address	909.885.7980 dch	nerney@sbcera	.org		Amendment	(explain in col	iment section)
Deborah Cherney, Chief Executive Officer Donor Name and Address □ Individual Last Name First Name 1555 Peachtree Street, NE Atlanta GA 30309	Agency Contact (name and title)				Date of Original		nonth day year)
Individual Last Name First Name Atlanta GA 30309	Deborah Cherney, Chief Execut	ive Officer				(1	nonai, day, year)
Total Expenses Tota	. Donor Name and Address			•			
State Street Name State Name State Name State State Name State Name State Name State Name	□ Individual			☑ Other	Invesco Real E	State	
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	Last Name	First N		. M Other			
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:							
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:	Address		City		S	ate	Zip Code
If applicable, identify the name of each source and the amount(s) received by the donor for this payment:	If "Other" is marked, describe the optible busin	acco cotivity (if busine	oo) or ito noture and in	atorosta			
Name Samount Name	ii Other is marked, describe the entity's busin	less activity (ii busine	33) of its flature and if	11010313.			
Sydney, Australia June 15-16, 2022 Dates (month, day, year)	If applicable, identif	fy the name of ea	ch source and th	e amount(s) re	eceived by the do	nor for this p	payment:
Dates (month, day, year) Sydney, Australia Dates (month, day, year)		\$					\$
Sydney, Australia Location of Travel Location of Location Locat	Name	Ψ	Amount		Name		Amount
United Airlines, Asiana Airlines Transportation Provider Transportation Provider Rail Air Bus Auto Other Sofitel Sydney Wentworth & Check Applicable Boxes Name of Lodging Facility	. Payment Information (Com	plete Section	s 3.1 (a or b),	3.2, 3.3)			
United Airlines, Asiana Airlines Rail Air Bus Auto Other	3.1 (a) Travel Payment	Sydney, Austra	ılia		J	une 15-16	, 2022
Transportation Provider Sabata Check Applicable Boxes Name of Lodging Facility	· ,	Lo	cation of Travel		-	Dates	(month, day, year)
Same of Lodging Facility Same of Lodging Facility Same of Lodging Facility Same of Lodging Expenses Same of Lodging Facility Same of Lodging Expenses Same of Lodging Facility Same of Lodging Fac	United Airlines, Asiana Airlines	□ Rail	☑ Air □ B	sus □ Auto	o □ Other S	ofitel Sydi	ney Wentworth & C
3.1 (b) Payment(s) not related to travel: Dates (month, day, year) Total Expenses	Transportation Provider					Name	of Lodging Facility
3.1 (b) Payment(s) not related to travel: Dates (month, day, year) Total Expenses	€ 868.00 € 500°	.00	_e 11,000.00	•		\$	2,368.00
Attendance at the 2022 Invesco Real Estate Asia Annual Meeting. SBCERA is a member of the Investor Advisory Committee. Pursuant to the Agreement of Limited Partnership, Investor Advisory Committee is entitled to be reimbursed for travel expenses and reasonable out-of-pocket expenses. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Kim Thomas Investment Officer Investments Last Name First Name Position/Title Department/Division Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	Lodging Expenses Mea	al Expenses	Transportation Ex	xpenses	Other Expenses	Ψ-	Total Expenses
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Attendance at the 2022 Invesco Real Estate Asia Annual Meeting. SBCERA is a member of the Investor Advisory Committee. Pursuant to the Agreement of Limited Partnership, Investor Advisory Committee is entitled to be reimbursed for travel expenses and reasonable out-of-pocket expenses. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Kim Thomas Investment Officer Investments Last Name First Name Position/Title Department/Division 1. Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	3.1 (b) Payment(s) not related	l to travel:			\$_		
Attendance at the 2022 Invesco Real Estate Asia Annual Meeting. SBCERA is a member of the Investor Advisory Committee. Pursuant to the Agreement of Limited Partnership, Investor Advisory Committee is entitled to be reimbursed for travel expenses and reasonable out-of-pocket expenses. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Kim Thomas Investment Officer Investments Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022				Dates (month, d	ay, year)	Т	otal Expenses
Investor Advisory Committee. Pursuant to the Agreement of Limited Partnership, Investor Advisory Committee is entitled to be reimbursed for travel expenses and reasonable out-of-pocket expenses. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Kim Thomas Investment Officer Investments Last Name First Name Position/Title Department/Division Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Oberials great by: Deborah Cherney Chief Executive Officer 7/21/2022	3.2. Payment Description. Pro	ovide a specifi	c description (of the payme	ent and its age	ncy purpo	se and use.
Investor Advisory Committee. Pursuant to the Agreement of Limited Partnership, Investor Advisory Committee is entitled to be reimbursed for travel expenses and reasonable out-of-pocket expenses. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Kim Thomas Investment Officer Investments Last Name First Name Position/Title Department/Division Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	Attendance at the 2022 Inv	vesco Real F	state Asia Ai	nnual Meet	ing SBCFRA	is a me	mber of the
Committee is entitled to be reimbursed for travel expenses and reasonable out-of-pocket expenses. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Kim Thomas Investment Officer Investments Last Name First Name Position/Title Department/Division Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Obscursigned by: Deborah Cherney Chief Executive Officer 7/21/2022					•		
Last Name First Name Position/Title Department/Division			•			• .	
Last Name First Name Position/Title Department/Division		reimbursea	tor travel exp	oenses and	l reasonable	out-ot-pc	cket expenses.
Last Name First Name Position/Title Department/Division Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be		•			out-ot-pc	cket expenses.
Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be 3.3. Identify the officials who	used the paym	•	3.1 (See instru	ctions)	·	·
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be 3.3. Identify the officials who kim	used the paym Thomas	ent in Section	3.1 (See instruc	otions) Officer	Investm	ents
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be 3.3. Identify the officials who kim	used the paym Thomas	ent in Section	3.1 (See instruc	otions) Officer	Investm	ents
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be 3.3. Identify the officials who kim	used the paym Thomas	ent in Section	3.1 (See instruc	otions) Officer	Investm	ents
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be 3.3. Identify the officials who to Kim Last Name	used the paym Thomas First Name	ent in Section	Investment	otions) Officer tion/Title	Investm	ents epartment/Division
Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be 3.3. Identify the officials who to Kim Last Name	used the paym Thomas First Name	ent in Section	Investment	otions) Officer tion/Title	Investm	ents epartment/Division
Deborah Cherney Chief Executive Officer 7/21/2022	Committee is entitled to be 3.3. Identify the officials who to the second seco	used the paym Thomas First Name	ent in Section	Investment	otions) Officer tion/Title	Investm	ents epartment/Division
Velorale Cherry	Committee is entitled to be 3.3. Identify the officials who is Kim Last Name Last Name	Thomas First Name	ent in Section	Investment Posi Posi	Officer tion/Title tion/Title	Investm	ents epartment/Division
(Holiul, day, your	Committee is entitled to be 3.3. Identify the officials who is Kim Last Name Last Name Last Name I authorized the acceptance of the processing of the constraint of the	Thomas First Name	ment(s) as in co	Investment Posi	Officer tion/Title th FPPC regula	Investm	ents epartment/Division Department/Division
	Committee is entitled to be 3.3. Identify the officials who is Kim Last Name Last Name Last Name Last Name Description I authorized the acceptance of the Description of the language	Thomas First Name First Name Deborah Ch	ment(s) as in co	Investment Posi	ctions) Officer tion/Title tion/Title th FPPC regula Executive Office	Investm	ents epartment/Division Department/Division 7/21/2022

ayment to Agency R	eport A Public	c Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	nployees' Retirement Associatio	n	· .	Form OUI
Division, Department, or Reg	jion (if applicable)		1	For Official Use Only
Administration				
Street Address			1	
	uite 100, San Bernardino, CA 92	2408		
Area Code/Phone Number	Email	2400		
909.885.7980	dcherney@sbcera.org		Amendment (expl	ain in comment section)
			Date of Original Filin	n·
Agency Contact (name and title)	0		Date of Original Film	(month, day, year)
Deborah Cherney, Chief Ex	Cecutive Oπicer			
. Donor Name and Addre	SS			
☐ Individual			Milken Institute	
Last Name	First Name			Name
1250 Fourth Street	Santa Mo	nica	CA	90401
Address	City		State	Zip Code
Increase global prosperity b	by advancing collaborative solut	tions that widen a	access to capital, cr	eate jobs, improve health.
If "Other" is marked, describe the entity	's business activity (if business) or its nature	and interests.		
ge P L	double, the mean of an income	۲۰۱۰ ، د د د م ماه ام	and the state of t	authic vo.v
It applicable, i	dentify the name of each source ar	iu 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				
	Location of Travel			Dates (month, day, year)
		☐ Bus ☐ Auto	o	
Transportation Provider	Check Applica		<u> </u>	Name of Lodging Facility
Φ	•	Φ.		¢
Lodging Expenses	ەــــــــــــــــــــــــــــــــــــ	ion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re		5/1/22-5/4/	/22 \$ 25,0	00.00
or (2, 1 2 , 11011)		Dates (month, o	day, year)	Total Expenses
3.2 Payment Description	. Provide a specific descripti	on of the payme	ent and its agency	nurnose and use
•	•			•
	ken 25th Annual Institute G	Blobal Confere	ence on May 1-4	, 2022, in Beverly
Hills, California.				
3.3. Identify the officials v	who used the payment in Sec	tion 3.1 (See instru	ictions)	
Thanki	Amit	Sr. Investme	ent Officer li	nvestments
Last Name	First Name	_	ition/Title	Department/Division
Luci Humo	riocitalio	1 051		Dopar unioni Dividion
Last Name	First Name	Pos	sition/Title	Department/Division
\/o.u:f: o.o.t:				
. Verification				
	of the reported payment(s) as	in compliance wi	ith FPPC regulations	3.
Debovale Cherry	Deborah Cherney	Chief	f Executive Officer	7/21/2022
573E656482454Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)	<u> </u>		EDDO E 004 / 1

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 Email doherney@sbcera.org Agency Contact (name and stee) Deborah Cherney, Chief Executive Officer Donor Name and Address Individual Last Name Frat Name Madison NJ O7940 State of Original Fiting: (month, day, year) Deter strength of the Americas, Europe, and Asia Pacific. If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Miarrii, FL Location of Travel Deter impenses 3.1 (b) Payment(s) not related to travel: Deter impenses 3.2 Payment Description. Provide a specific description of the payment and its agency purpose and use. Attendance at the PGIM Real Estate Investors 2022 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 naroudons) Abbott Jake Investment Officer Department/Division Department/Division Department/Division Department/Division Department/Division	. Agency Name	eport A		nent	PAYMENT TO AGENCY REPO
Por Official Use Only Por Official Use Only Administration Administration Administration Administration Administration Amendment (explain in comment section) Amendment (explain in com	J			Date Stamp	California 20
Administration Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Agrea Code/Phone Number Email	San Bernardino County Em	ployees' Retirement A	ssociation		
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408 Area Code/Phone Number Email dcherney@sbcera.org Date of Original Filing:	Division, Department, or Reg	ion (if applicable)			For Official Use Only
Area Code/Phone Number Email	Administration				
Amendment (explain in comment section) Date of Original Filing: (month, day, year)	Street Address				
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer Date of Original Filing:	348 W. Hospitality Lane, Su	uite 100, San Bernardi	no, CA 92408		
Date of Original Filing: Cherney@sbcera.org Date of Original Filing:	Area Code/Phone Number	Email		☐ Amendment	(avalain in comment section)
Deborah Cherney, Chief Executive Officer Donor Name and Address	909.885.7980	dcherney@sbcera.or	rg	Amendment	(explain in comment section)
Deborah Cherney, Chief Executive Officer Donor Name and Address	Agency Contact (name and title)	.1		Date of Original F	
Individual Last Name	Deborah Cherney, Chief Ex	ecutive Officer			(month, day, year)
Total Last Name First Name Madison NJ 07940	Donor Name and Addre	SS S			
Colivation Col				PGIM Real Est	ate Investors
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	Last Name	First Nam	e	Juner	Name
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	7 Giralda Farms		Madison	N	IJ 07940
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	Address	C	Eity	Sta	ate Zip Code
If applicable, identify the name of each source and the amount(s) received by the donor for this payment: Name			-	nent in the Americas, E	Europe, and Asia Pacific.
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Miami, FL Location of Travel Dates (month, day, year)	If "Other" is marked, describe the entity's	s business activity (if business)	or its nature and interests.		
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Miami, FL Location of Travel Dates (month, day, year)	If applicable, ic	dentify the name of each	source and the amou	nt(s) received by the don	or for this payment:
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Miami, FL Location of Travel Dates (month, day, year) Dates (month, day, year)	эрризиись, и	,		(-)	на разумани
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Miami, FL Location of Travel Dates (month, day, year) Dates (month, day, year)	Name	\$	nount	Name	\$Amount
American Airlines	Payment Information (C	omplete Sections	2 1 (2 or b) 2 2 3	2)	
Cotation of Travel Dates (month, day, year) Dates (month, day, year)	·	<u>-</u>	3. I (a OI D), 3.2, 3	•	lav 16-18 2022
American Airlines Transportation Provider Transportation Provider \$\frac{1,272.00}{\text{Lodging Expenses}} \frac{\$590.00}{\text{Meal Expenses}} \frac{\$600.00}{\text{Transportation Expenses}} \frac{\$220.00}{\text{Other Expenses}} \frac{\$2,682.00}{\text{Total Expenses}} \frac{\$2,682.00}{\text{Total Expenses}} \$3.1\$ (b) Payment(s) not related to travel: Dates (month, day, year) Total Expenses	3.1 (a) Travel Payment		ion of Travel		<u> </u>
Transportation Provider Sall Substitute	American Airlines				
\$\frac{1,272.00}{\text{Lodging Expenses}}\$\$\frac{\$590.00}{\text{Meal Expenses}}\$\$\frac{\$600.00}{\text{Transportation Expenses}}\$\$\frac{\$220.00}{\text{Other Expenses}}\$\$\frac{\$2,682.00}{\text{Total Expenses}}\$\$ 3.1 (b) Payment(s) not related to travel: \$\text{Dates (month, day, year)}\$\$\text{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 2022 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 Jake Investment Officer Investments Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Department/Division Department/				☐ Auto ☐ Other <u>I'</u>	
State Stat	·			220.00	
3.1 (b) Payment(s) not related to travel: Dates (month, day, year) Total Expenses	\$ \$.		<u>\$</u>	S	\$ <u></u>
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Attendance at the PGIM Real Estate Investors 2022 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 Jake Investment Officer Investments Last Name First Name Position/Title Department/Division Last Name First Name Position/Title Department/Division Verification I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Deborah Cherney Chief Executive Officer 7/21/2022 Print Name Title (month, day, year) Total Expenses Total Expenses Total Expenses	3 3 1	·		¢	•
Attendance at the PGIM Real Estate Investors 2022 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 Jake 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 7/21/2022 Print Name Title (month, day, year)	3.1 (b) Fayinein(s) not let	ateu to traver.	Dates	month, day, year) Ψ	Total Expenses
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