Payment to Agency Report

A Public Document

Fayment to Agency R	eport	A Public Doc	ument			PAYMENT TO AGENCY REPORT
1. Agency Name				Date Sta	amp	California 001
San Bernardino County En	iployees' Retiremen	t Association				Form OUI
Division, Department, or Reg	jion (if applicable)					For Official Use Only
Administration						1
Street Address						
348 W. Hospitality Lane, Th	hird Floor, San Bern	ardino, CA 92415-0	014			
Area Code/Phone Number	Email			American day		
909.885.7980	dcherney@sbcera	a.org		_		n comment section)
Agency Contact (name and title)				Date of Origin	al Filing: _	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer					(month, day, year)
2. Donor Name and Addre	SS					
🗌 Individual			Other	Industry Ven		
Last Name	First N	lame				ame
30 Hotaling Place, 3rd Floo	4 	San Francisco			CA State	94111 Zip Code
If "Other" is marked, describe the entity	's business activity (if busine dentify the name of ea			coived by the	lopor for t	bio noumant:
	dentity the name of ea	ion source and the an	iouni(s) ie	ceived by the t		nis payment.
Name	\$	Amount		Name		Amount
3. Payment Information (C	omplete Section	s 3.1 (a or b). 3.2	. 3.3)			
3.1 (a) Travel Payment	San Francisco,		,,		October	23-24, 2019
	Lo	ocation of Travel		C.	D	ates (month, day, year)
United Airlines	🗌 Rail	🗹 Air 🔲 Bus	🗖 Auto	Other	Hilton S	F Financial District
Transportation Provider		Check Applicable Boxes			Na	ame of Lodging Facility
s 859.40		482.60	¢	42.55		s 1,484.55
Lodging Expenses	Meal Expenses	o Transportation Expense	es ϕ	Other Expenses		Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:			\$		
		Dat	tes (month, da	ay, year)		Total Expenses
3.2. Payment Description	. Provide a specifi	c description of th	e payme	nt and its ag	ency pu	rpose and use.

Attendance at the Industry Ventures 2019 Annual Limited Partners 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)

/ossman	Laura	Senior Investment Officer	Investments	
Last Name	First Name	Position/Title	Department/Division	
Last Name	First Name	Position/Title	Department/Division	
erification	ce of the reported payment(s) as	in compliance with FPPC regulati	ions.	
Signature	Deborah Cherney Print Name	Chief Executive Office	er <u>2.4.20</u> (month, day, year)	
omment:				
se this space or an attachme	nt for any additional information)		FPPC Form 801 (Jan/1	

advice@fppc.ca.gov



Payment to Agency	Report	A Public Docu	ment	PAYMENT TO AGENCY REPOR
I. Agency Name			Date Sta	California OO1
San Bernardino County	Employees' Retireme	nt Association		Form OU
Division, Department, or I	Region (if applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane,	, Third Floor, San Berr	nardino, CA 92415-00	14	
Area Code/Phone Numbe	r Email			ant (explain in comment section)
909.885.7980	dcherney@sbcer	a.org		explain in comment section)
Agency Contact (name and t	itle)		Date of Origin	al Filing: (month, day, year)
Deborah Cherney, Chief	Executive Officer			
. Donor Name and Add	lress			
☐ Individual			Other	Bridge Inc.
Last Name	First	Name		Name
4504 S. Ocean Blvd.		Highland Beach		FL 33487
Address	<i></i>	City		State Zip Code
The Pension Bridge Inc.			utional Investment Co	ommunity.
If "Other" is marked, describe the er	itity's business activity (if busin-	ess) or its nature and interests.		
If applicabl	e, identify the name of e	ach source and the amo	unt(s) received by the c	donor for this payment:
	¢			¢
Name	φ	Amount	Name	
	Rail	ocation of Travel	🗋 Auto 🔲 Other	Dates (month, day, year)
Transportation Provid	er	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:		\$	
			(month, day, year)	Total Expenses
3.2. Payment Description	on. Provide a specif	ic description of the	payment and its ag	ency purpose and use.
Attendance at the 20	19 Pension Bridge	e Alternatives Con	ference as a spea	aker.
3.3. Identify the official	s who used the payn	nent in Section 3.1 (See instructions)	
Thanki	Amit	Sr. Ir	vestment Officer	Investments
Last Name	First Name		Position/Title	Department/Division
				<u>* 1</u>
Last Name	First Nam	e	Position/Title	Department/Division
Verification				
I authorized the acceptan	ce of the reported pay	/ment(s) as in complia	ince with FPPC regul	ations.
11/10	Deborah Ch		Chief Executive Off	111001
Signature	<u> </u>	Print Name	Title	(month, day, year)

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

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P	ayment to Agency R	eport	A Public Doc	ument		F	AYMENT TO AGENCY REPORT
1	Agency Name				Date Sta		California OO4
	San Bernardino County Em	ployees' Retiremen	t Association				Form OUI
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Administration						
	Street Address						
	348 W. Hospitality Lane, Th	ird Floor, San Bern	ardino, CA 92415-0	014			
	Area Code/Phone Number	Email			D Amonday	and (available to	
	909.885.7980	dcherney@sbcera	a.org			ent (explain in	comment section)
	Agency Contact (name and title)				Date of Origin	al Filing:	(marked and a second se
	Deborah Cherney, Chief Ex	ecutive Officer					(month, day, year)
2.	Donor Name and Addres	ss					
	🗌 Individual			Other	Aberdeen St	andard In	vestments
	Last Name	First N				Na	ime
	6 St Andrew Square		Edinburgh, Scotla	and EH2	2AH		
	Address		City			State	Zip Code
	Aberdeen Standard Investm	ents is one of the v	vorld's largest inves	stment co	mpanies.		
	If "Other" is marked, describe the entity's	business activity (if busine	ss) or its nature and interes	ts.			
	If applicable, ic	lentify the name of ea	ich source and the am	nount(s) re	ceived by the d	donor for th	is payment:
		\$					\$
_	Name		Amount		Name		Amount
3.	Payment Information (C	omplete Section	s 3.1 (a or b), 3.2	2, 3.3)			
	3.1 (a) Travel Payment	London, Engla	nd			Novembe	er 5, 2019
		Lc	ocation of Travel			Da	tes (month, day, year)
	American Airlines	Rail	🗹 Air 🔲 Bus	🗌 Auto	Other	Leonardo	Royal London St Pau
	Transportation Provider		Check Applicable Boxes			Na	me of Lodging Facility
	\$ 263.82		10,053.89	¢			¢ 10,317.71
	Lodging Expenses	Meal Expenses	Transportation Expense	es Ψ_	Other Expenses	-	Total Expenses
	3.1 (b) Payment(s) not rela	ated to travel:			\$	6	
			Dat	tes (month, da	ay, year)		Total Expenses
	3.2. Payment Description.	Provide a specifi	c description of th	e payme	nt and its ag	ency pur	pose and use.

Attendance at the Aberdeen SOF Advisory Board Meetings. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes transportation, lodging, meals, and similar costs, will be covered by Aberdeen Standard Investments.

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

Thanki	Amit	Investment Officer	Investments
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division
. Verification	nce of the reported payment(s) as	in compliance with FPPC regula	ations.
Signature	Deborah Cherney Print Name	Chief Executive Offic	11100
Comment:)		
(Use this space or an attachm	ent for any additional information)		FPPC Form 801 (Jan/1

advice@fppc.ca.gov

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A Public Document

aymont to Ageney R	oport		Jocument			PAYMENT TO AGENCY REPC
1. Agency Name				Date Sta	amp	California OO
San Bernardino County Employees' Retirement Association						Form OU
Division, Department, or Region (if applicable)						For Official Use Only
Administration						
Street Address				1		
348 W. Hospitality Lane, Th	nird Floor, San Berr	ardino, CA 924	15-0014			
Area Code/Phone Number	Email				nt (evolain ir	comment section)
909.885.7980	dcherney@sbcera	a.org			in (explain ii	Comment sectory
Agency Contact (name and title)				Date of Origin	al Filing: _	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer					(month, day, year)
Donor Name and Addre	ss					
🗇 Individual			. I Other	PGIM Real E	Estate Inv	estors
Last Name	First					ame
7 Giralda Farms		Madison			NJ	07940
Address		City			State	Zip Code
Global real estate investors	s with \$66 billion in a	assets under ma	anagement in	the Americas	, Europe,	and Asia Pacific.
	dentify the name of ea	ach source and th	ne amount(s) re	eceived by the o	lonor for th	nis payment:
Name	Ψ	Amount		Name		Amount
Payment Information (C	omplete Section	s 3.1 (a or b),	, 3.2, 3.3)			
3.1 (a) Travel Payment	Tampa, FL				Novemb	er 12-13, 2019
	L	ocation of Travel			Da	ates (month, day, year)
American Airlines	🗖 Rail	🖸 Air 🔲 E	Bus 🗌 Auto	Other	Grand H	yatt Tampa Bay
Transportation Provider		Check Applicable E			Na	me of Lodging Facility
\$ ^{570.22} \$		\$ 702.01	¢	120.00		\$ 1,392.23
Lodging Expenses	Meal Expenses	Transportation E	xpenses ϕ	Other Expenses	-	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:			\$		
			Dates (month, d	ay, year)		Total Expenses
3.2. Payment Description.	. Provide a specifi	c description of	of the payme	ent and its ag	ency pur	pose and use.
Attendance at the PGI	M Real Estate In	vestors Fall 2	2019 PRIS/	A III Advisor	v Coun	cil Meetina.
Pursuant to the Limited						

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)

Vossman	Laura	Senior Investment Officer	Investments	
Last Name	First Name	Position/Title	Department/Division	
Last Name	First Name	Position/Title	Department/Division	
Verification	tance of the reported payment(s) as	in compliance with FPPC regulati	ions.	
Inte	Deborah Cherney	Chief Executive Office	0110-00	
Signature Comment:	Print Name	Title	(month, day, year)	

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