

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California Form 801 For Official Use Only
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 Industry Ventures

_____ Last Name _____ First Name _____ Name _____
 30 Hotaling Place, 3rd Floor San Francisco CA 94111
 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 _____ \$ _____
 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 October 23-24, 2019
 Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Hilton SF Financial District
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 859.40 \$ _____ \$ 482.60 \$ 142.55 \$ 1,484.55
 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 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)

<u>Vossman</u> Last Name	<u>Laura</u> First Name	<u>Senior Investment Officer</u> Position/Title	<u>Investments</u> 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 2.4.2020
 Signature Print Name Title (month, day, year)

Comment:

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

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Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

Individual _____ Other The Pension Bridge Inc.

_____ Last Name _____ First Name _____ Name _____

4504 S. Ocean Blvd. Highland Beach FL 33487

Address City State Zip Code

The Pension Bridge Inc. offers educational conferences to the Institutional Investment Community.

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

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

3.1 (a) Travel Payment Beverly Hills, CA October 28-29, 2019

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____

_____ Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ _____ \$ 189.00 \$ _____ \$ _____ \$ 189.00

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 2019 Pension Bridge Alternatives Conference as a speaker.

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

Thanki	Amit	Sr. 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 2.4.2020

Signature Print Name Title (month, day, year)

Comment:
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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

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Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Aberdeen Standard Investments

6 St Andrew Square Edinburgh, Scotland EH2 2AH

Address City State Zip Code

Aberdeen Standard Investments is one of the world's largest investment companies.

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 November 5, 2019

American Airlines Rail Air Bus Auto Other Leonardo Royal London St Pau

\$ 263.82 \$ Meal Expenses \$ 10,053.89 \$ Other Expenses \$ 10,317.71 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 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

4. Verification

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

Signature Deborah Cherney Chief Executive Officer 2.4.20
Print Name Title (month, day, year)

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



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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

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Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual PGIM Real Estate Investors
Last Name First Name 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 Tampa, FL November 12-13, 2019
Location of Travel Dates (month, day, year)
American Airlines Transportation Provider Rail Air Bus Auto Other Grand Hyatt Tampa Bay
Name of Lodging Facility
\$ 570.22 \$ Meal Expenses \$ 702.01 \$ 120.00 \$ 1,392.23
Lodging 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 PGIM Real Estate Investors Fall 2019 PRISA III Advisory Council Meeting. 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)

Vossman Laura 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 2.4.2020
Print Name Title (month, day, year)

Comment:

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

