

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Division, Department, or Region, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address

Donor information: Kayne Anderson Capital Advisors, L.P. Includes fields for Individual/Other checkboxes, Last Name, First Name, Address, City, State, and Zip Code.

Kayne Anderson Capital Advisors is an independent alternative investment management firm focused on niche 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:

Source information table with columns for Name, Amount, 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 27-28, 2021. Includes transportation provider (The Beverly Hilton Hotel), Rail/Air/Bus/Auto/Other checkboxes, and expense breakdown (Lodging: \$339.00, Meal: \$70.00, Transportation: \$50.00, Other: \$40.00, Total: \$499.00).

3.1 (b) Payment(s) not related to travel: Includes fields for Dates (month, day, year) and Total Expenses.

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

Attendance at the 2021 Annual Investor Conference. Pursuant to the Master Custody Account Agreement, SBCERA is invited to attend events upon the same general terms as other customers, which may include reimbursement of travel expenses.

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

Official information table for Deborah Cherney, Chief Executive Officer, Administration. Includes fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

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

Signature verification fields for Barbara Hannah, Chief Counsel. Includes fields for Signature, Print Name, Title, and Date (month, day, year).

Comment:

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



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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, 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 or Other Kayne Anderson Capital Advisors, L.P.
1800 Avenue of the Stars, Third Floor Los Angeles CA 90067
Address City State Zip Code

Kayne Anderson Capital Advisors is an independent alternative investment management firm focused on niche 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
Beverly Hills, CA Location of Travel
October 27-28, 2021 Dates (month, day, year)
The Beverly Hilton Hotel Name of Lodging Facility
Transportation Provider Rail Air Bus Auto Other
Lodging Expenses \$339.00 Meal Expenses \$70.00 Transportation Expenses \$50.00 Other Expenses \$40.00 Total Expenses \$499.00

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 2021 Annual Investor Conference. Pursuant to the Master Custody Account Agreement, SBCERA is invited to attend events upon the same general terms as other customers, which may include reimbursement of travel expenses.

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

Rutherford Janice 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.

Deborah Cherney Digitally signed by Deborah Cherney Date: 2022.01.19 15:02:26 -08'00'
Deborah Cherney Chief Executive Officer
Signature Print Name Title (month, day, year)

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



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Division, Department, or Region (if applicable)
Administration
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
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Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other Invesco Real Estate
Last Name First Name Name
1555 Peachtree Street, NE Atlanta GA 30309
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
San Diego, CA
November 2-4, 2021
Location of Travel Dates (month, day, year)
Transportation Provider Rail Air Bus Auto Other
The Lodge at Torrey Pines
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 2021 Invesco Real Estate Global Client Conference. Pursuant to the Agreement of Limited Partnership, components of travel cost, including meals, will be covered by Invesco.

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

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

4. Verification

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

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

Comment:

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



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San Bernardino County Employees' Retirement Association
Division, Department, or Region (if applicable)
Administration
Street Address
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Area Code/Phone Number
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dcherney@sbcera.org
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2. Donor Name and Address

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Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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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 2021 Invesco Real Estate Global Client Conference. Tom 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
Last Name First Name
Investment Officer
Investments
Department/Division

4. Verification

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

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

Comment:

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

