Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Employees' Retirement Association				Form OU
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email	100		
909.885.7980	dcherney@sbcera.org		Amendment (explain	in comment section)
	Tucherney@sbcera.org		Date of Original Filing:	
Agency Contact (name and title)	requitive Officer		Date of Original Finings	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			
2. Donor Name and Addre	ss <u> </u>			
☐ Individual			With Intelligence	
Last Name	First Name			Name
41 Madison Avenue	New York		NY	10010
Address	City		State	Zip Code
Connects investors and ma	inagers to the people and insigh	t-enriched data	they need to raise and	d allocate assets.
If "Other" is marked, describe the entity	's business activity (if business) or its nature a	nd interests.		
If applicable i	dentify the name of each source and	d the amount(a) =	aceived by the denor for	this navment:
ii applicable, i	activity the matric of each source and	a the annount(s) is	Socived by the dollor for	uno payment.
Name	\$Amount	-	Name	\$
			Name	Amount
. Payment Information (C	Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment	Los Angeles, CA		_	nber 2-3, 2022
	Location of Travel			Dates (month, day, year)
		∃Bus ⊟Auto	o	
Transportation Provider	Check Applicat	ole Boxes		Name of Lodging Facility
\$	Meal Expenses \$Transportation	\$		s 187.50
Lodging Expenses	Meal Expenses Transportation	on Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		\$	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency p	urpose and use.
Attendance at The Par	tners' Retreat for Allocator	Londoro		•
Attendance at The Par	thers Retreat for Allocator	Leaders.		
3.3. Identify the officials v	who used the payment in Sect	ion 3.1 (See instru	ctions)	
Kim	Thomas	Investment	Officer Inv	restments
Last Name	First Name		ition/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
. Verification				
	of the reported payment(s) as in	n compliance :::	th EDDC regulations	
1 10		•	•	1 /19 /2022
Vebby Clurry	Deborah Cherney	Chief	Executive Officer	1/18/2023
573E656482454Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment t	for any additional information)			
,	,			EDDC Form 904 / Jon/

Payment to Agency Re	eport A Public	Document		PAYMENT TO AGENCY REPORT
I. Agency Name			Date Stamp	California 201
San Bernardino County Employees' Retirement Association				Form OUI
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, St.	uite 100, San Bernardino, CA 92	408		
Area Code/Phone Number	Email		_	
909.885.7980	dcherney@sbcera.org		Amendment (explain	in comment section)
Agency Contact (name and title)	ashornoy@sboora.org		Date of Original Filing:	
Deborah Cherney, Chief Ex	recutive Officer		2.1.3	(month, day, year)
2. Donor Name and Addre	SS			
☐ Individual			Golden Tree Asset N	
Last Name	First Name			Name
300 Park Avenue, 21st Floo			NY	10022
Address	City		State	Zip Code
•	firm specializing in high yield bo		oans, private credit, d	istressed debt, structure
If "Other" is marked, describe the entity'	s business activity (if business) or its nature a	nd interests.		
If annlicable in	dentify the name of each source and	d the amount(s) re	eceived by the donor for	this payment.
ii applicable, ii	admary the hame of each source all		ossived by the deficitor for	and paymont.
Name	\$Amount		Name	\$Amount
		1 \ 0 0 0 0 \	Name	Amount
·	Complete Sections 3.1 (a or	D), 3.2, 3.3)	A1	har 0, 2022
3.1 (a) Travel Payment	New York, NY		_	nber 9, 2022
	Location of Travel			Dates (month, day, year)
	Rail Air [∃Bus ⊟Auto	o 🔲 Other	No. of the day of the second
Transportation Provider	Check Applicat	ole Boxes		Name of Lodging Facility
\$ \$	150.00			\$
Lodging Expenses	Meal Expenses \$ Transportation	on Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:			
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	on of the payme	ent and its agency p	urpose and use.
Attendance at Golden	Tree Annual Investor Conf	erence		
Attendance at Golden	Tree Amidal investor Com	CICIICC.		
3.3. Identify the officials v	vho used the payment in Sect	ion 3.1 (See instru	ctions)	
Abbott	Jacob	Investment	Officer Inv	estments
Last Name	First Name	Posi	ition/Title	Department/Division
Location				
Last Name	First Name	Pos	ition/Title	Department/Division
I. Verification				
	of the reported payment(s) as in	n compliance wi	th FPPC regulations	
Debby Cherney		•	•	1/18/2023
573E65648245459gnature	Deborah Cherney Print Name		Executive Officer	
Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			EDDC Form 904 / Jon/4

ayment to Agency R	eport A Pub	DIIC DOCUMENT		PAYMENT TO AGENCY REPORT
. Agency Name	1 18 "		Date Stam	
San Bernardino County Employees' Retirement Association				Form For Official Use Only
Division, Department, or Reg	IION (if applicable)			I of Official Use Offig
Administration				
Street Address				
·	uite 100, San Bernardino, CA	92408		
Area Code/Phone Number	Email		Amendment	t (explain in comment section)
909.885.7980	dcherney@sbcera.org		_	
Agency Contact (name and title)			Date of Original	(month, day, year)
Deborah Cherney, Chief Ex	recutive Officer			
. Donor Name and Addre	SS			
☐ Individual			Industry Ventu	ires
Last Name	First Name	_		Name
30 Hotaling Place, 3rd Floo		ancisco		CA 94111
Address	City		S	State Zip Code
If "Other" is marked, describe the entity'	s business activity (if business) or its natu	ure and interests.		
If applicable. i	dentify the name of each source	and the amount(s) re	ceived by the do	nor for 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	San Francisco, CA	J. 5, J. 2, 5.5,	١	November 9-10, 2022
J.1 (a) Havel Fayillelil	Location of Tra	avel	. <u>-</u>	Dates (month, day, year)
Southwest		□ Due □ Act		Hyatt Regency San Francisco
Transportation Provider	Rail 🗸 Air	☐ Bus ☐ Auto	Other _	Name of Lodging Facility
756.00	•		90.00	1,558.00
\$ S	240.00 \$ 472 Meal Expenses Transpo	ortation Expenses	Other Expenses	STotal Expenses
3.1 (b) Payment(s) not rel			\$	
(1)		Dates (month, d		Total Expenses
3.2. Payment Description	. Provide a specific descri	ption of the payme	ent and its age	ncy purpose and use.
Attendance at the Indu	etry Vanturas 2022 Ann	ual Meeting Du	remant to the	Master Custody Account
	its of travel cost, includir	•		•
Manager or General Pa		ig airiais, iougiri	y and meals	will be covered by the
· ·				
3.3. Identify the officials v	vho used the payment in S			
Thanki	Amit	Senior Inves	stment Officer	Investments
Last Name	First Name	Posit	tion/Title	Department/Division
Last Name	First Name	Posit	tion/Title	 Department/Division
		. 661		
\\familia = 4'				
Verification				
1 10	of the reported payment(s) a	as in compliance wit	h FPPC regula	
Vebby Cherney	Deborah Cherney	Chief	Executive Office	cer 1/18/2023
573E65648245431gnature	Print Name		Title	(month, day, year)
Comment:				

ayment to Agency R	eport A Publi	ic Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Employees' Retirement Association				Form OU
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Legal Services				
Street Address				
	uite 100, San Bernardino, CA 9	2408		
Area Code/Phone Number	Email	2 100		
909.885.7980	dcherney@sbcera.org		Amendment (explain in comment section)
	Tucherney@spcera.org		Date of Original F	ilina.
Agency Contact (name and title)	vacutiva Officer		Date of Griginary	(month, day, year)
Deborah Cherney, Chief Ex	ecutive Officer			
. Donor Name and Addre	SS			
☐ Individual			ABRND	
Last Name	First Name	<u>—</u>		Name
1 George Street, Edinburgh			U	
Address	City		Sta	•
The largest active asset ma	anager in the UK, with investme	ents in equities, m	nulti-asset, fixed i	ncome, liquidity, sovereign w
If "Other" is marked, describe the entity	s business activity (if business) or its nature	e and interests.		
If applicable i	dentify the name of each source a	and the amount(e) re	aceived by the den	or for this navment:
ii applicable, i	dentity the name of each soulce a	ind the amount(s) is	scerved by the done	or for this payment.
Name	\$		Name	\$
	Amount		Name	Amount
Payment Information (C	complete Sections 3.1 (a o	r b), 3.2, 3.3)		
3.1 (a) Travel Payment	London, England		_ No	ovember 15, 2022
	Location of Trave	el		Dates (month, day, year)
American Airlines	□ Rail ☑ Air	☐ Bus ☐ Auto	o	eonardo St Pauls
Transportation Provider	Check Applic	cable Boxes		Name of Lodging Facility
_© 625.00	_{\$} 8,737	.00.		_{\$} 9,372.00
Lodging Expenses	Meal Expenses Transporta	ation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	ated to travel:		\$	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	. Provide a specific descript	ion of the payme	ent and its agen	cy purpose and use.
Attendance at the SOE	Eunde IIV Advisory Roa	ard Mooting Du	revent to the l	Limited Partnership
	^F Funds I-IV Advisory Boa Its of travel cost, which inc	•		•
costs, will be covered l		ciudes transpo	rtation, lought	J, Illeais, allu siilillai
,	,			
3.3. Identify the officials v	who used the payment in Sec	ction 3.1 (See instru	ctions)	
Thanki	Amit	Sr. Investme	ent Officer	Investments
Last Name	First Name	Posi	ition/Title	Department/Division
		_		
Last Name	First Name	Pos	ition/Title	Department/Division
. Verification				
	of the reported payment(s) as	in compliance wi	th FPPC regulation	ons
Duby (Lurry		·	_	
	Deborah Cherney	Cnief	Executive Office	
5/3E050482454Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional information)			
,	,			EDDC Form 904 / Ion

Payment to Agency Report	A Public	Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O 0 1
San Bernardino County Employees	s' Retirement Association	n	,	Form OUI
Division, Department, or Region (if app	plicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Suite 100,	, San Bernardino, CA 92	2408		
Area Code/Phone Number Email			Amondment (ov	plain in comment section)
909.885.7980 dcherr	ney@sbcera.org		Amendment (ex	plain in comment section)
Agency Contact (name and title)			Date of Original Fili	ng:(month, day, year)
Deborah Cherney, Chief Executive	Officer			(month, day, year)
2. Donor Name and Address				
☐ Individual		Ø Other	Long Arc Capital	
Last Name	First Name	_		Name
250 West 55th Street, 25th Floor	New York		NY	10019
Address	City		State	Zip Code
Provides growth capital to business				
If "Other" is marked, describe the entity's business	activity (if business) or its nature a	and interests.		
If applicable, identify the	ne name of each source an	d the amount(s) re	eceived by the donor	for this payment:
	r.			r.
Name	Amount		Name	Amount
Transportation Provider \$ \$\frac{150.00}{Meal Ex} 3.1 (b) Payment(s) not related to	Check Applica \$ xpenses Transportati	☐ Bus ☐ Autoble Boxes on Expenses	Other Expenses	Name of Lodging Facility \$\frac{150.00}{\text{Total Expenses}}\$
		Dates (month, d		Total Expenses
3.2. Payment Description. Provide Attendance at the 2022 Toigo	o Industry Dinner.			y purpose and use.
3.3. Identify the officials who use				
	mit	Sr. Investme		Investments
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	- Posi	tion/Title	Department/Division
	First Name	Posi	tion/Title	Department/Division
				·
4. Verification	reported payment(s) as i	n compliance wi		·
4. Verification		n compliance wi	th FPPC regulation	ns.
4. Verification raជាមេទី២៤៤២ acceptance of the r Dubby (Lurvey	reported payment(s) as i Deborah Cherney	n compliance wi	th FPPC regulation	ns. 1/18/2023

Payment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California Q 🗸 🗸
San Bernardino County En	nployees' Retirement Association			Form OUI
Division, Department, or Reg	gion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 924	N8		
Area Code/Phone Number	Email	00		
			■ Amendment (explain	n in comment section)
909.885.7980	dcherney@sbcera.org		Date of Original Filings	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Deborah Cherney, Chief Ex	xecutive Officer			
2. Donor Name and Addre	ess ess			
		□ Othor	With Intelligence	
☐ Individual Last Name	First Name	☑ Other		Name
41 Madison Avenue	New York		NY	10010
Address	City		State	Zip Code
Connects investors and ma	anagers to the people and insight-	enriched data	they need to raise and	d allocate assets.
	s's business activity (if business) or its nature and			
If applicable,	identify the name of each source and	the amount(s) re	eceived by the donor for	this payment:
	\$			\$
Name	Amount		Name	Amount
B. Payment Information (C	Complete Sections 3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment	Los Angeles, CA		Nov 30) - Dec 1, 2022
orr (a) maverr ayment	Location of Travel			Dates (month, day, year)
			— 0.11	, ,
Transportation Provider		Bus Auto	Other	Name of Lodging Facility
4	Check Applicable	e Boxes		3 3 3 3
\$ S	Meal Expenses \$Transportation	\$-	Other Expenses	\$ Total Expenses
5 5 1		Expenses		•
3.1 (b) Payment(s) not re	lated to travel:	Datas (month of	\$ 189.00	Total Expenses
		Dates (month, d		·
3.2. Payment Description	 Provide a specific description 	of the payme	ent and its agency p	urpose and use.
Attendance at the Pen	sion Bridge Alternatives 202	2. Registrati	on is complimenta	ary for institutional
investors.	•	· ·	·	•
2.2 Identify the officials	who used the payment in Section	n 2 1 (0 i	-ti)	
•				
Kim	Thomas	Investment	Officer Inv	restments
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Lactivatio	rastivante	1-05	naon mao	Department/Division
4. Verification				
authorized the acceptance	e of the reported payment(s) as in	compliance wi	th FPPC regulations.	
Debby Cherry	Deborah Cherney	•	Executive Officer	1/18/2023
573E65648245470	Print Name		Title	(month, day, year)
Oignature	Tim Name		nac	(month, day, year)
Comment:				
(Use this space or an attachment	for any additional information)			EDDC Form 904 / Jon/4

sociation o, CA 92408 Other adison ts under management in its nature and interests.	Date Stamp Amendment (expl.) Date of Original Filing PGIM Real Estate	(month, day, year)
o, CA 92408 Other adison ts under management in	☐ Amendment (expl.	ain in comment section) g:(month, day, year)
other adison ts under management in	Date of Original Filing	ain in comment section) g:(month, day, year)
other adison ts under management in	Date of Original Filing	g:(month, day, year)
other adison ts under management in	Date of Original Filing	g:(month, day, year)
other adison ts under management in	Date of Original Filing	g:(month, day, year)
	Date of Original Filing	g:(month, day, year)
	Date of Original Filing	g:(month, day, year)
adison / ts under management in		(month, day, year)
adison / ts under management in	PGIM Real Estate	
adison / ts under management in	PGIM Real Estate	Investors
adison / ts under management in	PGIM Real Estate	Investors
adison / ts under management in		investors
ts under management in		Name
ts under management in	NJ State	07940
•		Zip Code
its natilite and interests	i the Americas, Euro	ppe, and Asia Pacilic.
no nature and interests.		
ource and the amount(s) re	eceived by the donor f	or this payment:
		¢
unt	Name	Φ
1 (a or b), 3.2, 3.3)		
	Dece	ember 7-8, 2022
n of Travel		Dates (month, day, year)
Air □ Bus □ Auto	o □ Other The I	Ritz-Carlton
_		Name of Lodging Facility
600.00 _e	260.00	s 1,703.10
ransportation Expenses Ψ-	Other Expenses	Total Expenses
	\$	
Dates (month, o	day, year)	Total Expenses
scription of the payme	ent and its agency	purpose and use.
tors Fall 2022 PRIS	A III Advisory Co	uncil Meeting
	,	<u> </u>
		5
in Section 3.1 (See instru	ictions)	
		nvestments
		Department/Division
1 00	nuon/ muc	БерагипениБімізіон
Pos	sition/Title	Department/Division
nt/s) as in compliance wi	ith FPPC regulations	3.
III O I GO III CUITIDIIATICE WI	f Executive Officer	
• •	LEXECTIONS CONCAL	1/18/2023
• •	Title	1/18/2023 (month, day, year)
ey Chief		1/18/2023 (month, day, year)
	Dates (month, escription of the payment, components of ship of PRISA III Full tin Section 3.1 (See instruction 3.	stors Fall 2022 PRISA III Advisory Coment, components of travel cost, including of PRISA III Fund LP. tin Section 3.1 (See instructions)