

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, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Individual donor information: 1 George Street, Edinburgh EH2 2LL, Scotland, UK. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

The largest active asset manager in the UK, with investments in equities, multi-asset, fixed income, liquidity, sovereign we

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Table for donor source information with columns for Name and Amount.

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

3.1 (a) Travel Payment: American Airlines, New York, NY, May 14, 2024. Includes checkboxes for Rail, Air, Bus, Auto, Other and expense breakdowns for Lodging, Meal, Transportation, and Total Expenses.

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

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

Attendance at the SOF Advisory Board Committee Meeting. Pursuant to the Limited Partnership Agreement, components of travel cost, which includes transportation, lodging, meals, and similar costs, will be covered by abrdn.

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

Table listing officials: Thanki Amit, Senior Investment Officer, Investments. 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 section for Deborah S. Cherney, Chief Executive Officer, dated 7/2/2024.

Comment:

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



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)			
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
Area Code/Phone Number 909.885.7980	Email dcherney@sbcera.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

Individual _____ Other Portfolio Summits LP

Last Name: _____ First Name: _____ Name: _____
 27 East 28th Street New York NY 10016
 Address City State Zip Code

Portfolio Summits builds programs and provides educational networking opportunities for allocators and asset managers.
 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 Dana Point, CA June 11, 2024

Location of Travel Dates (month, day, year)

Rail Air Bus Auto Other
 Check Applicable Boxes Name of Lodging Facility

\$ _____	\$ <u>150.00</u>	\$ _____	\$ _____	\$ <u>150.00</u>
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.
 Complimentary registration for all qualified investors to attend California LP Summit 2024. SBCERA is a qualified investor.

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

Kim	Thomas	Senior 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.

DocuSigned by: Deborah S. Cherney Deborah Cherney Chief Executive Officer 7/2/2024
 Signature Print Name Title (month, day, year)

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



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, Agency Contact, and Date of Original Filing.

2. Donor Name and Address: Adams Street Partners, LLC. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a section for identifying sources and amounts.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Includes 3.1 (a) Travel Payment with fields for Location of Travel, Dates, Transportation Provider, Rail/Air/Bus/Auto/Other, and various expense amounts. Includes 3.1 (b) Payment(s) not related to travel. Includes 3.2 Payment Description and 3.3 Identify the officials who used the payment in Section 3.1.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes fields for Signature, Print Name, Title, and Date.

Clear Page

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, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address

Donor information for Partners Group (USA) Inc. Includes fields for Individual/Other checkboxes, Last Name, First Name, Address, City, State, and Zip Code.

Partners Group is a global private markets investment manager, serving over 900 institutional investors worldwide.

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:

Table for donor source information with columns for Name and Amount.

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

3.1 (a) Travel Payment: Denver, CO, April 9, 2024. Includes checkboxes for Rail, Air, Bus, Auto, Other and expense breakdown for Lodging, Meal, Transportation, and Other.

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

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

Attendance at the Partners Group Due Diligence Meeting. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Partners Group (USA) Inc.

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

Table for officials: Last Name, First Name, Position/Title, Department/Division. Includes entries for Abbott, Jacob, Senior Investment Officer, and Investments.

4. Verification

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

Signature verification section with fields for Signature, Print Name, Title, and Date (7/2/2024).

Comment:

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



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, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

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

An alternative investment mgmt firm focused on real estate, credit, infrastructure/energy, renewables, and growth capital. If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

Identify the name of each source and the amount(s) received by the donor for this payment. Includes fields for Name and Amount.

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

3.1 (a) Travel Payment: Boca Raton, FL, April 18-19, 2024. Includes fields for Transportation Provider, Rail, Air, Bus, Auto, Other, and Expense amounts (Lodging: \$615.00, Meal: \$175.00, Total: \$790.00).

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 Kayne Anderson Real Estate Investor Conference. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Kayne Anderson Capital Advisors, L.P.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Includes fields for Last Name, First Name, Position/Title, and Department/Division for Kim Thomas, Senior Investment Officer, Investments.

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes fields for DocuSigned by: Deborah S. Cherney, Print Name, Title, and Date (7/2/2024).

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



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, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Donor information: Individual or Other With Intelligence. Fields include Last Name, First Name, Address, City, State, and Zip Code.

Connects investors and managers to the people and insight-enriched data they need to raise and allocate assets.

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 and Amount.

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

3.1 (a) Travel Payment: Los Angeles, CA, April 25, 2024. Includes transportation provider, Rail/Air/Bus/Auto/Other checkboxes, and expense breakdown (Lodging: \$, Meal: \$105.00, Transportation: \$, Other: \$, Total: \$105.00).

3.1 (b) Payment(s) not related to travel: 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 With Intelligence LP-Only Dinner.

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

Official information table for Kim Thomas, Senior Investment Officer, Investments Department.

4. Verification

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

Signature verification: Deborah S. Cherney, Chief Executive Officer, dated 7/2/2024.

Comment:

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



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)			
Street Address 348 W. Hospitality Lane, Suite 100, San Bernardino, CA 92408			
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 Patria Investments Limited

_____ Last Name First Name _____ Name
 601 Lexington Avenue, 55th floor New York NY 10022
 Address City State Zip Code

Patria is a leading alternative investment firm with specialized experience in key resilient sectors.

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 New York, NY May 13-14, 2024
 _____ Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other The Park Lane Hotel New York
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,078.00 \$ 200.00 \$ _____ \$ _____ \$ 1,278.00
 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.

Complimentary registration to attend Patria Annual General Meeting.

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

<u>Thanki</u>	<u>Amit</u>	<u>Senior Investment Officer</u>	<u>Investments</u>
_____	_____	_____	_____
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 S. Cherney Deborah Cherney Chief Executive Officer 7/2/2024
 Signature Print Name Title (month, day, year)

Comment:

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

