ayment to Agency R	epoit	A Public De	<u>ooann</u> ent			MENT TO AGENCY REPOR
Agency Name				Date Stamp	С	alifornia 201
San Bernardino County Em	nployees' Retirem	ent Association				Form OU
Division, Department, or Reg	jion (if applicable)					For Official Use Only
Administration						
Street Address						
348 W. Hospitality Lane, Su	uite 100. San Berr	nardino. CA 92408				
Area Code/Phone Number	TEmail	10101110, 07102100				
909.885.7980	dcherney@sbce	era oro		Amendment (	explain in cor	nment section)
	Tacherney@sbec			Date of Original F	lina:	
Agency Contact (name and title)	Office a			2 a.c. c. cga	(ı	nonth, day, year)
Deborah Cherney, Chief Ex	recutive Officer					
<b>Donor Name and Addre</b>	ess					
☐ Individual			Other	Ares Manageme	ent LLC	
Last Name		st Name	<u>₩</u> Other		Name	
2000 Avenue of the Stars,	12th Floor	Los Angeles		C,		90067
Address		City		Sta	te	Zip Code
Ares Management is one of	f the largest globa	al alternative asset	managers.			
If "Other" is marked, describe the entity	's business activity (if bus	siness) or its nature and int	erests.			
: المامين المامين المامين المامين	:-					
ir applicable, i	dentity the name of	each source and the	e amount(s) re	ceived by the done	or ior this	payment:
	\$					_ \$
Name		Amount		Name		Amount
Payment Information (C	complete Section	ons 3.1 (a or b),	3.2, 3.3)			
3.1 (a) Travel Payment	New York, N	ΙΥ		No	vember	7, 2023
		Location of Travel			Dates	(month, day, year)
United Airlines		il ☑ Air 🔲 Bu	us 🔲 Auto	□ Other Th	e St. Re	gis New York
Transportation Provider		Check Applicable Bo	_		Name	of Lodging Facility
2,190.00	352.00	\$ 500.00	φ		œ (	3,042.00
Lodging Expenses	352.00 Meal Expenses	<b>ֆ</b> Transportation Exլ	penses	Other Expenses	Φ_	Total Expenses
3.1 (b) Payment(s) not rel	lated to travel:			\$		
(a) 1 aj (a) (a) (b)			Dates (month, d		Т	otal Expenses
3.2. Payment Description	Provide a spec	cific description o				
o.z wyo zooopo			f the payme	ent and its agen	cv purpo	se and use.
A ( )	411 11 0	<u>-</u>		•		
Attendance at the Ares		redit Annual Me	eting 2023	8. Pursuant to	the Mas	ster Custody
Account Agreement, co		redit Annual Me	eting 2023	8. Pursuant to	the Mas	ster Custody
		redit Annual Me	eting 2023	8. Pursuant to	the Mas	ster Custody
Account Agreement, commandement LLC.	omponents of t	redit Annual Me travel cost, whic	eting 2023 ch includes	B. Pursuant to meals, will be	the Mas	ster Custody
Account Agreement, commander Management LLC.  3.3. Identify the officials of the commander	omponents of t	redit Annual Me travel cost, whic	eting 2023 ch includes 3.1 (See instruc	B. Pursuant to meals, will be	the Mas	eter Custody ed by Ares
Account Agreement, commandement LLC.	omponents of t who used the pay Thomas	redit Annual Me travel cost, whic	eting 2023 ch includes 3.1 (See instruc Senior Inves	B. Pursuant to meals, will be	the Mase covere	eter Custody ed by Ares ents
Account Agreement, commandement LLC.  3.3. Identify the officials with the common states of t	omponents of t	redit Annual Me travel cost, whic	eting 2023 ch includes 3.1 (See instruc Senior Inves	B. Pursuant to meals, will be stions)	the Mase covere	eter Custody ed by Ares
Account Agreement, commandement LLC.  3.3. Identify the officials with the common states of t	omponents of t who used the pay Thomas	redit Annual Me travel cost, whic	eting 2023 ch includes 3.1 (See instruc Senior Inves	B. Pursuant to meals, will be stions)	the Mase covere	eter Custody ed by Ares ents
Account Agreement, commandement LLC.  3.3. Identify the officials within	omponents of t who used the pay Thomas	redit Annual Me travel cost, whic yment in Section	eting 2023 ch includes 3.1 (See instruc Senior Inves	B. Pursuant to meals, will be stions)	the Mase covere	eter Custody ed by Ares ents
Account Agreement, commander LLC.  3.3. Identify the officials with the Last Name	omponents of t who used the pay Thomas First Na	redit Annual Me travel cost, whic yment in Section	eting 2023 ch includes 3.1 (See instruc Senior Inves	B. Pursuant to meals, will be stions) stment Officer ion/Title	the Mase covere	eter Custody ed by Ares eents
Account Agreement, commander LLC.  3.3. Identify the officials with Management LLC.  Kim  Last Name  Last Name	omponents of t who used the pay Thomas First Na	redit Annual Me travel cost, whic yment in Section	eting 2023 ch includes 3.1 (See instruc Senior Inves	B. Pursuant to meals, will be stions) stment Officer ion/Title	the Mase covere	eter Custody ed by Ares eents
Account Agreement, commanagement LLC.  3.3. Identify the officials with Management Last Name  Last Name  Verification	omponents of to who used the pay Thomas First Na	redit Annual Me travel cost, which yment in Section	eting 2023 ch includes 3.1 (See instruct Senior Invest Posit	B. Pursuant to meals, will be stions) stment Officer ion/Title	Investm	eter Custody ed by Ares eents
Account Agreement, commander LLC.  3.3. Identify the officials with Management LLC.  Kim  Last Name  Last Name	omponents of to who used the pay Thomas First Na	redit Annual Me travel cost, which yment in Section	eting 2023 ch includes 3.1 (See instruct Senior Invest Posit	B. Pursuant to meals, will be stions) stment Officer ion/Title	Investm	eter Custody ed by Ares  eents eepartment/Division
Account Agreement, company Management LLC.  3.3. Identify the officials of the Management LLC.  Kim  Last Name  Last Name  Verification  Lauthorized the acceptance of the Management LLC.	omponents of to who used the pay Thomas First Na	redit Annual Me travel cost, which yment in Section ame ame	eting 2023 ch includes 3.1 (See instruct Senior Invest Posit	B. Pursuant to meals, will be stions) stment Officer ion/Title	Investm	eter Custody ed by Ares eents epartment/Division
Account Agreement, company Management LLC.  3.3. Identify the officials of Kim  Last Name  Last Name  Verification  Lauthorized the acceptance Decorated by:  Otherale Current	omponents of to who used the pay Thomas First Na First Na	redit Annual Me travel cost, which yment in Section ame ame	eting 2023 ch includes 3.1 (See instruct Senior Invest Posit	B. Pursuant to meals, will be stions) stment Officer ion/Title	Investm	ed by Ares  eents eepartment/Division
Account Agreement, company Management LLC.  3.3. Identify the officials of Kim  Last Name  Last Name  Verification  Lauthorized the acceptance	omponents of to who used the pay Thomas First Na First Na	redit Annual Me travel cost, which yment in Section ame ame ayment(s) as in co	eting 2023 ch includes 3.1 (See instruct Senior Invest Posit	B. Pursuant to meals, will be stions) stment Officer ion/Title	Investm	ed by Ares  eents eepartment/Division  1/3/2024

Payment to Agency Report	A Public Docume	ent	PAYMENT TO AGENCY REPOR
. Agency Name		Date Stamp	California O 1
San Bernardino County Employees' Retire	ement Association	· ·	Form OU
Division, Department, or Region (if applicable)			For Official Use Only
Administration			
Street Address			
348 W. Hospitality Lane, Suite 100, San B	ernardino, CA 92408		
Area Code/Phone Number Email		Amondment (eval	ain in comment section)
909.885.7980 dcherney@sl	bcera.org	Amendment (expi	an in comment section)
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Deborah Cherney, Chief Executive Officer	•		(month, day, your)
Donor Name and Address		•	
☐ Individual		herIndustry 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	husingss) or its nature and interests		
ii Other is marked, describe the entity's business activity (ii	business) or its flature and interests.		
If applicable, identify the name	of each source and the amount	(s) received by the donor f	or this payment:
Φ.			<b>c</b>
Φ-	Amount	Name	——— Φ—————————————————————————————————
Alaska Airlines  Transportation Provider  \$\frac{750.00}{\text{Lodging Expenses}} \\$ \$\frac{240.00}{\text{Meal Expenses}}\$\$  3.1 (b) Payment(s) not related to travel:	Check Applicable Boxes  \$\frac{450.00}{\text{Transportation Expenses}}\$	Auto Other Hyati	Dates (month, day, year)  Regency San Francisco  Name of Lodging Facility  \$\frac{1,550.00}{\text{Total Expenses}}\$
3.2. Payment Description. Provide a sp	pecific description of the pa	yment and its agency	purpose and use.
Attendance at the Industry Venture Agreement, components of travel of Manager or General Partner.	cost, including airfare, loc	dging and meals will	
3.3. Identify the officials who used the p	payment in Section 3.1 (See	instructions)	
Thanki Amit	Senior I	nvestment Officer In	nvestments
Last Name Firs	t Name	Position/Title	Department/Division
			Department Division
			Department Division
Last Name Firs	st Name	Position/Title	Department/Division
		Position/Title	,
Last Name Firs Verification		Position/Title	,
	st Name		Department/Division
Verification	ot Name  d payment(s) as in complianc		Department/Division
Verification	ot Name  d payment(s) as in complianc	e with FPPC regulations	Department/Division
Verification Lauthorizady, the acceptance of the reported Duhoral Curvey Debora	d payment(s) as in complianc	e with FPPC regulations	Department/Division  3. 1/3/2024

Payment to Agency Re	port A Publi	c Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California O 🗸
San Bernardino County Em	ployees' Retirement Associatio	on	·	Form OUI
Division, Department, or Regi	on (if applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Su	ite 100, San Bernardino, CA 9	2408		
Area Code/Phone Number	Email		Amendment (ex	xplain in comment section)
909.885.7980	dcherney@sbcera.org			
Agency Contact (name and title)			Date of Original Fil	(month, day, year)
Deborah Cherney, Chief Ex				
. Donor Name and Addres	SS			
☐ Individual			Golden Tree Ass	set Management LP
Last Name 300 Park Avenue, 21st Floo	First Name r New York		NY	Name ′ 10022
Address	City	<u> </u>	State	
	irm specializing in high yield bo	onds, leveraged l		·
<u> </u>	business activity (if business) or its nature	_		
•				
If applicable, ic	lentify the name of each source ar	nd the amount(s) re	eceived by the donor	r for this payment:
	\$			\$
Name	Amount		Name	Amount
Transportation Provider		☐ Bus ☐ Auto	o □ Other	Name of Lodging Facility
\$ \$_ Lodging Expenses	Meal Expenses S Transportate	tion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		\$	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description.	Provide a specific descripti	ion of the payme	ent and its agenc	y purpose and use.
Attendance at Golden	Гree Annual Investor Con	ference (regis	tration is compl	imentary)
/ ttoridarioo at Goldon	Tree / Amada mivestor Con	Toronioo (rogio	tration to compi	mioritary).
3.3 Identify the officials w	ho used the payment in Sec	tion 3.1 (See instru	ctions)	
-				Investments
Last Name	Thomas First Name	_	stment Officer ition/Title	Investments  Department/Division
Last Name	First Name	POS	mon/ rine	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
Verification				
	of the reported payment(s) as	in compliance wi	th FPPC regulation	ns.
0 1 11	Deborah Cherney	-	Executive Officer	1 /2 /2024
VUhorali (liurny) 573E656482454\$ignature	Print Name		Title	(month, day, year)
— <b>-</b> 073⊏03040243 <b>4⊅t</b> ykiatui€	i ilit ivallie		Huc	(month, day, year)
Comment:				
(Use this space or an attachment for	or any additional information)			EDDO 5 004 / 1 / 14

ayment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
San Bernardino County Em	nployees' Retirement Association			Form OU
Division, Department, or Reg	gion (if applicable)			For Official Use Only
Administration				
Street Address				
	uite 100, San Bernardino, CA 924	<sub>08</sub>		
Area Code/Phone Number	Email			
909.885.7980	dcherney@sbcera.org		Amendment (ex	cplain in comment section)
	deficitely@sbeera.org		Date of Original Fili	ina:
Agency Contact (name and title)	vacantina Officer		Jule of Griginal I in	(month, day, year)
Deborah Cherney, Chief Ex	xecutive Officer			
. Donor Name and Addre	ess			
☐ Individual		_ ☑ Other	PGIM Real Estate	e Investors
Last Name	First Name			Name
7 Giralda Farms	Madison		NJ	07940
Address	City		State	,
	s with \$66 billion in assets under n	•	the Americas, Eu	rope, and Asia Pacific.
If "Other" is marked, describe the entity	's business activity (if business) or its nature and	d interests.		
If applicable is	identify the name of each source and	the amount(e) ro	aceived by the dense	r for this navment:
II applicable, I	dentity the name of each source and	ine amount(s) le	sceived by the dollor	ioi uiis payment.
Name	\$		Name	\$Amount
			name	Amount
Payment Information (C	Complete Sections 3.1 (a or b	), 3.2, 3.3)		
3.1 (a) Travel Payment	Denver, CO		Nov	vember 14-15, 2023
	Location of Travel			Dates (month, day, year)
United Airlines	🗌 Rail 🔯 Air 📗	Bus	o	npton Hotel Born Denver
Transportation Provider	Check Applicable	e Boxes		Name of Lodging Facility
\$ 310.00	436.00 <sub>\$</sub> 232.00	\$	120.00	\$ 1,098.00
Lodging Expenses	Meal Expenses Transportation	Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rel	lated to travel:		\$	
		Dates (month, d	lay, year)	Total Expenses
3.2. Payment Description	. Provide a specific description	of the payme	ent and its agenc	y purpose and use.
Attendance at the DCI	M Dool Estate DDISA Foll 20		II Advisom, Mos	oting. Durquant to the
	M Real Estate PRISA Fall 20		•	<u> </u>
	greement, components of tra rtnership of PRISA III Fund l		luding alliare a	na loaging will be
j	•			
3.3. Identify the officials v	who used the payment in Section	n 3.1 (See instruc	ctions)	
Abbott	Jacob	Senior Inves	stment Officer	Investments
Last Name	First Name	Posit	ition/Title	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
Verification				
I SUIDOUZED THE SCRENTSHOO	of the reported payment(s) as in	compliance wit	th FPPC regulation	าด
	e of the reported payment(s) as in		=	
Deborali Cherney	Deborah Cherney		Executive Officer	1/3/2024
D : / //			=	
Deborali Cherney	Deborah Cherney		Executive Officer	1/3/2024

Ananay Nama	A Public Documen	•	PAYMENT TO AGENCY REPOR
Agency Name		Date Stamp	California O O
San Bernardino County Employees' Retir	rement Association	· ·	Form OU
Division, Department, or Region (if applicable)		_	For Official Use Only
Administration			
Street Address			
348 W. Hospitality Lane, Suite 100, San B	Bernardino, CA 92408		
Area Code/Phone Number Email		Amendment (evola	in in comment section)
909.885.7980 dcherney@s	sbcera.org	Amendment (expla	in in comment section)
Agency Contact (name and title)		Date of Original Filing	(month, day, year)
Deborah Cherney, Chief Executive Office	er		(monar, day, your)
Donor Name and Address		<del>-</del>	
☐ Individual		Invesco Real Estate	e
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 husiness) or its nature and interests		
To Other is marked, describe the entity's business activity (	in business) or its flature and interests.		
If applicable, identify the nam	e of each source and the amount(s)	eceived by the donor fo	or this payment:
d			Ф
Name	Amount	Name	——— Φ—————————————————————————————————
		The I	adas at Tarray Dinas
Transportation Provider  \$\frac{350.00}{\text{Lodging Expenses}} \frac{715.00}{\text{Meal Expenses}}	Rail Air Bus Aur Check Applicable Boxes  \$\frac{30.00}{\text{Transportation Expenses}}\$	to ☐ Other The L	odge at Torrey Pines  Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$
Transportation Provider  \$\frac{350.00}{\text{Lodging Expenses}} \frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}	Check Applicable Boxes  \$\frac{30.00}{\text{Transportation Expenses}}\$		Name of Lodging Facility \$\frac{1,095.00}{}
\$\frac{350.00}{\text{Lodging Expenses}}\$\$ \$\frac{715.00}{\text{Meal Expenses}}\$\$  3.1 (b) Payment(s) not related to trave	Check Applicable Boxes  \$\frac{30.00}{\text{Transportation Expenses}}\$  1:  Dates (month,	Other Expenses  Sample Street  Other Expenses  \$	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Total Expenses
\$\frac{350.00}{\text{Lodging Expenses}} \frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}} \frac{50.00}{\text{Meal Expenses}} \frac{15.00}{\text{Meal Expenses}} \frac{15.00}{\te	Check Applicable Boxes  \$\frac{30.00}{\text{Transportation Expenses}}\$  1:  \[ \text{Dates (month,} \\  pecific description of the payment of Least to the Agreement of Least to the Agreement of Least to the Agreement of Least to the Least to Least to the Agreement of Least to the Least to t	Other Expenses    Other Expenses	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Total Expenses  purpose and use.  a member of the  b, Investor Advisory
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R  Investor Advisory Committee. Purs  Committee is entitled to be reimbure.	Check Applicable Boxes  \$\frac{30.00}{\text{Transportation Expenses}}\$  1:  \[ \text{Dates (month,}{pecific description of the payment of the payment of the payment to the Agreement of Larsed for travel expenses and the payment of the payme	Other Expenses  State of Other Expenses  State	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Total Expenses  ourpose and use.  a member of the o, Investor Advisory of-pocket expenses.
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R Investor Advisory Committee. Purs Committee is entitled to be reimbured. <b>3.3. Identify the officials who used the</b>	Check Applicable Boxes  30.00 Transportation Expenses  I:  Dates (month, pecific description of the paym eal Estate Global Client Col suant to the Agreement of L ursed for travel expenses an payment in Section 3.1 (See instr	Other Expenses  State of Other Expenses  State	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Total Expenses  purpose and use.  a member of the  b, Investor Advisory
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{5715.00}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R Investor Advisory Committee. Purs Committee is entitled to be reimbured. <b>3.3. Identify the officials who used the</b> Kim  Thomas	Check Applicable Boxes  \$\frac{30.00}{\text{Transportation Expenses}}\$  I:  \[ Dates (month, pecific description of the payment in Section 3.1 (See instruction in the payment in the payme	Other Expenses  State of Other Expenses  State	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Total Expenses  purpose and use.  a member of the o, Investor Advisory of-pocket expenses.
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$  3.1 (b) Payment(s) not related to trave  3.2. Payment Description. Provide a s  Attendance at the 2023 Invesco R Investor Advisory Committee. Purs Committee is entitled to be reimbur  3.3. Identify the officials who used the kim  Thomas	Check Applicable Boxes  30.00 Transportation Expenses  I:  Dates (month, pecific description of the paym eal Estate Global Client Cor suant to the Agreement of L ursed for travel expenses an payment in Section 3.1 (See instr st Name  Senior Inverses Por	Other Expenses  State of the content	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Pourpose and use.  a member of the poly. Investor Advisory of-pocket expenses.
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R Investor Advisory Committee. Purst Committee is entitled to be reimbuted as a solution and the second sec	Check Applicable Boxes  30.00 Transportation Expenses  I:  Dates (month, pecific description of the paym eal Estate Global Client Cor suant to the Agreement of L ursed for travel expenses an payment in Section 3.1 (See instr st Name  Senior Inverses Por	Other Expenses    day, year       sent and its agency     nference. Tom is a     imited Partnership     d reasonable out-   uctions     estment Officer   In     sition/Title	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Total Expenses  purpose and use.  a member of the o, Investor Advisory of-pocket expenses.  vestments  Department/Division
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R Investor Advisory Committee. Purst Committee is entitled to be reimbuted. <b>3.3. Identify the officials who used the Kim</b> Thomas  Last Name  Fin  Last Name  Fin  Verification	Check Applicable Boxes  30.00 Transportation Expenses  I:  Dates (month, pecific description of the paym eal Estate Global Client Cor suant to the Agreement of L bread for travel expenses an payment in Section 3.1 (See instr section Senior Inverses to Senior I	Other Expenses    day, year)	Name of Lodging Facility  \$\frac{1,095.00}{Total Expenses}\$  Total Expenses  purpose and use.  a member of the  b, Investor Advisory  of-pocket expenses.  Vestments  Department/Division
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R Investor Advisory Committee. Purst Committee is entitled to be reimbut as a second of the second of the second of the second of the reporter of the second of	Check Applicable Boxes  30.00 Transportation Expenses  I:  Dates (month, pecific description of the payment and payment to the Agreement of Larsed for travel expenses and payment in Section 3.1 (See instruction in Section 3.1)  Senior Invented Poses and payment(s) as in compliance were dedicated as in complex dedicated as in complex dedicated as in	Other Expenses    day, year     sent and its agency     nference. Tom is a     imited Partnership     d reasonable out-   uctions     estment Officer   In     sition/Title     rith FPPC regulations	Name of Lodging Facility  \$\frac{1,095.00}{Total Expenses}\$  Total Expenses  purpose and use.  a member of the poly investor Advisory of-pocket expenses.  Vestments  Department/Division  Department/Division
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R Investor Advisory Committee. Purst Committee is entitled to be reimbuted as a simple of the second of the second of the second of the reported by the acceptance of the reported of the second of the second of the reported of the second of the second of the reported of the second o	Check Applicable Boxes  30.00 Transportation Expenses  I:  Dates (month, pecific description of the payment and payment to the Agreement of Larsed for travel expenses and payment in Section 3.1 (See instruction in Section 3.1)  Senior Invented Poses and payment(s) as in compliance were dedicated as in complex dedicated as in complex dedicated as in	Other Expenses    day, year)	Name of Lodging Facility  \$\frac{1,095.00}{\text{Total Expenses}}\$  Total Expenses  purpose and use.  a member of the  b, Investor Advisory  of-pocket expenses.  Vestments  Department/Division
\$\frac{350.00}{\text{Lodging Expenses}}\$\$\frac{\frac{715.00}{\text{Meal Expenses}}}{\text{Meal Expenses}}\$\$ <b>3.1 (b) Payment(s) not related to trave 3.2. Payment Description. Provide a s</b> Attendance at the 2023 Invesco R Investor Advisory Committee. Purst Committee is entitled to be reimbut. <b>3.3. Identify the officials who used the</b> Kim Thomas  Last Name Fin  Last Name Fin <b>Verification JauthOfficials the acceptance of the reported</b>	Check Applicable Boxes  30.00 Transportation Expenses  I:  Dates (month, pecific description of the paym eal Estate Global Client Cor suant to the Agreement of L bread for travel expenses an payment in Section 3.1 (See instr section Senior Inventors  Test Name  Por  Por  Por  Por  Por  Por  Por  Po	Other Expenses  Sometime of the second of th	Name of Lodging Facility  \$\frac{1,095.00}{Total Expenses}\$  Total Expenses  purpose and use.  a member of the o, Investor Advisory of-pocket expenses.  Vestments  Department/Division  Department/Division

ayment to Agency Re	eport A Public	c Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California On4
San Bernardino County Em	ployees' Retirement Associatio	n		Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Su	ite 100, San Bernardino, CA 92	2408		
Area Code/Phone Number	Email		☐ Amendment (ex	plain in comment section)
909.885.7980	dcherney@sbcera.org			
Agency Contact (name and title)			Date of Original Fili	(month, day, year)
Deborah Cherney, Chief Ex				
. Donor Name and Addres	SS			
☐ Individual			With Intelligence	
Last Name 41 Madison Avenue	First Name <b>New York</b>	,	NY	Name 10010
Address	City	<u> </u>	State	
Connects investors and ma	nagers to the people and insigh	nt-enriched data		·
	s business activity (if business) or its nature		arey need to raise	
,	,			
If applicable, ic	dentify the name of each source ar	nd the amount(s) re	eceived by the donor	r for this payment:
	\$			\$
Name	Amount		Name	Amount
Transportation Provider	Rail Air Check Applica	☐ Bus ☐ Auto	o ☐ Other	Name of Lodging Facility
\$ \$.  Lodging Expenses	Meal Expenses \$Transportat	ion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		\$	
, , , ,		Dates (month, o	day, year)	Total Expenses
	Provide a specific descripti tners' Retreat for Allocator		ent and its agenc	y purpose and use.
, mondanos ac mon an		2044010.		
3.3. Identify the officials w	ho used the payment in Sec	tion 3.1 (See instru	ctions)	
Kim	Thomas	Senior Inves	stment Officer	Investments
Last Name	First Name	Posi	tion/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	ns
Doctasigned by: 10 doooptarioo	Deborah Cherney		Executive Officer	1/3/2024
Veborale Cherry	Print Name		Title	(month, day, year)
573E6564824547 ignature	i ilit ivanie		Huc	(month, day, year)
Comment:				
(Use this space or an attachment for	or any additional information)			EDDO F 004 / 1

Payment to Agency Repor	t A Public	Document		PAYMENT TO AGENCY REPORT
. Agency Name			Date Stamp	California Q 1
San Bernardino County Employee	es' Retirement Association	ı		Form OUI
Division, Department, or Region (if a	applicable)			For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, Suite 10	0, San Bernardino, CA 92	408		
Area Code/Phone Number Emai			Amendment (e	explain in comment section)
	erney@sbcera.org			
Agency Contact (name and title)	0.55		Date of Original F	(month, day, year)
Deborah Cherney, Chief Executiv	e Oπicer			
. Donor Name and Address			linatiti iti amal Oba	valadar Camilaaa (ICC)
☐ Individual	Circl Nove -		Institutional Sna	reholder Services (ISS)
Last Name 1177 Avenue of the Americas	First Name New York		N'	Name Y 10036
Address	City		Sta	
Empowers investors & companies	s to build for long-term and	d sustainable gro	owth by providing	data. analytics and insight.
If "Other" is marked, describe the entity's busines		•		
If applicable, identify	the name of each source and	d the amount(s) re	eceived by the done	or for this payment:
	\$			\$
Name	Amount		Name	Amount
Transportation Provider	Rail Air Check Applicat	☐ Bus ☐ Auto	Other	Name of Lodging Facility
\$ \$\frac{250.0}{Model}	© \$ Expenses Transportation	\$-	Other Expenses	\$_250.00 Total Expenses
9···9		on Expenses		Total Expenses
3.1 (b) Payment(s) not related t	o travei:	Dates (month, d	\$ lay, year)	Total Expenses
3.2. Payment Description. Prov	vide a specific descriptio	on of the payme	ent and its agen	cv purpose and use.
			_	- <b>,</b> parpose and acc.
Attendance at CIO NextGer	i: investors Forum & F	awards Dinne	er.	
3.3. Identify the officials who us	sed the payment in Secti	ion 3.1 (See instru	ctions)	
Kim	Thomas	Senior Inves	stment Officer	Investments
Last Name	First Name	Posi	tion/Title	Department/Division
Last Name	First Name	Posi	ition/Title	
	, mot tains	. 33		Dopartment Division
Varification				
. Verification			u EDDO : ::	
authorized the acceptance of the		-	_	1 /2 /2024
Deborale Cherney	Deborah Cherney	Chief	Executive Office	
573E656482454 <b>Signature</b>	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment for any a	additional information)			

Payment to Agency F	Report A Publi	ic Document		PAYMENT TO AGENCY REPOR
. Agency Name			Date Stamp	California Q 0 4
San Bernardino County E	mployees' Retirement Association	on	·	Form OUI
Division, Department, or Re	egion (if applicable)		1	For Official Use Only
Administration				
Street Address				
348 W. Hospitality Lane, S	Suite 100, San Bernardino, CA 9	2408		
Area Code/Phone Number	Email		Amendment (exp	lain in comment section)
909.885.7980	dcherney@sbcera.org			,
Agency Contact (name and title			Date of Original Filin	(month, day, year)
Deborah Cherney, Chief E				
. Donor Name and Addr	ess			2 ''   4   1   1   1   1   1   1   1   1   1
☐ Individual	5: AN		Kayne Anderson (	Capital Advisors, L.P.
Last Name 2121 Avenue of the Stars,	First Name  9th Floor Los Ange	eles	CA	Name 90067
Address	City		State	Zip Code
An alternative investment	mgmt firm focused on real estat	e, credit, infrastru	ıcture/energy, renev	wables, and growth capital
	y's business activity (if business) or its nature	·		, , ,
If applicable,	identify the name of each source a	nd the amount(s) re	eceived by the donor	for this payment:
	\$	_		\$
Name	Amount		Name	Amount
Transportation Provider	Rail Air Check Applic	Bus Auto	o □ Other	Name of Lodging Facility
\$ Lodging Expenses	<u>\$</u>	tion Expenses \$.	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	elated to travel:		\$	
		Dates (month, o	day, year)	Total Expenses
3.2. Payment Description	n. Provide a specific descript	ion of the payme	ent and its agency	purpose and use.
Attendance at the Kay	yne Anderson 2023 Investo	or Conference	(registration is c	omplimentary)
/ Mondando di mo Maj	, 110 / 1110010011 2020 111V0010	31 331113131133	(rogionation to o	ompilitionally).
3.3 Identify the officials	who used the payment in Sec	ction 3.1 (See instru	otions)	
Abbott	. •	·	·	nvestments
Last Name	Jacob First Name	_	ition/Title	Department/Division
Last Name	Filst Name	F05	mon/ mie	Department/Division
Last Name	First Name	Pos	ition/Title	Department/Division
. Verification				
	e of the reported payment(s) as	in compliance wi	th FPPC regulation	S.
D / //	Deborah Cherney		f Executive Officer	1/3/2024
1/Lb0Yal (luYvy 573E656482454) 9:::1	Print Name		Title	(month, day, year)
5/3E65648245479	Timerianio			(monal, day, your)
Comment:				
(Use this space or an attachmen	t for any additional information)	·		EDDO E 004 / 1 / 14

Payment to Agency Rep	ort	A Public [	Document		PAYMENT TO AGENCY REP
1. Agency Name				Date Sta	
San Bernardino County Employ	*	Association			Form For Official Use Only
Division, Department, or Region	(if applicable)				1 of Official Oct Offiny
Legal Services Street Address					
	400 Can Damas	din	<b>10</b>		
348 W. Hospitality Lane, Suite  Area Code/Phone Number   En	nail	dino, CA 9240	18		
909.885.7980 dd	cherney@sbcera	.org			nt (explain in comment section)
Agency Contact (name and title) Deborah Cherney, Chief Execu	utive Officer			Date of Origina	(month, day, year)
2. Donor Name and Address					
☐ Individual			_ □ Other	ABRND	
Last Name	First Na		_		Name UK
1 George Street, Edinburgh EF	12 ZLL	Scotland			State Zip Code
The largest active asset manag	ger in the UK, wit	h investments	in equities, m	nulti-asset, fixe	ed income, liquidity, sovereian
If "Other" is marked, describe the entity's bus					
	ere u				
If applicable, ident	tify the name of ea	ch source and t	he amount(s) re	eceived by the d	lonor for this payment:
Name	\$	Amount		Name	\$
			2 2 2 2 2	Name	Amount
3. Payment Information (Com	-	• • •	), 3.2, 3.3)		Oct 21 Nov 1 2022
3.1 (a) Travel Payment	London, Englar	cation of Travel		_	Oct 31 - Nov 1, 2023  Dates (month, day, year)
American Airlines					Doubletree Hilton Marble Ard
Transportation Provider	Rail	✓ Air ☐ I	Bus □ Auto	o ☐ Other	Name of Lodging Facility
	.00	£ 11,407.00		470.00	<sub>e</sub> 12,989.00
S S M	.00 leal Expenses	Transportation E	\$. Expenses	Other Expenses	_ STotal Expenses
3.1 (b) Payment(s) not relate	d to travel:			\$	
(, , ,			Dates (month, o	day, year)	Total Expenses
3.2. Payment Description. P	rovide a specific	c description	of the payme	ent and its ag	ency purpose and use.
Attendance at the SOF Accomponents of travel cost covered by ABRDN.	•	_			. •
3.3. Identify the officials who	used the paym	ent in Section	n 3.1 (See instru	ctions)	
Thanki	Amit		Sr. Investm	ent Officer	Investments
Last Name	First Name		Pos	ition/Title	Department/Division
Last Name	First Name		Pos	ition/Title	Department/Division
4. Verification					
authasiaadthe acceptance of	the reported pavi	ment(s) as in o	compliance wi	th FPPC reaul	lations.
D. L 1 /1	Deborah Che	` ,	-	Executive Off	1 /2 /2024
573E656482454 Signature		Print Name		Title	(month, day, yea
<b>.</b>					· · · · · · · · · · · · · · · · · · ·
Comment:	ny additional informat				