

Payment to Agency Report

A Public Document

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 Ares Management LLC
Last Name First Name Name
2000 Avenue of the Stars, 12th Floor Los Angeles CA 90067
Address City State Zip Code

Ares Management is one of the largest global alternative 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
New York, NY
November 7, 2023
Location of Travel Dates (month, day, year)
United Airlines
Rail Air Bus Auto Other
The St. Regis New York
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 Ares Alternative Credit Annual Meeting 2023. Pursuant to the Master Custody Account Agreement, components of travel cost, which includes meals, will be covered by Ares Management LLC.

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

Kim Thomas
Last Name First Name
Senior Investment Officer Investments
Position/Title Department/Division

4. Verification

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

Deborah Cherney
Signature Print Name Chief Executive Officer
1/3/2024
(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. Includes fields for Division, Street Address, Area Code/Phone Number, Email, Agency Contact, Date Stamp, and California Form 801.

2. Donor Name and Address

Donor information: Individual or Other (Industry Ventures). Includes fields for Last Name, First Name, Address, City, State, and 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:

Table for donor sources 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: San Francisco, CA; November 7-8, 2023. Includes transportation provider (Alaska Airlines), check applicable boxes (Air checked), and lodging facility (Hyatt Regency San Francisco).

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 Industry Ventures 2023 Annual 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)

Table for officials: Thanki (Last Name), Amit (First Name), Senior Investment Officer (Position/Title), Investments (Department/Division).

4. Verification

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

Signature verification: Deborah Cherney (Signature, Print Name, Title), 1/3/2024 (Date).

Comment:

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



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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, 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 Golden Tree Asset Management LP

_____ Last Name First Name _____ Name
 300 Park Avenue, 21st Floor New York NY 10022
 Address City State Zip Code

Global asset management firm specializing in high yield bonds, leveraged loans, private credit, distressed debt, structured
 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 November 9, 2023
 Location of Travel Dates (month, day, year)

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

\$ _____ \$ 150.00 \$ _____ \$ _____ \$ 150.00
 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 Golden Tree Annual Investor Conference (registration is complimentary).

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.

Deborah Cherney Deborah Cherney Chief Executive Officer 1/3/2024
 Signature Print Name Title (month, day, year)

Comment:
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2. Donor Name and Address

Individual or Other (checked) PGIM Real Estate Investors. Includes fields for Last Name, First Name, Address, City, State, and 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:

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, November 14-15, 2023. Includes details for United Airlines, Rail, Air, Bus, Auto, Other, and lodging at Kimpton Hotel Born Denver.

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 PGIM Real Estate PRISA Fall 2023 PRISA III Advisory 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)

Table for officials: 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.

Authorized by: Deborah Cherney, Chief Executive Officer, dated 1/3/2024.

Comment:

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2. Donor Name and Address

Donor information: Invesco Real Estate, 1555 Peachtree Street, NE, Atlanta, GA 30309. Includes checkboxes for Individual and Other.

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: San Diego, CA, November 14-15, 2023. Includes transportation provider, lodging facility (The Lodge at Torrey Pines), and expense breakdown (Lodging: \$350.00, Meal: \$715.00, Transportation: \$30.00, Total: \$1,095.00).

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 2023 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)

Table listing officials: Kim (Last Name), Thomas (First Name), Senior Investment Officer (Position/Title), Investments (Department/Division).

4. Verification

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

Signature verification: Deborah Cherney, Chief Executive Officer, dated 1/3/2024.

Comment:

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2. Donor Name and Address

Donor information: Individual or Other With Intelligence. Fields for 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: Beverly Hills, CA, November 15-16, 2023. Includes transportation provider, lodging facility, and expense breakdown (Lodging, Meal, Transportation, Other, Total).

3.1 (b) Payment(s) not related to travel: Includes 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' Retreat for Allocator Leaders.

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 Cherney, Chief Executive Officer, dated 1/3/2024.

Comment:

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2. Donor Name and Address: Institutional Shareholder Services (ISS). 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). Section 3.1 (a) Travel Payment: New York, NY, December 5, 2023. Includes transportation and lodging details.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Attendance at CIO NextGen: Investors Forum & Awards Dinner.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions). Lists Kim Thomas, Senior Investment Officer, Investments Department.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Signed by Deborah Cherney, Chief Executive Officer, 1/3/2024.

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2. Donor Name and Address: Kayne Anderson Capital Advisors, L.P. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a section for identifying sources of payment.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3): 3.1 (a) Travel Payment details for Beverly Hills, CA, October 25-26, 2023, including transportation and lodging expenses.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. Attendance at the Kayne Anderson 2023 Investor Conference (registration is complimentary).

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 Jacob Abbott.

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

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2. Donor Name and Address

Donor information: Individual (checkbox), Other (checkbox) ABRND. Includes fields for Last Name, First Name, Address, City, State, Zip Code, and Name.

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 sources 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: London, England; Oct 31 - Nov 1, 2023. Includes American Airlines, Doubletree Hilton Marble Arch, and expense breakdowns 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 SOF Advisory Board 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, Sr. Investment Officer, and Investments, with fields for Last Name, First Name, Position/Title, and Department/Division.

4. Verification

Authorized acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Deborah Cherney, Chief Executive Officer, dated 1/3/2024.

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

