

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 _____ ☒ Other Kayne Anderson Capital Advisors, L.P.

Last Name

First Name

Name

2121 Avenue of the Stars, 9th Floor

Los Angeles

CA

90067

Address

City

State

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.

→ 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

Boca Raton, FL

Location of Travel

April 2-4, 2025

Dates (month, day, year)

Transportation Provider ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other The Boca Raton

Name of Lodging Facility

\$ 1,700.74

\$ 552.00

\$ _____
Transportation Expenses\$ _____
Other Expenses

\$ 2,252.74

Total Expenses

Lodging Expenses

Meal 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 Kayne Anderson Real Estate 2025 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)

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 7/6/2025
Signature Print Name Title (month, day, year)
08DBE0D1C62140B...

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

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

Last Name

First Name

☒ Other

Teacher Retirement System of Texas

Name

1000 Red River Street

Austin

TX

78701

Address

City

State

Zip Code

TRS is the largest public retirement system in Texas providing retirement security by investing and managing trust 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:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

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

Austin, TX

Location of Travel

April 9-10, 2025

Dates (month, day, year)

_____	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____
Lodging Expenses\$ 50.48
Meal Expenses\$ _____
Transportation Expenses\$ _____
Other Expenses\$ 50.48
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.

Invitation to attend TRS 2025 Investment Operations Forum on April 9-10, 2025, in Austin, Texas, wherein State Street was a sponsor.

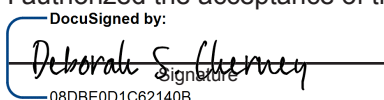
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Law	Michael	Inv Op & Portfolio Analytics	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:  08DBE0D1C62140B...	Deborah Cherney	Chief Executive Officer	7/6/2025
Signature	Print Name	Title	(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page

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) 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

☐ Individual
Last Name: 1000 Red River Street
First Name: Austin
City: TX
State: 78701
Zip Code:

☒ Other
Name: Teacher Retirement System of Texas

TRS is the largest public retirement system in Texas providing retirement security by investing and managing trust 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:

Name	\$	Amount	Name	\$	Amount
------	----	--------	------	----	--------

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

3.1 (a) Travel Payment

Austin, TX
Location of Travel

April 9-10, 2025
Dates (month, day, year)

Transportation Provider

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Name of Lodging Facility

\$ 50.48
Lodging Expenses

\$ 50.48
Meal Expenses

\$
Transportation Expenses

\$
Other Expenses

\$ 50.48
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.

Invitation to attend TRS 2025 Investment Operations Forum on April 9-10, 2025, in Austin, Texas, wherein SimCorp was a sponsor.

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

Law	Michael	Inv Op & Portfolio Analytics	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

Signature

08DBE0D1C62140B...

Deborah Cherney

Print Name

Chief Executive Officer

Title

7/6/2025

(month, day, year)

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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

Last Name

First Name

☒ Other

Institutional Investor

Name

1120 Ave of the Americas, 6th Fl

New York

NY

10036

Address

City

State

Zip Code

Institutional Investor is a leading international business to business publisher, focused primarily on international finance.

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**

Los Angeles, CA

Location of Travel

April 28-30, 2025

Dates (month, day, year)

_____	<input type="checkbox"/> Rail	<input type="checkbox"/> Air	<input type="checkbox"/> Bus	<input type="checkbox"/> Auto	<input type="checkbox"/> Other
Transportation Provider	Check Applicable Boxes				

Name of Lodging Facility

\$ _____	\$ 1,490.00	\$ _____	\$ _____	\$ 1,490.00
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.

Invitation to attend Institutional Investor 2025 Public Funds Roundtable on April 28-30, 2025, in Los Angeles, California.

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

Fiorino

Louis

Trustee

Board of Trustees

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

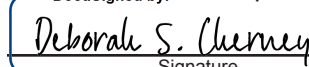
Position/Title

Department/Division

4. Verification

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

Signed by:



Deborah Cherney

Chief Executive Officer

7/6/2025

08DBE0D1C629488

Print Name

Title

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page

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) 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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Deborah Cherney, Chief Executive Officer			

2. Donor Name and Address

☐ Individual
Last Name: 44 E 32nd Street, Floor 4
First Name: New York
City: NY
State: 10016
Zip Code:

☒ Other
Markets Group
Name: Markets Group is an executive forum organizer in the financial services sector.
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

Las Vegas, NV
Location of Travel

April 29-May 1, 2025
Dates (month, day, year)

Waldorf Astoria Las Vegas
Name of Lodging Facility

Transportation Provider: ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other
Check Applicable Boxes

\$ 760.18
Lodging Expenses

\$ ————
Meal Expenses

\$ ————
Transportation Expenses

\$ ————
Other Expenses

\$ 760.18
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.

Travel payment is for SBCERA's Senior Investment Officer as a presenter at an educational conference, Markets Group Private Credit Retreat 2025 in Las Vegas, NV, and speaking about SBCERA's functions or duties.

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

Thanki	Amit	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
08DBE0D1C62140B...

Deborah Cherney
Print Name

Chief Executive Officer
Title

7/6/2025
(month, day, year)

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page

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

Last Name

First Name

☒ Other

Blueprint Capital Advisors

Name

45 Academy Street, Suite 200

Newark

NJ

07102

Address

City

State

Zip Code

Blueprint is a minority-owned investment advisory firm.

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

Los Angeles, CA

Location of Travel

May 4-5, 2025

Dates (month, day, year)

Transportation Provider ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

Check Applicable Boxes

Name of Lodging Facility

\$ _____
Lodging Expenses\$ 215.00
Meal Expenses\$ _____
Transportation Expenses\$ _____
Other Expenses\$ 215.00
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.

Invitation to attend Blueprint Capital Advisors 2025 Power 100 Dinner and LP GP Breakfast on May 4-5, 2025, in Los Angeles, CA.

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

Thanki

Amit

Sr. Investment Officer

Investments

Last Name

First Name

Position/Title

Department/Division

Last Name

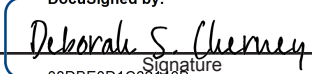
First Name

Position/Title

Department/Division

4. Verification

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

DocuSigned by:

08DBE0D1C62140B...

Deborah Cherney

Print Name

Chief Executive Officer

Title

7/6/2025

(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

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

Last Name

First Name

☒ Other

TPG Angelo Gordon

Name

245 Park Avenue

New York

NY

10167

Address

City

State

Zip Code

TPG Angelo Gordon is a global alternative investment manager founded in 1988.

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

Location of Travel

May 19-21, 2025

Dates (month, day, year)

United Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

Lotte Palace Hotel

Name of Lodging Facility

\$ 2,025.00

Lodging Expenses

\$ 975.00

Meal Expenses

\$ 3,423.97

Transportation Expenses

\$ _____

Other Expenses

\$ 6,423.97

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 TPG Angelo Gordon Credit Investors Meeting & LAPCs. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by TPG Angelo Gordon.

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 Cherney

Print Name

Chief Executive Officer

Title

7/6/2025

(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

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

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

Last Name

First Name

☒ Other

Patria Investments Limited

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

Location of Travel

May 12-13, 2025

Dates (month, day, year)

Transportation Provider☐ Rail☐ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

St. Regis Hotel New York

Name of Lodging Facility

\$ 2,220.00

Lodging Expenses

\$ 580.00

Meal Expenses

\$ _____
Transportation Expenses\$ _____
Other Expenses

\$ 2,800.00

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 Patria Investments Annual General Meeting (AGM) and SOF LPAC. Pursuant to the Master Custody Account Agreement, components of travel cost, including airfare and lodging will be covered by Patria Investments.

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

Thanki

Amit

Senior Investment Officer

Investments

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

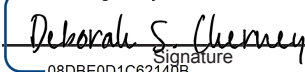
Position/Title

Department/Division

4. Verification

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

DocuSigned by:



08DBE0D1C62140B...

Deborah Cherney

Print Name

Chief Executive Officer

Title

7/6/2025

(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page

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**

Last Name

First Name

☒ **Other**

Invesco Real Estate

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**

Seoul, Korea

Location of Travel

June 11-12, 2025

Dates (month, day, year)

Asiana Airlines

Transportation Provider

☐ Rail☒ Air☐ Bus☐ Auto☐ Other

Check Applicable Boxes

The Shilla Seoul

Name of Lodging Facility

\$ 1,228.59

Lodging Expenses

\$ 802.00

Meal Expenses

\$ 9,159.93

Transportation Expenses

\$ _____

Other Expenses

\$ 11,190.52

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 Invesco Real Estate Asia Client Conference & LPACs. SBCERA is a member of the Investor Advisory Committee. Pursuant to the Agreement of Limited Partnership, Investor Advisory Committee is entitled to reimbursement for travel expenses and out-of-pocket expenses.

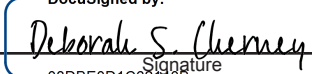
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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 Cherney	Chief Executive Officer	7/6/2025
08DBE0D1C62140B...	Print Name	Title	(month, day, year)

Comment:

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

Clear Page