

Payment to Agency Report**A Public Document**

PAYMENT TO AGENCY REPORT

1. Agency Name San Bernardino County Employees' Retirement Association		Date Stamp	California 801 Form 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

<input type="checkbox"/> Individual	_____	<input checked="" type="checkbox"/> Other	Adams Street Partners, LLC
	Last Name First Name		Name
One North Wacker Drive, Suite 2700	Chicago	IL	60606
Address	City	State	Zip Code

Adams Street Partners is a private markets investment manager.

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**

_____	_____	_____
Transportation Provider	Location of Travel	Dates (month, day, year)
<input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Other	Check Applicable Boxes	
\$ _____	\$ 523.00	\$ 25.00
Lodging Expenses	Meal Expenses	Transportation Expenses
		\$ 20.00
		Other Expenses
		\$ 568.00
		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 Adams Street 2022 US Investor Conference on June 7, 2022, in Chicago, IL. Pursuant to the Master Custody Account Agreement, components of travel cost (including transportation, lodging, meals, and similar costs) will be covered by Adams Street Partners, LLC.

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

Kim	Thomas	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	Chief Executive Officer	7/21/2022
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

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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 Invesco Real Estate

_____ 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 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

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

3.1 (a) Travel Payment Sydney, Australia June 15-16, 2022
Location of Travel Dates (month, day, year)

United Airlines, Asiana Airlines Rail Air Bus Auto Other Sofitel Sydney Wentworth & QT
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 868.00 \$ 500.00 \$ 11,000.00 \$ _____ \$ 12,368.00
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 the 2022 Invesco Real Estate Asia Annual Meeting. SBCERA 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)

<u>Kim</u>	<u>Thomas</u>	<u>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 Cherney Deborah Cherney Chief Executive Officer 7/21/2022
DocuSigned by: _____ Print Name Title (month, day, year)
573E65648245476 Signature

Comment:

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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 Milken Institute. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

Increase global prosperity by advancing collaborative solutions that widen access to capital, create jobs, improve health. 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

Travel payment details including Location of Travel, Dates, Transportation Provider, Rail/Air/Bus/Auto/Other checkboxes, and Lodging Expenses.

3.1 (b) Payment(s) not related to travel: 5/1/22-5/4/22, \$ 25,000.00. Includes fields for Dates and Total Expenses.

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

Invitation to attend Milken 25th Annual Institute Global Conference on May 1-4, 2022, in Beverly Hills, California.

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

Official information for Thanki Amit, Sr. 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 for Deborah Cherney, Chief Executive Officer, dated 7/21/2022. Includes fields for Signature, Print Name, Title, and Date.

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



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

2. Donor Name and Address

Individual _____ Other PGIM Real Estate Investors

_____ Last Name First Name _____ Name
7 Giralda Farms Madison NJ 07940
Address City State 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:

_____ \$ _____ Name _____ \$ _____ Amount

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

3.1 (a) Travel Payment Miami, FL May 16-18, 2022
Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other Mandarin Oriental
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,272.00 \$ 590.00 \$ 600.00 \$ 220.00 \$ 2,682.00
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.

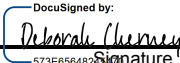
Attendance at the PGIM Real Estate Investors 2022 Global Client Conference. Pursuant to the Limited Partnership Agreement, components of travel cost, including airfare and lodging will be covered by Limited Partnership of PRISA III Fund LP.

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

<u>Abbott</u> Last Name	<u>Jake</u> First Name	<u>Investment Officer</u> Position/Title	<u>Investments</u> 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 Chief Executive Officer 7/21/2022
Signature Print Name Title (month, day, year)

Comment:

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