

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 DoubleLine

| | | | |
|---------------------------------|------------|-------|----------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | Name | |
| 2002 N. Tampa Street, Suite 200 | Tampa | FL | 33602 |
| Address | City | State | Zip Code |

DoubleLine is an independent, employee-owned money management firm offering investment strategies.

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 January 11, 2024

_____ Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

| | | | | |
|------------------|---------------|-------------------------|----------------|----------------|
| \$ _____ | \$ 60.00 | \$ _____ | \$ _____ | \$ 60.00 |
| 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

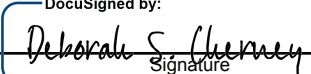
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 DoubleLine 4th Annual Round Table Prime is an exclusive invite-only event for DoubleLine clients.

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 Cherney Chief Executive Officer 4/3/2024

_____ _____ _____ _____

Signature Print Name Title (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 Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address: DoubleLine. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Los Angeles, CA, January 11, 2024. Includes checkboxes for Rail, Air, Bus, Auto, Other and expense breakdown.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. DoubleLine 4th Annual Round Table Prime is an exclusive invite-only event for DoubleLine clients.

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 a signature field for Deborah Cherney and a comment section.



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| 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 DoubleLine

Last Name: _____ First Name: _____ Name: _____
 2002 N. Tampa Street, Suite 200 Tampa FL 33602
 Address City State Zip Code

DoubleLine is an independent, employee-owned money management firm offering investment strategies.

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 _____ \$ _____
 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 January 11, 2024

Location of Travel Dates (month, day, year)

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

\$ _____ \$ 60.00 \$ _____ \$ _____ \$ 60.00
 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.

DoubleLine 4th Annual Round Table Prime is an exclusive invite-only event for DoubleLine clients.

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 4/3/2024
 Signature Print Name Title (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 Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address: NEPC, LLC. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a section for identifying the name of each source and the amount(s) received.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Tempe, AZ, January 30-31, 2024. Includes transportation and lodging details with expense amounts.

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 NEPC 2024 Public Funds Workshop.

3.3. Identify the officials who used the payment in Section 3.1. Includes fields for Last Name, First Name, Position/Title, and Department/Division for Pierce and Don.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes a signature field for Deborah S. Cherney and a comment section.



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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, Agency Contact, and Date of Original Filing.

2. Donor Name and Address

Donor information for NEPC, LLC. Includes checkboxes for Individual and Other, and fields for Last Name, First Name, Address, City, State, and Zip Code.

NEPC, LLC is one of the industry's largest independent, full-service investment consulting firms.

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: Includes details for Tempe, AZ, January 30-31, 2024, Tempe Mission Palms Hotel, 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.

Complimentary registration for all qualified investors to attend NEPC 2024 Public Funds Workshop. SBCERA is a qualified investor.

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

Table listing officials: Kim Thomas, Senior Investment Officer, Department of Investments.

4. Verification

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

Signature verification section for Deborah Cherney, Chief Executive Officer, dated 4/3/2024.

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 Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address: NEPC, 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). Section 3.1 (a) Travel Payment: Tempe, AZ, January 30-31, 2024. Includes lodging, meal, and transportation expenses.

3.2. Payment Description. Complimentary registration for all qualified investors to attend NEPC 2024 Public Funds Workshop. SBCERA is a qualified investor.

3.3. Identify the officials who used the payment in Section 3.1. Lists Jared as Newcomer and Board of Trustees.

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

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



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PAYMENT TO AGENCY REPORT

1. Agency Name: San Bernardino County Employees' Retirement Association. Includes fields for Date Stamp, California Form 801, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address: NEPC, LLC. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a section for identifying the name of each source and the amount(s) received.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Tempe, AZ, January 30-31, 2024. Includes expenses for Lodging (\$540.00), Meal (\$193.00), Transportation, and Total Expenses (\$733.00).

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 NEPC 2024 Public Funds Workshop.

3.3. Identify the officials who used the payment in Section 3.1. Includes fields for Bracco (Last Name), Marc (First Name), Trustee (Position/Title), and Board of Trustees (Department/Division).

4. Verification. I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes a signature field for Deborah S. Cherney, Chief Executive Officer, dated 4/3/2024.

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 Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, Agency Contact, and Date of Original Filing.

2. Donor Name and Address: Apollo Global Management. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a description of the donor's business activity.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Miami, FL, February 27, 2024. Includes transportation and lodging details.

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use. No registration fee to attend Apollo's 2024 Credit Annual Meeting.

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

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Deborah S. Cherney, Print Name, Title, and 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. Includes fields for Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address: Partners Group (USA) Inc. Includes fields for Individual/Other selection, Last Name, First Name, Address, City, State, Zip Code, and a description of the donor's business activity.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3): 3.1 (a) Travel Payment details for Miami, FL, March 12-15, 2024, including American Airlines, transportation and meal expenses.

3.2. Payment Description: Attendance at the Partners Group Annual General Meeting 2024. 3.3. Identify the officials who used the payment in Section 3.1: Thanki Amit, Senior Investment Officer, Investments.

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

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 Date Stamp, California Form 801, Division, Street Address, Area Code/Phone Number, Email, and Agency Contact.

2. Donor Name and Address: Individual or Other Markets Group. Includes fields for Last Name, First Name, Address, City, State, Zip Code, and a section for identifying the name of each source and the amount(s) received.

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3). Section 3.1 (a) Travel Payment: Los Angeles, CA, March 18-20, 2024. Includes transportation and lodging details.

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 9th Annual ALTSLA Forum 2024.

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.

4. Verification: I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations. Includes signature of Deborah S. Cherney and date 4/3/2024.

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

2. Donor Name and Address

Individual _____ Other _____ Markets Group

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

Market Group produces in-person and virtual forums that help the investment management industry engage face to face.
 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 March 18-20, 2024

Location of Travel Dates (month, day, year)

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

\$ _____ \$ 500.00 \$ _____ \$ _____ \$ 500.00
 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.

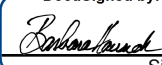
Complimentary registration for all qualified investors to attend 9th Annual ALTSLA Forum 2024. SBCERA is a qualified investor.

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

| | | | |
|-----------|------------|-------------------------|---------------------|
| Cherney | Deborah | Chief Executive Officer | Administration |
| _____ | _____ | _____ | _____ |
| 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.

Signature:  Barbara Hannah Chief Counsel 4/17/2024
 Signature Print Name Title (month, day, year)

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

