| ayment to Agency R | eport A Public | Document | | PAYMENT TO AGENCY REPOR |
|--|---|---------------------|-----------------------------|-------------------------------|
| Agency Name | | | Date Stamp | California 201 |
| San Bernardino County Em | ployees' Retirement Association | n | | Form OU |
| Division, Department, or Reg | ion (if applicable) | | | For Official Use Only |
| Legal Services | | | | |
| Street Address | | | | |
| 348 W. Hospitality Lane, St. | uite 100, San Bernardino, CA 92 | 2408 | | |
| Area Code/Phone Number | Email | 1.00 | | |
| 909.885.7980 | dcherney@sbcera.org | Amendment (e | explain in comment section) | |
| Agency Contact (name and title) | denomely@eboord.org | | Date of Original Fi | ling: |
| Deborah Cherney, Chief Ex | recutive Officer | | 3 | (month, day, year) |
| | | | | |
| Donor Name and Addre | ss | | | |
| ☐ Individual | | | abrdn | |
| Last Name | First Name | _ | | Name |
| 1 George Street, Edinburgh | | | Uk | |
| Address | City | . 4 | Stat | • |
| | nager in the UK, with investmer | • | ulti-asset, fixed ir | icome, liquidity, sovereigh w |
| If "Other" is marked, describe the entity' | s business activity (if business) or its nature a | and interests. | | |
| If applicable in | dentify the name of each source an | d the amount(s) re | eceived by the dono | or for this payment |
| ii applicable, ii | sommy the name of each ecuree an | a the ameant(e) re | oon out by the done | n for the payment. |
| Name | \$ | | Name | \$Amount |
| | Complete Coetions 2.4 /s or | b) 2 2 2 2) | | |
| • | Complete Sections 3.1 (a or | D), 3.2, 3.3) | Ma | nv 14 2024 |
| 3.1 (a) Travel Payment | New York, NY Location of Travel | | - IVI | ay 14, 2024 |
| American Airlinea | Location of Traver | | Б. | Dates (month, day, year) |
| American Airlines | 🗌 Rail 🛛 Air 🏻 [| ☐ Bus ☐ Auto | ○ □ Other □ | oubletree Hilton Marble Arch |
| Transportation Provider | Check Applica | | | Name of Lodging Facility |
| \$ \$ | 100.00 \$ 637.00 Meal Expenses Transportation | | | \$ 737.00 |
| | | on Expenses | Other Expenses | Total Expenses |
| 3.1 (b) Payment(s) not rel | ated to travel: | | <u> </u> | |
| | | Dates (month, d | | Total Expenses |
| 3.2. Payment Description | . Provide a specific description | on of the payme | ent and its agend | cy purpose and use. |
| Attendance at the SOF | Advisory Board Committe | ee Meeting. Pu | ursuant to the l | Limited Partnership |
| | its of travel cost, which incl | • | | • |
| costs, will be covered by | | · | | |
| 3.3 Identify the officials y | vho used the payment in Sect | ion 3.1 (See instru | otiona) | |
| - | | | | |
| Thanki | Amit | | stment Officer | Investments |
| Last Name | First Name | Posi | tion/Title | Department/Division |
| | | | | |
| Last Name | First Name | Posi | tion/Title | |
| | | | | |
| | | | | |
| Verification | | | | |
| Lauthorized the acceptance | of the reported payment(s) as i | n compliance wi | th FPPC regulation | |
| Deborale S. Cherney | Deborah Cherney | Chief | Executive Officer | r 7/2/2024 |
| 08DBE0D1C621Signature | Print Name | | Title | (month, day, year) |
| | | | | , |
| Comment: | | | | |
| (Use this space or an attachment f | or any additional information) | | | EDDC Form 904 / lon/ |

| ayment to Agency R | eport A Public | Document | | PAYMENT TO AGENCY REPORT |
|---|--|--------------------|-----------------------|----------------------------|
| . Agency Name | | | Date Stamp | California 201 |
| San Bernardino County En | nployees' Retirement Association | | Form OUI | |
| Division, Department, or Re | gion (if applicable) | | | For Official Use Only |
| | | | | |
| Street Address | | | | |
| 348 W. Hospitality Lane, S. | uite 100, San Bernardino, CA 924 | 408 | | |
| Area Code/Phone Number | Email | 100 | | |
| 909.885.7980 dcherney@sbcera.org | | | Amendment (ex | xplain in comment section) |
| Agency Contact (name and title) | , , | | Date of Original Fili | ing: |
| Deborah Cherney, Chief E | | | · · | (month, day, year) |
| | | | | |
| 2. Donor Name and Addre | ess | | | |
| ☐ Individual | | ☑ Other | Portfolio Summits | |
| Last Name | First Name | _ | NY | Name 10016 |
| 27 East 28th Street Address | New York | | State | |
| | • | l notworking an | | · |
| • | rograms and provides educationa | • . | porturnues for allo | uators and asset managers. |
| If "Other" is marked, describe the entity | s's business activity (if business) or its nature ar | nd interests. | | |
| If applicable, | identify the name of each source and | the amount(s) re | eceived by the donor | for this payment: |
| , , , | • | . , | - | |
| Name | \$ | | Name | \$Amount |
| R Payment Information (| Complete Sections 3.1 (a or | h) 32 33) | | |
| • | Dana Point, CA | 5), 5.2, 5.5) | lun | ne 11, 2024 |
| 3.1 (a) Travel Payment | Location of Travel | | | Dates (month, day, year) |
| | | | | |
| Transportation Provider | |]Bus □ Auto | Other | Name of Lodging Facility |
| · | Check Applicab | ne boxes | | 150.00 |
| \$ Lodging Expenses | \$ | n Evnenses | Other Expenses | \$Total Expenses |
| | Interest American | ПЕХРЕПОСО | | rotal Exponess |
| 3.1 (b) Payment(s) not re | elated to travel: | Dates (month, o | \$ | Total Expenses |
| 2.2. Downant Decemention | . Dravida a anacifia decembria | • | , | · |
| 3.2. Payment Description | n. Provide a specific descriptio | in or the payme | ent and its agenc | y purpose and use. |
| | ation for all qualified investo | ors to attend (| California LP Si | ummit 2024. SBCERA |
| is a qualified investor. | | | | |
| | | | | |
| 3.3. Identify the officials | who used the payment in Secti | on 3.1 (See instru | ctions) | |
| Kim | Thomas | Senior Inves | stment Officer | Investments |
| Last Name | First Name | | tion/Title | Department/Division |
| | | | | ., |
| | | | | |
| Last Name | First Name | Pos | ition/Title | Department/Division |
| | | | | |
| l. Verification | | | | |
| | a of the reported navment(a) as in | o compliance wi | th EDDC reculation | ne |
| boodolgiica by. | e of the reported payment(s) as ir | | | = /2 /2 2 4 |
| Deborale S. Cherney | Deborah Cherney | Chief | Executive Officer | |
| Signature 08DBE0D1C621408 | Print Name | | Title | (month, day, year) |
| Comment: | | | | |
| (Use this space or an attachment | for any additional information) | | | EDDC Form 904 / Jon/4 |
| | - , | | | EDDG Form 004 / lon |

| Agency Name | | | | | PAYMENT TO AGENCY REPO |
|---|---|--|--|---|---|
| | | Date Stamp | California 80 | | |
| San Bernardino County Em | nployees' Retireme | ent Association | | | Form OU |
| Division, Department, or Reg | gion (if applicable) | | For Official Use Only | | |
| Administration | | | | | |
| Street Address | | | | | |
| 348 W. Hospitality Lane, St | uite 100, San Berr | nardino, CA 9240 | 8 | | |
| Area Code/Phone Number Email | | | Amendment (ex | plain in comment section) | |
| , , , , | | | Date of Original Filing: | | |
| Agency Contact (name and title) Deborah Cherney, Chief Ex | recutive Officer | | | Date of Original I in | (month, day, year) |
| Donor Name and Addre | ess | | | | |
| ☐ Individual | | | _ | Adams Street Pa | rtners, LLC |
| Last Name | | st Name | | | Name |
| One North Wacker Drive, S | Suite 2700 | Chicago | | IL | 60606 |
| Address Address Street Partners is a | private markets : | City | aor | State | Zip Code |
| Adams Street Partners is a If "Other" is marked, describe the entity | • | | _ | | |
| ii Other is marked, describe the entity | s business activity (ii bus | iness) or its nature and | interests. | | |
| → If applicable, i | dentify the name of | each source and t | he amount(s) re | eceived by the donor | for this payment: |
| | \$ | | | | \$ |
| Name | | Amount | | Name | Amount |
| Transportation Provider | | - | Bus □ Auto | Other | Dates (month, day, year) Name of Lodging Facility |
| Transportation Frontaci | 200.00 | Check Applicable | Boxes | | 200.00 |
| \$ Lodging Expenses | Meal Expenses | \$ Transportation B | Expenses \$. | Other Expenses | S |
| 0.4 (b) Daymant(a) mat ma | lated to travel: | | | \$ | |
| 3.1 (b) Payment(s) not re | | | Dates (month, o | av vear) | Total Eynenses |
| | . Provide a spec | ific description | Dates (month, o | , | Total Expenses y purpose and use. |
| ., . | ams Street 202 r Custody Acco | 4 US Investor ount Agreemer | of the paymond Conference ont, compone | ent and its agence e on June 25, 2 ents of travel co | y purpose and use. 024, in Chicago, IL. st (including |
| 3.2. Payment DescriptionInvitation to attend Ada Pursuant to the Master transportation, lodging3.3. Identify the officials of the payment of the | ams Street 202 r Custody Acco , meals, and si who used the pay | 4 US Investor ount Agreemer milar costs) w | of the payment Conference ont, compone ill be covered as 3.1 (See instru | ent and its agence e on June 25, 2 ents of travel co ed by Adams St | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging | ams Street 202 r Custody Acco , meals, and si | 4 US Investor ount Agreemer milar costs) w | of the payment Conference ont, compone ill be covered as 3.1 (See instru | ent and its agence e on June 25, 2 ents of travel co ed by Adams St | y purpose and use. 024, in Chicago, IL. st (including |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging 3.3. Identify the officials v | ams Street 202 r Custody Acco , meals, and si who used the pay | 4 US Investor ount Agreemer milar costs) w yment in Section | of the payment. Conference ont, compone ill be covered in 3.1 (See instru | ent and its agence e on June 25, 2 ents of travel co ed by Adams St | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging 3.3. Identify the officials of the state of the sta | ams Street 202 r Custody Acco , meals, and si who used the pay Thomas | 4 US Investor ount Agreemer milar costs) www.yment in Section | of the payment Conference on the compone of the covere of | ent and its agence e on June 25, 2 ents of travel co ed by Adams St ctions) | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging 3.3. Identify the officials v Kim Last Name Last Name | ams Street 202 r Custody Acco , meals, and si who used the pay Thomas | 4 US Investor ount Agreemer milar costs) www.yment in Section | of the payment Conference on the compone of the covere of | ent and its agence e on June 25, 2 ents of travel co ed by Adams St ections) estment Officer | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. Investments Department/Division |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging 3.3. Identify the officials of the Master Last Name Last Name Verification | ams Street 202 r Custody Acco , meals, and si who used the pay Thomas First Na | 4 US Investor ount Agreemer milar costs) www.yment in Section | of the payment Conference on the compone of the covere of | ent and its agence on June 25, 2 ents of travel co ed by Adams St ections) estment Officer tion/Title | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. Investments Department/Division Department/Division |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging 3.3. Identify the officials of the Master Last Name Last Name Verification Lauthorization to attend Ada Verification | ams Street 202 r Custody Acco , meals, and si who used the pay Thomas First Na First Na | 4 US Investor ount Agreemer milar costs) w yment in Section me | of the payment Conference on the component of the covered on the c | ent and its agence e on June 25, 2 ents of travel co ed by Adams St etions) etiment Officer tion/Title th FPPC regulation | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. Investments Department/Division Department/Division |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging 3.3. Identify the officials of the Master Last Name Last Name Verification Lauthorization S. Uurwuy | ams Street 202 r Custody Acco , meals, and si who used the pay Thomas First Na | 4 US Investor ount Agreemer milar costs) w yment in Section me | of the payment Conference on the component of the covered on the c | ent and its agence on June 25, 2 ents of travel co ed by Adams St ections) estment Officer tion/Title | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. Investments Department/Division Department/Division |
| 3.2. Payment Description Invitation to attend Ada Pursuant to the Master transportation, lodging 3.3. Identify the officials of the Master Last Name Last Name Verification Lauthorization to attend Ada Verification | ams Street 202 r Custody Acco , meals, and si who used the pay Thomas First Na First Na | 4 US Investor punt Agreemer milar costs) w yment in Section me | of the payment Conference on the component of the covered on the c | ent and its agence e on June 25, 2 ents of travel co ed by Adams St etions) etment Officer tion/Title th FPPC regulation Executive Officer | y purpose and use. 024, in Chicago, IL. st (including reet Partners, LLC. Investments Department/Division Department/Division 7/2/2024 |

| ayment to Agency R | eport A Public | Document | | PAYMENT TO AGENCY REPOR |
|--|---|--------------------------------|---------------------------|--|
| Agency Name | | | Date Stamp | California Q 1 |
| San Bernardino County Em | ployees' Retirement Association | n | | Form OU |
| Division, Department, or Reg | ion (if applicable) | | | For Official Use Only |
| Legal Services | | | | |
| Street Address | | | | |
| | uite 100, San Bernardino, CA 92 | 2408 | | |
| Area Code/Phone Number | Email | .400 | | |
| 909.885.7980 | | | Amendment (explain | in comment section) |
| | dcherney@sbcera.org | | Date of Original Filing: | |
| Agency Contact (name and title) | | ' | Date of Original Filling. | (month, day, year) |
| Deborah Cherney, Chief Ex | secutive Officer | | | |
| Donor Name and Addre | ss | | | |
| ☐ Individual | | | Partners Group (US/ | A) Inc. |
| Last Name | First Name | | | Name |
| 201 Mission Street, Suite 13 | 200 San Franc | cisco | CA | 94105 |
| Address | City | | State | Zip Code |
| Partners Group is a global | private markets investment man | ager, serving over | r 900 institutional inv | estors worldwide. |
| If "Other" is marked, describe the entity' | s business activity (if business) or its nature a | and interests. | | |
| S 16 P b.l 2 | to the the second second second | 1.11. | | 11.2. |
| If applicable, in | dentify the name of each source an | d the amount(s) rec | eived by the donor for | this payment: |
| | \$ | | | \$ |
| Name | Amount | | Name | Amount |
| | Check Applica 45.22 Meal Expenses Transportation | Bus Auto ble Boxes on Expenses | Other Expenses | Name of Lodging Facility \$ Total Expenses |
| 3.1 (b) Payment(s) not rel | ated to travel: | | \$ | |
| | | Dates (month, day | | Total Expenses |
| 3.2. Payment Description | . Provide a specific description | on of the paymen | nt and its agency p | urpose and use. |
| Agreement, component Group (USA) Inc. | ners Group Due Diligence its of travel cost, including | airfare and lodo | ging will be cove | _ |
| 3.3. Identify the officials v | who used the payment in Sect | ion 3.1 (See instruction | ons) | |
| Abbott | Jacob | Senior Investi | ment Officer Inv | estments |
| Last Name | First Name | Positio | n/Title | Department/Division |
| | | | | |
| | | <u> </u> | | |
| Last Name | First Name | Positio | on/Title | Department/Division |
| | | | | |
| Verification | | | | |
| | of the reported payment(s) as i | n compliance with | FPPC regulations | |
| () | | | | 7/2/2024 |
| Deborali S. Cherney | Deborah Cherney | Chief E | Executive Officer | |
| 08DBE0D1C621408 | Print Name | | Title | (month, day, year) |
| Comment: | | | | |
| (Use this space or an attachment f | for any additional information) | | | |
| (220 mile space of all attachment | o. a.i, additional illionidation) | | | EDDC Form 901 / lon |

| . Agency Name | | | | | | |
|--|--|---|--|---|---|--|
| | | Date Stamp | California 20 | | | |
| San Bernardino County | / Employees' Retire | ment Association | | | Form OU | |
| Division, Department, or | Region (if applicable) | 1 | For Official Use Only | | | |
| Administration | | | | | | |
| Street Address | | | | 1 | | |
| 348 W. Hospitality Lane | e, Suite 100, San Be | ernardino, CA 924 | .08 | | | |
| Area Code/Phone Number | | | | Amendment (e. | xplain in comment section) | |
| 909.885.7980 dcherney@sbcera.org | | | | Date of Original Filing:(month, day, year) | | |
| Agency Contact (name and title) Deborah Cherney, Chief Executive Officer | | | | | | |
| Donor Name and Ad | ldress | | | • | | |
| ☐ Individual | | | | Kayne Anderson | Capital Advisors, L.P. | |
| Last Name | | First Name | _ | | Name | |
| 2121 Avenue of the Sta | ars, 9th Floor | Los Angele | S | CA | | |
| Address | | City | | State | • | |
| | • | | | acture/energy, ren | ewables, and growth capita | |
| If "Other" is marked, describe the | entity's business activity (if b | ousiness) or its nature and | d interests. | | | |
| ■ If applical | ble, identify the name | of each source and | the amount(s) re | eceived by the dono | r for this payment: | |
| | | | | | • | |
| Name | \$_ | Amount | | Name | \$ Amount | |
| Transportation Prov | /ider □ R | ail Air Check Applicable | Bus □ Auto | o | Dates (month, day, year) Boca Raton Name of Lodging Facility | |
| | 175.00 | | | | 700 00 | |
| \$ 615.00 | \$ | \$ | Fynenses \$ | Other Evnenses | \$ | |
| Lodging Expenses | Meal Expenses | \$ Transportation | Expenses \$ | Other Expenses | \$Total Expenses | |
| \$ | Meal Expenses | \$ Transportation | Expenses Dates (month, or | \$ | \$ | |
| Lodging Expenses | Meal Expenses of related to travel: | | Dates (month, o | day, year) | Total Expenses Total Expenses | |
| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A by Kayne Andersor | Meal Expenses of related to travel: tion. Provide a special | ecific description Real Estate Inv onents of trave es, L.P. | Dates (month, on of the payments) vestor Confect cost, included | s ent and its agenderence. Pursuading airfare and | Total Expenses Total Expenses Ey purpose and use. ant to the Master | |
| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A | Meal Expenses of related to travel: tion. Provide a special | ecific description Real Estate Inv onents of trave es, L.P. | Dates (month, on of the payments) vestor Confect cost, included | s ent and its agenderence. Pursuading airfare and | Total Expenses Total Expenses Ey purpose and use. | |
| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A by Kayne Andersor | Meal Expenses of related to travel: tion. Provide a special | ecific description Real Estate Inv onents of trave es, L.P. | Dates (month, on of the paymer vestor Confeed cost, included and 3.1 (See instru | s ent and its agenderence. Pursuading airfare and | Total Expenses Total Expenses Ey purpose and use. ant to the Master | |
| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A by Kayne Andersor 3.3. Identify the official | Meal Expenses It related to travel: Ition. Provide a special special special special and a special s | ecific description Real Estate Inv onents of trave es, L.P. | Dates (month, on of the paymer vestor Confeed cost, included and 3.1 (See instruction Senior Investor Confeed cost) | \$ ent and its agence erence. Pursua ding airfare and | Total Expenses Total Expenses Ey purpose and use. ant to the Master I lodging will be covere | |
| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A by Kayne Andersor 3.3. Identify the officia | Meal Expenses In trelated to travel: Ition. Provide a special Advisor Agreement, componed Capital Advisor Thomas First | ecific description Real Estate Into onents of trave s, L.P. ayment in Section | Dates (month, on of the payment of t | stment Officer | Total Expenses | |
| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A by Kayne Anderson 3.3. Identify the officia Kim Last Name | Meal Expenses In trelated to travel: Ition. Provide a special Advisor Agreement, componed Capital Advisor Thomas First | ecific description Real Estate Involved onents of trave s, L.P. ayment in Section | Dates (month, on of the payment of t | ssay, year) ent and its agence erence. Pursua ding airfare and actions) stment Officer ition/Title | Total Expenses Total Expenses Ey purpose and use. Int to the Master I lodging will be covered Investments Department/Division | |
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| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A by Kayne Andersor 3.3. Identify the official Kim Last Name Verification I authorized the accepta | Meal Expenses In trelated to travel: Ition. Provide a special Advisor als who used the part of the reported ance of the reported | Real Estate Invonents of traves, L.P. ayment in Section | Dates (month, on of the payment of t | ent and its agence erence. Pursua ding airfare and actions) stment Officer ition/Title | Total Expenses Total Expenses Ey purpose and use. Int to the Master I lodging will be covered Investments Department/Division Department/Division | |
| 3.1 (b) Payment(s) no 3.2. Payment Descript Attendance at the k Custody Account A by Kayne Andersor 3.3. Identify the officia Kim Last Name Last Name | Meal Expenses In trelated to travel: Ition. Provide a special Advisor als who used the part of the reported ance of the reported | Real Estate Involved Strain Section Name payment(s) as in | Dates (month, on of the payment of t | s day, year) ent and its agence erence. Pursual ding airfare and actions) stment Officer ition/Title | Total Expenses Total Expenses Ey purpose and use. Int to the Master I lodging will be covered Investments Department/Division Department/Division | |

| Addrey Name | | | | | 0 - 1 | · C |
|---|--|--|--|---|--|--|
| Agency Name | Date Stamp | | California 20 | | | |
| San Bernardino County E | mployees' Retireme | ent Association | | | | orm OU |
| Division, Department, or Re | 1 | Į f | For Official Use Only | | | |
| Administration | | | | | | |
| Street Address | | | | 1 | | |
| 348 W. Hospitality Lane, S | Suite 100, San Berr | nardino, CA 924 | 08 | | | |
| Area Code/Phone Number | Email | | | ☐ Amondment | explain in comme | ant section) |
| 909.885.7980 dcherney@sbcera.org Agency Contact (name and title) | | | | Amendment | (explain in comini | ent section) |
| | | | | Date of Original F | iling: | ith, day, year) |
| Deborah Cherney, Chief E | Executive Officer | | | | (IIIOI | iiii, uay, yeai <i>)</i> |
| Donor Name and Addr | ess | | | • | | |
| ☐ Individual | | | _ | With Intelligence | e | |
| Last Name | Firs | st Name | | | Name | 2010 |
| 41 Madison Avenue | | New York | | | | 0010 |
| Address | | City | | | · | Code |
| Connects investors and m | | | | they need to rais | e and alloca | ite assets. |
| If "Other" is marked, describe the entire | ty's business activity (if bus | iness) or its nature and | I interests. | | | |
| If applicable. | , identify the name of | each source and | the amount(s) r | eceived by the don | or for this pay | /ment: |
| | , | | () | , | | |
| Name | \$ | Amount | | Name | | \$ Amount |
| Day was a set I sefer was attack | Commista Conti | | \ 0.0.00\ | | | |
| Payment Information (| · · | • |), 3.2, 3.3) | Δ. | :I OF 0004 | |
| 3.1 (a) Travel Payment | Los Angeles, | | | _ A | pril 25, 2024 | |
| | | Location of Travel | | | Dates (mo | onth, day, year) |
| | | | | | | |
| Transportation Provider | | | Bus □ Aut | o □ Other _ | Name of L | odging Eacility |
| Transportation Provider | · · · · · · · · · · · · · · · · · · · | I Air Check Applicable | | o □ Other _ | | odging Facility |
| \$ | 105.00 | Check Applicable | Boxes | | \$_10 | 5.00 |
| \$Lodging Expenses | \$ | | Boxes | Other Expenses | \$_10 | |
| \$ | \$ | Check Applicable | Boxes \$ | Other Expenses | \$ | 5.00 otal Expenses |
| \$Lodging Expenses 3.1 (b) Payment(s) not re | \$\frac{105.00}{\text{Meal Expenses}}\$ elated to travel: | Check Applicable \$ Transportation | Expenses \$ | Other Expenses \$day, year) | \$\frac{10!}{\tau} | 5.00 otal Expenses Expenses |
| \$Lodging Expenses | \$\frac{105.00}{\text{Meal Expenses}}\$ elated to travel: | Check Applicable \$ Transportation | Expenses \$ | Other Expenses \$day, year) | \$\frac{10!}{\tau} | 5.00 otal Expenses |
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| \$Lodging Expenses 3.1 (b) Payment(s) not re | \$\frac{105.00}{Meal Expenses}\$ elated to travel: n. Provide a spec | Check Applicable \$ | Expenses \$ | Other Expenses \$day, year) | \$\frac{10!}{\tau} | 5.00 otal Expenses |
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| ayment to Agency R | eport A Public | Document | | PAYMENT TO AGENCY REPO |
|--|---|----------------------|-----------------------------|---------------------------|
| Agency Name | | | Date Stamp | California 201 |
| San Bernardino County Em | ployees' Retirement Association | · | Form OU | |
| Division, Department, or Reg | ion (if applicable) | | For Official Use Only | |
| | | | | |
| Street Address | | | | |
| | uite 100, San Bernardino, CA 92 | 408 | | |
| Area Code/Phone Number | Email | | | |
| 909.885.7980 | dcherney@sbcera.org | Amendment (| explain in comment section) | |
| Agency Contact (name and title) | denomely@eboord.org | Date of Original F | ilina: | |
| Deborah Cherney, Chief Ex | recutive Officer | | Ü | (month, day, year) |
| | | | | |
| Donor Name and Addre | ss | | | |
| Individual | | Ø Other | Patria Investme | |
| Last Name | First Name | _ | A IX | Name 10022 |
| 601 Lexington Avenue, 55th | h floor New York | | N' Sta | |
| | , | and overesters !: | | · |
| | e investment firm with specializ | • | r key resilient sec | JOIS. |
| f "Other" is marked, describe the entity | s business activity (if business) or its nature a | and interests. | | |
| If applicable, i | dentify the name of each source an | d the amount(s) re | eceived by the done | or for this payment: |
| | | () | , | |
| Name | \$ | | Name | \$Amount |
| Dovernant Information (C | Complete Sections 3.1 (a or | b\ 2.2.2\ | | |
| • | • | 0), 3.2, 3.3) | | 40 44 0004 |
| 3.1 (a) Travel Payment | New York, NY | | | ay 13-14, 2024 |
| | Location of Travel | | | Dates (month, day, year) |
| | □ Rail □ Air [| ∃Bus ⊟Auto | o | ne Park Lane Hotel New Yo |
| Transportation Provider | Check Applica | ble Boxes | | Name of Lodging Facility |
| \$ 1,078.00 | 200.00 \$Transportation | \$ | | \$ |
| Lodging Expenses | Meal Expenses Transportation | on Expenses \$_ | Other Expenses | Total Expenses |
| 3.1 (b) Payment(s) not rel | ated to travel: | | \$ | |
| | | Dates (month, d | lay, year) | Total Expenses |
| 3.2. Payment Description | . Provide a specific description | on of the payme | ent and its agen | cy purpose and use. |
| Complimentary registra | ation to attend Patria Annu | al General Me | etina | |
| Complimentary registre | | ai Octiciai ivic | ocurig. | |
| | | | | |
| | | | | |
| 3.3. Identify the officials v | vho used the payment in Sect | ion 3.1 (See instruc | ctions) | |
| Thanki | Amit | Senior Inves | stment Officer | Investments |
| Last Name | First Name | Posi | tion/Title | Department/Division |
| | | | | |
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| Last Name | First Name | Posi | ition/Title | Department/Division |
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| /erification | | | | |
| | of the reported payment(s) as i | n compliance wit | th FPPC regulation | one |
| 0 | | • | _ | = /2 /2224 |
| Veborali S. Cherney | Deborah Cherney | Chief | Executive Office | ··· |
| 08DBE0D1C621Siggnature | Print Name | | Title | (month, day, year) |
| Comment: | | | | |
| Use this space or an attachment f | for any additional information) | | | |
| ess and opage of all allacinitions | o. a, additional information, | | | EDDC Form 904 / low |