Payment to Agency Ro	eport	A Public Do	ocument		PAYMENT TO AGENCY REPOR
1. Agency Name				Date Stamp	California O 1
Alameda County Employees	s' Retirement Asso	Bate Stamp	Form 801		
Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
Street Address				1	
475 14th Street, Suite 1000					
Area Code/Phone Number	Email			☐ Amendment (e	xplain in comment section)
(510) 628-3000	info@acera.org				,
Agency Contact (name and title)				Date of Original Fi	ling: (month, day, year)
David H. Nelsen, Chief Exec	cutive Officer				, , , , , , , , , , , , , , , , , , , ,
2. Donor Name and Addre	ss				
☐ Individual			☑ Other	Milken Institue (E	EIN #: 95-4240775)
Last Name	First	Name			Name
1250 Fourth Street Address		Santa Monica		CA State	
	ak tank that haliov		conital ma		
If "Other" is marked, describe the entity's				to solve soci	al and economic challenges.
ii Other is marked, describe the entity s	business activity (ii busin	ess) or its nature and inte	erests.		
If applicable, ic	lentify the name of e	ach source and the	amount(s) re	eceived by the dono	r for this payment:
Not Applicable	\$				¢
Name	Ψ	Amount		Name	Amount
3. Payment Information (C	omplete Section	ns 3.1 (a or b), 3	3.2, 3.3)		
3.1 (a) Travel Payment	Not Applicable)			
	l	ocation of Travel			Dates (month, day, year)
		☐ Air ☐ Bu	s 🗆 Auto	Other	
Transportation Provider		Check Applicable Bo			Name of Lodging Facility
\$\$.		\$	\$.		\$
Lodging Expenses	Meal Expenses	\$ Transportation Exp		Other Expenses	Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:		See Attach		ee Attachment
2.2 Boymont Description	Duovido o onoci	::!::4:	Dates (month, c		Total Expenses
3.2. Payment Description. Discounted fee for educations Discounted fee fee for educations Discounted fee fee fee fee fee fee fee fee fee f		ic description of	tne payme	ent and its agend	y purpose and use.
Discounted fee for educa	dional conference.				
3.3. Identify the officials w	ho used the payr	ment in Section 3	3.1 (See instru	ctions)	
See Attachment					
Last Name	First Nam	е	Posi	tion/Title	Department/Division
Last Name	First Nam		Pos	ition/Title	Department/Division
	1 113(14411		1-05		Department/Division
(\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					n de state o destino estados estados en aprocupações de ser el a codiminante de describações de començarios de
I. Verification					, 1
I authorized the acceptance		1 10		_	1/2/2
4 mitel	David H. Ne		Chief	Executive Officer	4/2/122
Signature		Print Name		Title	(month, day, year)

Clear Page

Comment: See Attachment

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

Attachment to California FPPC Form 801 for 2021

Milken Global Conference (October 17-20, 2021) of the Milken Institute

Attendee Name:	Standard Fee	Fee Paid	Discount
Keith Carson, Trustee	\$15,000.00	\$12,500.00	\$2,500.00
George Wood, Trustee	\$15,000.00	\$12,500.00	\$2,500.00

Totals: \$30,000.00 \$25,000.00 \$5,000.00