

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Alameda County Employees' Retirement Association ("ACERA")		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 475 14th Street, Suite 1000			
Area Code/Phone Number (510) 628-3000	Email info@acera.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) David H. Nelsen, Chief Executive Officer			

2. Donor Name and Address

☐ Individual _____ ☒ Other Milken Institute (EIN #: 94-4240775)

Last Name	First Name	Name
1250 Fourth Street	Santa Monica	CA 90401
Address	City	State Zip Code

A nonprofit, nonpartisan think tank that believes in the power of capital markets to solve social and economic challenges.

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 Not Applicable

Location of Travel _____ Dates (month, day, year) _____

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

Check Applicable Boxes Name of Lodging Facility _____

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: See Attachment \$ See Attachment

Dates (month, day, year) _____ Total Expenses _____

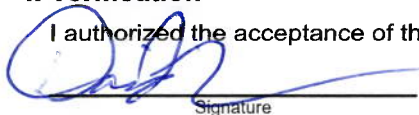
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

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

_____	_____	_____	_____
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.

	David H. Nelsen	Chief Executive Officer	6/30/2025
Signature	Print Name	Title	(month, day, year)

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

Attachment to California FPPC Form 801

Milken Global Conference (May 4-7, 2025) of the Milken Institute

Attendee Name:	Standard Fee	Fee Paid	Discount
Keith Carson, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
Elizabeth Rogers, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
Kellie Simon, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
George Wood, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
Totals:	\$100,000.00	\$60,000.00	\$40,000.00