

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Alameda County Employees' Retirement Association (ACERA)		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) Alameda County			
Street Address 475 14th Street, Suite 1000, Oakland, CA 94612			
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) Vincent P. Brown, ACERA CEO			

2. Donor Name and Address

Individual _____ Other Milken Institute

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

A non-profit organization advancing innovative economic and policy solutions and widen access to capital.

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:

Not Applicable	\$ _____	_____	\$ _____
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 _____ April 27-30, 2014 _____

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: _____ \$ _____

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)

See Attached

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.

<u>Vincent P. Brown</u>	Vincent P. Brown	Chief Executive Officer	04/28/14
Signature	Print Name	Title	(month, day, year)

Comment: Milken Global Conference

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

**Attachment to California FPPC Form 801 for
Alameda County Employees' Retirement Association (ACERA)**

Attendee Name:	Amount paid for the attendee (reflective of discount):	Conference price (without discount):	Dates of conference:
Vincent P. Brown	\$6,500 (per person)	\$12,500 (per person)	April 27-30, 2014
Dale Amaral	\$6,500 (per person)	\$12,500 (per person)	April 27-30, 2015
Annette Cain-Darnes	\$6,500 (per person)	\$12,500 (per person)	April 27-30, 2016
Keith Carson	\$6,500 (per person)	\$12,500 (per person)	April 27-30, 2017
Total:	\$26,000	\$50,000	