Payment to Agency Re	eport	A Public Docu	iment			PAYMENT TO AGENCY REPOR	
1. Agency Name				Date St		California OO4	
Alameda County Employees	s' Retirement Assoc	ciation (ACERA)		20.00		Form OUI	
Division, Department, or Reg	on (if applicable)	,				For Official Use Only	
Alameda County							
Street Address							
475 14th Street, Suite 1000	, Oakland, CA 946	12		•			
Area Code/Phone Number	Email					L	
(510) 628-3000	info@acera.org			Amendment (explain in comment section)			
Agency Contact (name and title)				Date of Original Filing:			
Kathy Foster, ACERA Interio	m Chief Executive C	Officer				(month, day, year)	
2. Donor Name and Addres	SS.						
	,	·		Milken Instif	tute (EIN#	: 95-4240775)	
☐ Individual	First N	ame ✓	Other _	W-5,-		ame	
1250 Fourth Street		Santa Monica			CA	90401	
Address		City			State	Zip Code	
A nonprofit, nonpartisan thir	k tank that believes	in the power of cap	ital mark	ets to solve	social and	economic challenges.	
If "Other" is marked, describe the entity's	business activity (if busines	ss) or its nature and interests					
> If applicable is	lentify the name of oc	ah aayyaa and tha ama		saluad by the	danar far th	ia naumanti	
•	lentiny the name of ea	ch source and the amo	ouni(s) rec	eived by the	donor for tr	ns payment.	
Not Applicable Name	\$	Amount		Name		\$Amount	
. Payment Information (C							
Transportation Provider	🗖 Rail	☐ Air ☐ Bus Check Applicable Boxes	☐ Auto	☑ Other	Na	me of Lodging Facility	
\$ \$_		\$	\$		_	\$	
Lodging Expenses	Meal Expenses	Transportation Expenses	3	Other Expenses		Total Expenses	
3.1 (b) Payment(s) not rela	ated to travel:	D.	. (\$		
			s (month, day			Total Expenses	
3.2. Payment Description.	Provide a specific	c description of the	paymer	it and its a	gency pur	pose and use.	
			:				
3.3. Identify the officials w	ho used the paym	ent in Section 3.1	See instructi	ons)			
See Attached			•	,			
Last Name	First Name		Positio	n/Title	_	Department/Division	
Last Name	·	*	1 031110	TIV TILLO		Department Division	
Last Name	First Name		Positio	on/Title		Department/Division	
. Verification							
	of the reported new	ment(e) as in compli	anco with	EDDC rock	ulations		
I authorized the acceptance				_		00/04/45	
Taking Kou	Kathy Foster		interim	Chief Exec	utive Offic		
	F	rint Name		Title		(month, day, year)	
Comment: Milken Global Co	nference						
(Use this space or an attachment fo		ion)					

Clear Page

Attachment to California FPPC Form 801 (2015) for Alameda County Employees' Retirement Association (ACERA) Re: Milken Global Conference (April 26–29, 2015) of the Milken Institute

Attendee Name:	Conference price (without discount):	Amount paid for the attendee (reflective of discount):	Amount of discount
Dale Amaral, Trustee	\$12,500.00	\$8,500.00	\$4,000.00
Annette Cain-Darnes, Trustee	\$12,500.00	\$8,500.00	\$4,000.00
Keith Carson, Trustee	\$12,500.00	\$8,500.00	\$4,000.00
Tarrell Gamble, Trustee	\$12,500.00	\$8,500.00	\$4,000.00
Elizabeth Rogers, Trustee	\$12,500.00	\$8,500.00	\$4,000.00
George Wood, Trustee	\$12,500.00	\$8,500.00	\$4,000.00

Totals: \$75,000.00 \$51,000.00 \$24,000.00

Payment to Agency Report Instructions

California 801

A Public Document

This form is used to report certain payments received by state and local government agencies. It includes:

- a payment for an official's travel expenses for the purpose of facilitating the public's business in lieu of a payment using agency funds; and
- a payment that would otherwise be considered a gift or income to the benefiting official, but is instead accepted on behalf of the agency.

FPPC Regulations 18944 and 18950.1 provide a procedure that state and local agencies may use to disclose payments used for agency purposes and paid by a third party. The regulations' reporting procedures provide an alternative means to disclose a payment that may otherwise be considered income or a gift to a benefitting employee and subject to reporting on a Statement of Economic Interest, Form 700.

When and Where to File

An agency accepting a payment pursuant to Regulation 18944 and 18950.1 must complete Form 801 for each payment received regardless of the amount. The form must be maintained as a public document. If payments aggregate \$2,500 or more in a calendar quarter, website posting is required.

Website Posting:

State Agencies

Within 30 days after the end of a calendar quarter if aggregated reported payments, for travel and non-travel purposes, total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- forward the information to the FPPC which will also post the information.

Local Agencies

The website posting rules differ for travel and non-travel payments.

Travel

Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more:

- the agency must post the reports (or a report summary) on the agency website; and
- · forward the information to the FPPC.

Payments Not Related to Travel

The agency's filing officer for Statement of Economic Interests, Form 700, must receive the report. Within 30 days after the end of a calendar quarter if aggregated reported payments total \$2,500 or more, the local agency must post the information on the local agency website. A report is not sent to the FPPC unless the agency does not have a website.

Postings must be displayed in a prominent manner and easily accessible. Reports may be posted earlier.

FPPC: Statements should be emailed to form801@fppc.ca.gov. Statements may also be mailed to 428 J Street, Suite 620, Sacramento, CA, 95814 or faxed to (916) 322-3711.

Part 1. Agency Identification

List the agency's name and address and the name of an agency contact. Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Donor Information

Disclose the name and address of the donor. If the donor is not an individual, identify the business activity or nature and interests of the entity.

If the donor received funds from other sources that were used in connection with the payment, disclose the name and payment information for each source.

Part 3. Payment Information

Expenses may be rounded to whole dollars.

Section 3.1.a. Itemize travel payments including departure and return dates. Complete all fields, use "n/a" appropriately. Total the expenses for items such as taxi rides, gratuities, and rental cars in the "other" field and describe in the comments section.

Section 3.1.b. Report agency payments that are not travel related.

Section 3.2. Description

All payments must include a specific description of the use of the payment and the intended purpose for agency business. For example, a travel payment may read: Travel to attend an EPA co-sponsored solar energy seminar in Washington D.C.

Section 3.3. Identify Officials

Travel Payments: The name of the position/title and department of each official who used the payment is required. List the official's name if he/she is an elected or appointed official. It is not required to list the names of other officials, rather insert "n/a." Do not leave blank.

Non-Travel Payments: The name, position/title and department of the agency official who used the payment must be identified. All officials' names are required.

Part 4. Verification

Verification of travel payments must be signed by an authorized agency official. Such individuals are those who have the authority to approve similar travel payments when made with agency funds.

Verification of non-travel payments must be signed by the agency head.