

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)			
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)	
Agency Contact (name and title) David H. Nelsen, Chief Executive Officer		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Milken Institute (EIN #: 95-4240775)

_____ 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:

Not Applicable _____ \$ _____ 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) _____

_____ Rail Air Bus Auto Other _____

Transportation Provider _____ 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.
Discounted fee for educational conference.

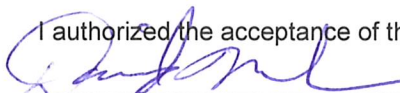
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

See Attachment

_____ 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 _____ 5/17/23

Signature _____ Print Name _____ Title _____ (month, day, year)

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

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Attachment to California FPPC Form 801 for 2023

Milken Global Conference (April 30-May 3, 2023) of the Milken Institute

Attendee Name:	Standard Fee	Fee Paid	Discount
Keith Carson, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
Jamie Godfrey, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
Elizabeth Rogers, 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