Payment to Agency Re	eport A Public	Document		PAYMENT TO AGENCY REPOR
I. Agency Name	<u> </u>		Date Stamp	California O O 4
Alameda County Employees' Retirement Association (ACERA)			2213 321111	Form OUT
Division, Department, or Regi	on (if applicable)			For Official Use Only
County of Alameda				
Street Address				
475 14th Street, Suite 1000). Oakland. CA 94612			
Area Code/Phone Number	Email			
(510) 628-3000	info@acera.org		Amendment (explain	n in comment section)
Agency Contact (name and title)			Date of Original Filing:	
David H. Nelsen, Chief Exe	cutive Officer	ł		(month, day, year)
. Donor Name and Addres	}S .			
☐ Individual		Ø Other .	Nos	saman LLP
Last Name 800 Fifth Avenue, Suite 101	First Name Seattle		CA	98104
Address	City		State	Zip Code
	(LSI) provides continuing educat	tion programs fo		•
	business activity (if business) or its nature and		n attorneys, onicials	and professionals.
Total is marked, describe the entry's	business activity (ii business) or its nature aix	u mieresis.		÷*
	entify the name of each source and	the amount(s) re-	ceived by the donor for	this payment:
Not Applicable	œ.			•
Name	Amount	***************************************	Name	Amount
Transportation Provider	Rail Air Check Applicable	Bus □ Auto	☑ Other	Name of Lodging Facility
\$\$\$_	Meal Expenses \$	\$	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not rela	ited to travel:		\$	
(.,		Dates (month, da	ıy, year)	Total Expenses
3.2. Payment Description.	Provide a specific description	of the payme	nt and its agency p	urpose and use.
	ximate amount of \$117 fron			·
_	ho used the payment in Sectio			
Malloy	Marguerite	Associate		ERA Legal Deparment
Last Name	First Name	Positio	on/Title	Department/Division
Last Name	First Name	Positi	on/Title	Department/Division
				F -
Verification				· · · · · · · · · · · · · · · · · · ·
\times \wedge \wedge \wedge	of the reported novement(s) == :=	nompliance with	. CDDC	
authorized/the acceptance (of the reported payment(s) as in	-	-	
X party	David H. Nelsen	Ct	nief Executive Office	06/20/17
Signature	Print Name		Title	(month, day, year)
Comment:				
(Use this space or an attachment for	any additional information)			

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Payment to Agency Report Instructions

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.

Trave

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.