

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Alameda County Employees' Retirement Association (ACERA)		Date Stamp	<b>California 801</b> <b>Form</b> 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 #: 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 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.**  
 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.


 \_\_\_\_\_ Signature  
 David H. Nelsen \_\_\_\_\_ Print Name  
 Chief Executive Officer \_\_\_\_\_ Title  
 \_\_\_\_\_ (month, day, year) 7/15/24

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



**Attachment to California FPPC Form 801 for 2024**

**Milken Global Conference (May 5-8, 2024) of the Milken Institute**

<b>Attendee Name:</b>	<b>Standard Fee</b>	<b>Fee Paid</b>	<b>Discount</b>
Kevin Bryant, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
Keith Carson, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
George Wood, Trustee	\$25,000.00	\$15,000.00	\$10,000.00
<b>Totals:</b>	<b>\$75,000.00</b>	<b>\$45,000.00</b>	<b>\$30,000.00</b>