

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
Los Angeles County Employees Retirement Association
Division, Department, or Region (if applicable)
Street Address
300 North Lake Ave Suite 650 Pasadena CA 91101
Area Code/Phone Number
(626) 564-6000
Email
srice@lacera.com
Agency Contact (name and title)
Steven Rice, Chief Counsel
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other (checked)
Accel-KKR Capital Partners VII LP
2180 Sand Hill Road, Suite 300 Menlo Park CA 94025
Address City State Zip Code

Private equity fund sponsor

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:

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Atlanta, GA
September 23-25, 2024
American Airlines & ride share
Thompson Hotels
Lodging Expenses: \$683.30
Meal Expenses: \$118.00
Transportation Expenses: \$795.79
Other Expenses: \$
Total Expenses: \$1,597.09

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.

Payment is for travel to attend Accel-KKR Capital Partners VII LP advisory board meetings. Per LACERA's contract with Accel-KKR Capital Partners VII LP, reasonable out-of-pocket expenses for attending advisory board meetings are covered by the fund.

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

Lu Cheryl
Investment Officer
Investments
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.

Santos H. Kreimann
Santos H. Kreimann
Chief Executive Officer
10/15/24
Signature Print Name Title (month, day, year)

Comment:

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

