Payment	to Agency	Report
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Fayment to Agency R	epon	A FUDIIC D	ocument			PAYMENT TO A	GENCY REPORT
1. Agency Name				Date St	amp	Californ	
Los Angeles County Emplo	yees Retirement A	ssociation				Form	001
Division, Department, or Reg	jion (if applicable)					For Offici	al Use Only
Street Address							
300 North Lake Avenue Pa	sadena, California	91101					
Area Code/Phone Number	Email				ent (explain	in comment section	n)
(626) 564-6000	srice@lacera.cor	n			ene (ospiani		,
Agency Contact (name and title)	-			Date of Origi	nal Filing:	(month, day,	vear)
Steven Rice, Chief Counse	1					(,),	, ,
2. Donor Name and Addre	SS						
Individual			🔽 Other	Accel-KKR C	apital Parl	tners VII Limite	ed Partnership
Last Name		Name	U Other			Name	
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 busin	ness) or its nature and int	terests.				
If applicable i	dentify the name of e	each source and the	amount(s) re	eceived by the	donor for	this navment.	
	dentity the name of e		aniouni(5) it			tino payment.	
Name	\$	Amount		Name		\$	Amount
3. Payment Information (C	`omplete Sectio	ns 31 (a or b)	3 2 3 3)				
	Menlo Park, C	(),	5.2, 5.5)		Septer	nber 19-20, 2	023
3.1 (a) Travel Payment	,	Location of Travel		-	•	Dates (month, day	
Southwest Airlines & Uber					Rosewo	ood Sand Hil	Road
Transportation Provider	Rail	Check Applicable Bo		o □ Other		Name of Lodging F	
758.03	525.00	112 22				_ 1,725.36	
\$\$	525.00 Meal Expenses	\$ Transportation Exp	penses \$.	Other Expense	S	S Total Expe	
3.1 (b) Payment(s) not rel	lated to travel:				\$		
			Dates (month, c	lay, year)	·	Total Expens	es
3.2. Payment Description	. Provide a speci	fic description o	of the payme	ent and its a	gency pl	urpose and	use.
	-	-				-	
Payment is for travel to		•				•	
contract with Accel-KK be covered by the func		ers, an travel e	spenses r	elated to A	avisory		eungs will
	4.						

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

Last Name First Name Position/Title E	Department/Division
Last Name First Name Position/Title I	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Digitally signed by Santos H. Kreimann Date: 2023.10.25 10:46:48 -07'00'	Santos H. Kreimann	Chief Executive Officer	10/25/23
Signature	Print Name	Title	(month, day, year)

Comment:

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

