

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Housing Finance Agency

Division, Department, or Region (if applicable)

Legal Division, MS 1440

Street Address

500 Capitol Mall, Suite 1400, Sacramento, CA 95814

Area Code/Phone Number

(916) 326-8488

Email

Jojima@calhfa.ca.gov

Agency Contact (name and title)

JoJo Ojima, Filing Officer



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/Other fields with donor information: American Conference Institute, NY 10010

continuing education provider

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:

Table with columns for Name, Amount, Name, Amount

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

3.1 (a) Travel Payment

Travel payment details including location, dates, transportation provider, and expense breakdown.

3.1 (b) Payment(s) not related to travel:

1/15/15-1/16/15 \$ 595.00

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Discounted admission to seminar "Residential Mortgage Litigation and Regulatory Enforcement." Full cost is \$1,595.00. Discount is \$595.00. Agency paid \$1,000.00.

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

Table with columns for 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 of Tia Boatman Patterson, Executive Director, dated 01/26/2015

Comment:

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

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