

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

# FILE PRINT

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	<b>NOTICE FILE NUMBER</b> Z-2015-0821-01	<b>REGULATORY ACTION NUMBER</b> 2016-0202-01FP	<b>EMERGENCY NUMBER</b>
For use by Office of Administrative Law (OAL) only			
<p>RECEIVED FOR FILING PUBLICATION DATE</p> <p>AUG 21 '15    SEP 04 '15</p> <p>Office of Administrative Law</p> <p>NOTICE</p>		<p>2016 FEB -2 A 8:18</p> <p>OFFICE OF ADMINISTRATIVE LAW</p> <p>REGULATIONS</p>	
<b>AGENCY WITH RULEMAKING AUTHORITY</b> CALIFORNIA HOUSING FINANCE AGENCY			<b>AGENCY FILE NUMBER (if any)</b>

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

<b>1. SUBJECT OF NOTICE</b> CONFLICT-OF-INTEREST CODE		<b>TITLE(S)</b> 25	<b>FIRST SECTION AFFECTED</b> 10001	<b>2. REQUESTED PUBLICATION DATE</b> SEPTEMBER 04, 2015
<b>3. NOTICE TYPE</b> <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		<b>4. AGENCY CONTACT PERSON</b> MISTY MILLER	<b>TELEPHONE NUMBER</b> (916) 326-8481	<b>FAX NUMBER (Optional)</b> (916) 322-3151
<b>OAL USE ONLY</b>	<b>ACTION ON PROPOSED NOTICE</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		<b>NOTICE REGISTER NUMBER</b>	<b>PUBLICATION DATE</b>

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

<b>1a. SUBJECT OF REGULATION(S)</b> CONFLICT-OF-INTEREST CODE	<b>1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)</b> Z-2015-0821-01
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**2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)**

<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT
	AMEND Section 10001
	REPEAL
<b>TITLE(S)</b> Title 25, Division 2	

**3. TYPE OF FILING**

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs. title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1(b))	<input checked="" type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

**5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs. title 1, §100)**

Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))     Effective on filing with Secretary of State     §100 Changes Without Regulatory Effect     Effective other (Specify) **30 days after filing per 2 CCR 18750(l)**

**6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY**

Department of Finance (Form STD. 399) (SAM §6660)     Fair Political Practices Commission     State Fire Marshal

Other (Specify) \_\_\_\_\_

<b>7. CONTACT PERSON</b> MISTY MILLER	<b>TELEPHONE NUMBER</b> (916) 326-8481	<b>FAX NUMBER (Optional)</b> (916) 322-3151	<b>E-MAIL ADDRESS (Optional)</b> mmiller@calhfa.ca.gov
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**8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

<b>SIGNATURE OF AGENCY HEAD OR DESIGNEE</b> 	<b>DATE</b> February 01, 2016
<b>TYPED NAME AND TITLE OF SIGNATORY</b> TIA BOATMAN PATTERSON    Executive Director	

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