

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

California Housing Finance Agency

Division, Department, or Region (if applicable)

Office of General Counsel, MS1440

Street Address

500 Capitol Mall, Suite 1400, Sacramento, CA 95814

Area Code/Phone Number

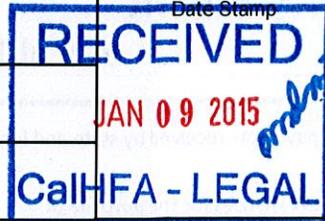
916-326-8488

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 or Other American Conference Institute
Last Name First Name NY 10010
Address City State Zip Code

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:

Name Amount Name Amount

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

3.1 (a) Travel Payment San Francisco, CA 1/16/13 - 1/18/13
Location of Travel Dates (month, day, year)

AMTRAK Rail Air Bus Auto Other Marriott Fisherman's Wharf
Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 172.20 \$ 0.00 \$ 52.70 \$ 0.00 \$ 224.90
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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.

Participated in panel "Loan Servicing: Assessing the Impact of the State AG Settlement and the CFPB on Servicing Standards, Ensuring Compliance with Document and Affidavit Procedures and Effective Loss Mitigation Strategies"

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

Freeburger Thomas Asst. General Counsel Office of General Counsel
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 Tia Boatman Patterson Executive Director 1/8/15
Print Name Title (month, day, year)

Comment:

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