

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 or Other American Conference Institute

45 West 25th Street, 11th Floor New York 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:

Name Amount Name Amount

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

3.1 (a) Travel Payment Los Angeles, CA January 13-18, 2015

Southwest Airlines Rail Air Bus Auto Other Omni Los Angeles Hotel

\$ 253.13 \$ 46.00 \$ 520.32 \$ 819.45

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

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

Panelist for "Government Insights on the Current State of the Residential Mortgage Industry for 2015."

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

Tauriainen Claire Attorney III Legal 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 02/06/2015

Comment:

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

