

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

CA Housing Finance Agency

Division, Department, or Region (if applicable)

Office of General Counsel

Street Address

500 Capitol Mall, Suite 1400, Sacramento, CA 95814

Area Code/Phone Number

(916) 326-8481

Email

mmiller@calhfa.ca.gov

Agency Contact (name and title)

Misty Miller, Filing Officer

Date Stamp  
**RECEIVED**  
 MAR 15 2016  
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**California Form 801**  
 For Official Use Only

*amls*

Amendment (explain in comment section)

Date of Original Filing: \_\_\_\_\_  
 (month, day, year)

2. Donor Name and Address

Individual \_\_\_\_\_  Other Federal Reserve Bank of San Francisco

Last Name First Name Name

101 Market Street, MS 215 San Francisco CA 94105

Address City State Zip Code

Public Service Institution

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 02/08/2016

Location of Travel Dates (month, day, year)

Southwest Airlines  Rail  Air  Bus  Auto  Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 0.00 \$ 30.00 \$ 587.56 \$ 0.00 \$ 617.56

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.

Speaker travel reimbursement for 2016 National Interagency Community Reinvestment Conference. Panelist for "Mortgage Credit: Prudent, Responsive, Inclusive, and Affordable" presentation.

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

Giebel Kenneth Division Director Single Family Division

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.

*Tia Boatman Patterson* Tia Boatman Patterson Executive Director 03/11/16

Signature Print Name Title (month, day, year)

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

