Payment to Agency R	eport	A Public Do	cument		84	YMENT TO AGENCY REPORT
1. Agency Name				Date Star	no	California Q 0 1
California Housing Finance			IRE	CEIVE	$ \mathbf{D}_{i} $	Form OUT
Division, Department, or Reg	ion (if applicable)			0 0 0045	. 2	For Official Use Only
Legal Division, MS 1440				FR 0 6 Snip	A	
Street Address			0 11		SAL	
500 Capitol Mall, Suite 1400), Sacramento, CA	95814	Call	IFA - LEC	JAL	
Area Code/Phone Number	Email			☐ Amendmer	at (explain in o	romment section)
(916) 326-8488	jojima@calhfa.ca.	.gov		Americaniei	r (explain in c	Similar Section,
Agency Contact (name and title)				Date of Origina	l Filing:	(month, day, year)
JoJo Ojima, Filing Officer						(month, day, year)
. Donor Name and Addre	ss					
☐ Individual			Other	American Cor	nference I	nstitute
Last Name	First I		<u></u> 00.		Nan	
45 West 25th Street, 11th F	loor	New York			NY	10010
	1	City			State	Zip Code
Continuing education provide						
If "Other" is marked, describe the entity's	business activity (if busine	ess) or its nature and inter	ests.			
	dentify the name of ea	ach source and the a	mount(s) re	eceived by the do	onor for this	s payment:
	•					•
Name	———	Amount		Name		Amount
Payment Information (C	omplete Section	s 3.1 (a or b), 3.	2, 3.3)			
3.1 (a) Travel Payment	Los Angeles, C			,	January 1	3-18, 2015
(u,	Lo	ocation of Travel		-	Date	es (month, day, year)
Southwest Airlines		☑ Air □ Bus	☐ Auto	Other	Omni Los	Angeles Hotel
Transportation Provider	LI Kali	Check Applicable Boxe		Olliei -		e of Lodging Facility
253.13	46.00	520.32			•	819.45
Lodging Expenses	Meal Expenses	Transportation Exper	nses \$_	Other Expenses		Total Expenses
3.1 (b) Payment(s) not rela	ated to travel:			\$		
		_	ates (month, d	ay, year)		Total Expenses
3.2. Payment Description.	Provide a specifi	c description of t	he payme	ent and its age	ncy purp	ose and use.
Panelist for "Governme	nt Incidhte on th	o Current State	of the F	Posidential M	ortagae	Industry for
2015."	rit irisigiits on ti	ie Guirent Gtate	or the r	concentral iv	lorigage	industry for
2010.						
2.2. -		4 ! 0 4 ! 0	4			
3.3. Identify the officials w				tions)		
Tauriainen	Claire		torney III		Legal	Division
Last Name	First Name		Posit	ion/Title		Department/Division
Last Name	First Name		Posit	ion/Title		Department/Division
						,
Verification			40			
I authorized the acceptance					tions.	
MILI	Tia Boatman		Execu	itive Director		02/06/201
Signature	F	Print Name		Title		(month, day, year)
Comment:						
(Use this space or an attachment fo	r any additional informa	tion)				
						FPPC Form 801 (Jan/14) advice@fppc.ca.gov

Clear Page