

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

Date Stamp



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 The Federal Home Loan Corp. "Freddie Mac"

1551 Park Run Drive McLean VA 22102

Address City State Zip Code

Public government-sponsored enterprise created in 1970 to expand the secondary market for mortgages in the U.S.

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

Location of Travel

Dates (month, day, year)

Transportation Provider Rail Air Bus Auto Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

3/9/15 - 3/10/15

\$ 550.00

Dates (month, day, year)

Total Expenses

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

Free admission to Freddie Mac Campus Live to attend the following two-day class: "The Power of Strong Underwriting Workshop" in Costa Mesa, CA.

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

Nann

Thomas

Housing Finance Officer

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.

Signature of Tia Boatman Patterson

Tia Boatman Patterson

Print Name

Executive Director

Title

3/18/15 (month, day, year)

Comment:

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