

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Noda Audrey Treasurer-Executive Los Angeles State of California

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Health Facilities Financing Authority

Division, Board, Department, District, if applicable

Your Position

Deputy Executive Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2015, through December 31, 2015.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

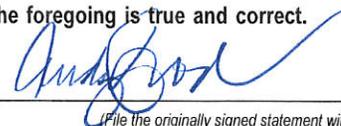
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
300 South Spring Street, Suite 8500 Los Angeles CA 90013  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 213 ) 620-5886

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 04/01/2016  
(month, day, year)

Signature   
(File the originally signed statement with your filing official.)



**SCHEDULE D**  
**Income – Gifts**

Name  
Audrey Noda

▶ NAME OF SOURCE (Not an Acronym)  
Los Angeles Business Council  
 ADDRESS (Business Address Acceptable)  
2029 Century Park E. #1240 Los Angeles, CA 90067  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy & Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 23 / 15</u>	<u>\$ 73.00</u>	<u>VIP Reception</u>
<u>04 / 23 / 15</u>	<u>\$ 18.00</u>	<u>Lunch</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Triple 8 Restaurant Bar & Grill  
 ADDRESS (Business Address Acceptable)  
800 W. Olympic Blvd., Los Angeles, CA 90015  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 15</u>	<u>\$ 70.00</u>	<u>Grand Opening</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Imprenta  
 ADDRESS (Business Address Acceptable)  
300 S. Raymond Ave., #9 Pasadena, CA 91105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 22 / 15</u>	<u>\$ 25.00</u>	<u>INC 500 Reception</u>
<u>09 / 22 / 15</u>	<u>\$ 55.00</u>	<u>INC 500 Reception</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Milken Institute  
 ADDRESS (Business Address Acceptable)  
1250 4th Street, Santa Monica, CA 90401  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public Policy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 08 / 16</u>	<u>\$ 66.23</u>	<u>Milken Institute</u>
<u>    /    /    </u>	<u>\$</u>	<u>Summit Lunch</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
KHEIR Center  
 ADDRESS (Business Address Acceptable)  
3727 W. 6th Street, #210 Los Angeles, CA 90020  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 16</u>	<u>\$ 55.00</u>	<u>KHEIR Board Dinner</u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>
<u>    /    /    </u>	<u>\$</u>	<u>    </u>

Comments: \_\_\_\_\_