

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

CHOI, STEVEN

RECEIVED
CITY OF IRVINE
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2015 APR 8 PM 2:22

California Form 803

For Official Use Only

Agency Name

City of Irvine

Agency Street Address

1 Civic Center Plaza, Irvine

Designated Contact Person (Name and title, if different)

Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

Area Code/Phone Number

(949) 724-6233

E-mail (Optional)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Great Far East

Name

7700 Irvine Center Dr, #620, Irvine, CA 92618

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

OCCCC - Irvine Korean Cultural Festival

Name

14271 Jeffrey Road, #262, Irvine, CA 92606

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 4-1-2015
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 15,000.-
(Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Sponsorship of a cultural festival.

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 4-6-2015
DATE

By [Signature]
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER