Behested Payment Report **A Public Document**

Behested Payment Report

California Form **803**

For Official Use Only

RECEIVED CITY OF IRVINE CITY CLERK DEPT. 2012 MAY 17 AM 8:57

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

Choi, Steven S.

Date Signed

Agency Name

City of Irvine Councilman

Agency Street Address

1 Civic Center Plaza, Irvine, CA 92606

Designated Contact Person *(Name and title, if different)*

☐ **Amendment** *(See Part 5)*

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

Area Code/Phone Number (949) 331-2294

E-mail *(Optional)* drstevenchoi@gmail.com

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

Verizon

Name

P.O. Box 2200, Folsom, CA 95763-2200

Address City State Zip Code

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

OC Korean Cultural Center

Name

471 San Leon, Irvine, CA 92606

Address City State Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 4/18/12 *(month, day, year)* **Amount of Payment:** *(In-Kind FMV)* $ 5000.- *(Round to whole dollars.)*

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

Brief Description of In-Kind Payment: Sponsorship of the Irvine Korean Cultural Festival

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

Describe the legislative, governmental, charitable purpose, or event: To sponsor the Irvine Korean 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 5/8/12 DATE By Steven S. Choi SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER