Behested Payment Report	A Public Do	cument of	IRVINE	Behested Payment Report
1. Elected Officer or CPUC Member (Last name	e, First name)	CLER	ate Stamp	California 803
Choi, Stelle	'n S,			Form
Agency Name		2015 MAR 16	PM 1:26	For Official Use Only
City of INVIN	R			
Agency Street Address	1	7		
CITIC CERT		ine		
Designated Contact Person (Name and title, if different	1t)	🗖 Am	endment (See Part	5)
		Data of	Original Filing	
Area Code/Phone Number E-mail (Optignal) (9(19) 331-2294 CITSTEVED	nchoi@gma	il . con	Original Filing: _	(month, day, year)
2 Payor Information (For additional payors include	an attachment with the nar	sessesbbc bac sea		
Youngsam Lee,	Vice pre	Sident	Ma	Simo
Name		211111		~ /
52 Discovery	Irvino	/	State	72618 Zip Code
	City			
3. Payee Information (For additional payees, include	an attachment with the na	mes and addresses	s.)	
Irvine Korean	Cultur	ral	Lesti	Val
14211 Jeffrey Roa	d #262	, IYV	me,	CA 9260
Address	City		State	Zip Code
4. Payment Information (Complete all information.)				
Date of Payment: 03/01/2015 Ar	mount of Payment:	(In-Kind FMV) \$5	Round to whole of	dollars.)
Payment Type: Monetary Donation	n or 🗌 i n-	Kind Goods or	Services (Provide	description below.)
4				
Brief Description of In-Kind Payment:				
			1	
Purpose: (Check one and provide description below.)	Legislative	Governmental	Char	itable
Describe the legislative, governmental, char	-		. (
Festival spon	isorship			
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 _______ By_ SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER

FPPC Form 803 (December/09) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)