Behested Payment Report	A Public Docum	eofired Of Irvine	Behested Payment Report
•			California 803 Form For Official Use Only
Area Code/Phone Number E-mail (Optional) (949) 724 -6233		☐ Amendment (See Pan Date of Original Filing: _	(month, day, year)
2. Payor Information (For additional payors, include and Five Point Commu			
25 Enterprise,			92656 Zip Code
3. Payee Information (For additional payees, include an OCKCC - IYVI'Y Name 1427/ Jeffrey Roy Address	attachment with the names and 1e Koyear 26	Cutural Z, Irvina	Festiva e, CA 9262
4 Payment Information			
Date of Payment: 4-20-2015 (month, day, year) Payment Type: Monetary Donation Brief Description of In-Kind Payment:	or 🔲 In-Kind G		,
Purpose: (Check one and provide description below.) Les Describe the legislative, governmental, charita Sponsorship of Kore	able purpose, or event:	rnmental Chai	ritable
5. Amendment Description or Comments			
6. Verification			
I certify, under penalty of perjury under the laws of the Sherein is true and complete.	State of California, that to the	e best of my knowledge, th	ne information contained
Executed on 4-20-2015 B	By SIGNATU	IRE OF ELECTED OFFICER OR CPUI	CMEMBER