Behested Payment Re	eport	A Public Do	cumen	RECEIVED	Behested Payment Repor
1. Elected Officer or CPU Khan, Farrah	C Member (Last nam	e, First name)		TY CHATERIAND OFFI	California 803
Agency Name City of Irvine			202	I JUL 28 PM 3: 2	For Official Use Only
Agency Street Address 1 Civic Center Plaza, Irvin	e CA 92606				
Designated Contact Person (Name and title, if different) Mariam Tariq, Council Executive Assistant				Amendment (See Part 5)	
Area Code/Phone Number 9497246229	mtariq@cityofirvine.org			Date of Original Filing: _	(month, day, year)
2. Payor Information (For a Rob Edgell Name	dditional payors, include a	an attachment with the nar	mes and add	dresses.)	
712 Alamo Plaza Dr		Cedar Park		TX	78613
Address		City		State	Zip Code
Pacific Bridge Arts Founda Name			mes and ad		00000
P.O.Box 86803 Address		Los Angeles		CA State	90086 Zip Code
4. Payment Information (C					2.5 5545
Date of Payment: 5/7 (month) Payment Type: [Brief Description of In-Ki	☑ Monetary Donatio	n or □In-	Kind Goo	\$\frac{2500}{(Round to whole of the control of the	
Purpose: (Check one and provide Describe the legislative, q		o .	Governm	nental ⊠ Char	itable
5. Amendment Description IDENTITY 2021 features programmers and in Funds raised during the state of the provide funds, resources, music industry.	orominent leaders to creasing AANHPI re now will benefit the F	share an inspiring mepresentation are key Pacific Bridge Arts Fo	/ focal poi oundation	ints of this celebratio musical scholarship	n. s. The scholarships
6. Verification I certify, under penalty of perjunderein is true and complete.	ry under the laws of th	e State of California, th	at to the be	est of my knowledge, th	e information contained
Executed on	2021	Ву	SIGNATURE	OF ELECTED OFFICER OF CRITE	NEMDED