Behested Payment Report	A Public Docume	RECEIVED	Behested Payment Report
1. Elected Officer or CPUC Member (Last name, Chol Stevel Agency Name City of IYVme Agency Street Address	20 	15 APR 18 PM 2: 22	California 803 Form For Official Use Only
Designated Contact Person (Name and title, if different) Area Code/Phone Number E-mail (Optional)	, Irvine, ca	☐ Amendment (See Part 5	;)
(949) 724 -6233			(month, day, year)
P.O. Box 279, Irvi	ne, ca	92650	
Address 3. Payee Information (For additional payees, include an	City	State	Zip Code
OCKCC - Irvine K	Road, #20	Itural 1	-08tivay e, CA 926 Zip Code
4. Payment Information (Complete all information.)			<u> </u>
Date of Payment:	ount of Payment: (In-Kind Fi	(Round to whole do	
Purpose: (Check one and provide description below.) Describe the legislative, governmental, charite Sponsons of Control of 9		nmental Kharit	
5. Amendment Description or Comments			
		· · · · · · · · · · · · · · · · · · ·	
6. Verification	<u> </u>		
I certify, under penalty of perjury under the laws of the herein is true and complete.	State of California, that to the	e best of my knowledge, the	information contained
Executed on 4-6-2015	By SIGNATU	RE OF ELECTED OFFICER OR CPUC	MEMBER