

March 30, 2015 Received City Clerk (MIDDLE) Kimberly Kenney as Deputy

Please type or print in ink.

NAME OF FILER (LAST) Hwangbo (FIRST) Steve 2015 APR -7 PM 1:21

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of La Palma

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of La Palma, Judge or Court Commissioner, County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014. Leaving Office: Date Left, The period covered is January 1, 2014, through the date of leaving office. Assuming Office: Date assumed, The period covered is through the date of leaving office. Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments, None - No reportable interests on any schedule

5. [Redacted]

Date Signed 03/30/2015 (month, day, year)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 Disneyland Resort

ADDRESS *(Business Address Acceptable)*
 1313 Disneyland Drive, Anaheim, CA 92802

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12, 6, 14	\$ 324.86	Candlelight Ceremony
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
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___/___/___	\$ _____	_____
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___/___/___	\$ _____	_____
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___/___/___	\$ _____	_____

Comments: _____