

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 2010 MAR -5 PM 3:46 SAN FRANCISCO ETHICS COMMISSION	California Form 803 For Official Use Only
Maxwell, Sopenia			
Agency Name			
San Francisco Board Of Supervisor		BY _____	<input type="checkbox"/> Amendment (See Part 5)
Agency Street Address			
1 Dr. Carlton B. Goodlett Place, Room 244		Date of Original Filing: _____ (month, day, year)	
Designated Contact Person (Name and title, if different)			
Alice Guidry, Legislative Assistant			
Area Code/Phone Number	E-mail (Optional)		
415-554-7671	alice.guidry@sfgov.org		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

HPS Development Co., LP

Name

1 California Street, Ste 2700	San Francisco	Ca	94111
Address	City	State	Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

International Studies Academy

Name

655 De Haro Street	San Francisco	CA	94107
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 1-25-2010 (month, day, year) Amount of Payment: (In-Kind FMV) \$ 5,000.00 (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Donation to purchase equipment
at International Studies Academy School to create a Video Conferencing Center.

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 3-4-2010 DATE E