Form SFEC-3.216(d) Cover Page

2010 MAR 29 AH 10: 52

NATION AND SECTION

Please type or print legibly in ink.

1. Information regarding Elected Officer:					
	_				
Name (Last)	(First)	(Middle)	Daytime Telephone		
HARRIS	KAMALA	Devi	<u>(4/5) 553 · 1741</u>		
Mailing Address	Street	Zip	Fax Telephone		
850 Beyant	St. #322 3	San Francisco, O En	14 (4/5) 553 · 1737 nail Address		
District	A Honsey	disn	nicta Homey Osfgov. org		
	*				
2. Purpose of Travel: Panelist: Criminal Tustice Panel w/ NAACP			Total number of pages, including this		
fanel w/ NAACP		Check appl.	Check applicable schedules:		
		Gift of trans Schedule B	Yes – schedule attached sportation, lodging or subsistence Ves – schedule attached City of transportation, lodging or		
3. Dates of Travel an Month/Day/Year Ci	d Itinerary: y, State, Country		E □ Yes – schedule attached nent to the City of gift of transportation, subsistence		
July 12 / July 13, 2009 NY.NY					
	USA	I have used statement. I best of my k	rification: all reasonable diligence in preparing this have reviewed this statement and to the knowledge, the information contained in any attached schedules is true and		
		of the State and correct	_/ /		
		Date signed Signatu			

Form SFEC-3.216(d) Schedule A – Gifts of Travel

1. Information regarding entity funding gift of transportation, lodging or subsistence	3.	Cost of transportation, lodging or subsistence
Full Name of Entity: NATIONAL ASSOCIATION FOR THE ADVANCETENT Address: OF COLOREO PEOPLE - NAACO	A.	Please list the total amount of costs that will be paid by the entity to fund the elected officer's travel, including but not limited to the amount directly related to the cost of the officer's transportation, lodging and subsistence.
4805 At Hope De. Bactiver, HD State Zip 21215		\$650.00
Name of Contact Person: Howigue Hom's	B.	Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.
Email Address: Leonie Condeportelephone:		transportation, louging and subsistence.
()	<u> </u>	
	1	
2. Information regarding contributors who contributed more than \$500 to the entity to fund the trip Please list the name, occupation and employer of any contributor who contributed more than \$500 to the entity funding the trip and whose contributions were used in whole or in part to fund the trip: Monique W. Monis Name of Contributor Advancy Div.	(a) (b) (c) (d) who	of Economic Interests, a lobbyist or campaign consultant registered with the Ethics Commission; an employee of or individual who has an ownership interest in a lobbyist or campaign consultant registered with the Ethics Commission; or
Occupation of Contributor		ase identify whether the individual is category (a), (c), or (d), as described above.
Employer of Contributor Name of Contributor	Nam	ne of Individual Category
Occupation of Contributor	<u> </u>	
Employer of Contributor	i	
☐ Check box if additional schedules are attached.	$\overline{\Box C}$	Check box if additional schedules are attached.