Form SFEC-3.216(d) Cover Page

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Please type or print legibly in ink.

| 1. Information regarding Elected Officer: | | FY and the second and | | |
|---|---------|--|---|--|
| Name (Last) | (First) | (Middle) | Daytime Telephone | |
| Cisneros | José | | <u>(</u> 415 <u>)</u> 554-4479 <u> </u> | |
| Mailing Address | Street | Zip | Fax Telephone | |
| 1 Dr. Carlton B Goodlett Pl | | 94102 | <u>(415</u>) <u>554-5507</u> | |
| Office Held | | Ema | il Address | |
| Treasurer & Tax Collector's Office | | | | |

2. Purpose of Travel:

Speaker at the AECF Center for Responsible Lending panel. Sponsored/ presented by the Annie E. Case Foundation & Center for Responsible Lending, July 26, 2009, in Chicago IL. Subject: Putting Payday Lenders in their place: promoting fair and responsible financial services.

| 3. Dates of Travel and Itinerary: | | |
|-----------------------------------|------------------------------|--|
| | San Francisco CA Chicago, IL | |
| Month/Day/Year | City, State, Country | |
| | Chicago IL/ San Francisco CA | |
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| 4. Schedule Summary: | | |
|--|--|--|
| Total number of pages, including this | | |
| cover page 2 | | |
| Check applicable schedules: | | |
| Schedule A 🛛 Yes – schedule attached | | |
| Gift of transportation, lodging or subsistence | | |
| Schedule B | | |
| Gift to the City of transportation, lodging or subsistence | | |
| Subsidience | | |
| Schedule C Yes – schedule attached | | |
| Reimbursement to the City of gift of transportation, | | |
| lodging or subsistence | | |
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| | | |

5. Verification:

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge, the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| Date signed | |
|-------------|--|
| | |
| Siana | |

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: | A. Please list the total amount of costs that will be paid by the entity to fund the elected |
| Annie E. Case Foundation | officer's travel, including but not limited to the amount directly related to the cost of the |
| Address: | officer's transportation, lodging and subsistence. |
| 900 17th St Washington DC 20006 Street City State Zip | \$800.00 |
| Name of Contact Person: Sandra Avila | 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: Telephone: | \$800.00 |
| sandra@aecfconsult.org (202) 689-1225 | |
| <u> </u> | |
| 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: Annie E. Case Foundation Name of Contributor Employer of Contributor Occupation of Contributor Name of Contributor Employer of Contributor Name of Contributor Employer of Contributor | 4. Information regarding persons accompanying the elected officer Please list the name of any individual who is (a) a City employee required to file a Statement of Economic Interests, (b) a lobbyist or campaign consultant registered with the Ethics Commission; (c) an employee of or individual who has an ownership interest in a lobbyist or campaign consultant registered with the Ethics Commission; or (d) an employee or officer of the entity that will pay for the gift of transportation, lodging or subsistence, and who is accompanying the elected officer on the trip. Please identify whether the individual is category (a), (b), (c), or (d), as described above. Name of Individual Category N/A |
| Check box if additional schedules are attached. | ☐ Check box if additional schedules are attached. |