## Form SFEC-3.216(d) Cover Page

2010 MAR 29 AH 10:52

SAM PARMONES ETHICS CONHISSION

Please type or print legibly in ink.

	E V
1. Information regarding Elected Officer	r:
Name (Last) (First)	(Middle) Daytime Telephone
HARRIS KAMALA	DEVI (415) 553 - 1741
Mailing Address Street	Zip Fax Telephone
850 BRyant St. # 322	Z. SF, CA 94103 (415) 553 · 1737 Email Address
Dismict Athoney	
2. Purpose of Travel:  Education AS A FELLOW	4. Schedule Summary: Total number of pages, including this cover page
W/ THE ASPEN-RODEL	Check applicable schedules:
W/ THE ASPEN-RODEL FELLOWSHIPS IN Public LEADERSHIP W/ THE ASPEN	Schedule A 🔼 Yes – schedule attached Gift of transportation, lodging or subsistence
INSTIT.	Schedule B  Yes – schedule attached  Gift to the City of transportation, lodging or subsistence
3. Dates of Travel and Itinerary:  Month/Day/Year City, State, Country	Schedule C
Aug 2- Aug 5, 2009 BeijiNG, CH	ina
Au, 5- Au, 8, 2009 NEW DELHI, I	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 8/2/09
	Signate

## 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:  THE ASPEN TRISTITUTE  Address:  Out Draws Care NW 7th Floor	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.
ONE DUPONT CIRCLE NW 7th Floor Street State Zip WASHINGTON, DC. 20036	\$18,000  Places list the amount in Item A that is
Name of Contact Person:	B. Please list the amount in Item A that is directly related to the cost of the officer's
Email Address: gia. regan Caspenismona Telephone:	transportation, lodging and subsistence.
(20 2) 736-2525	
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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:    Comparison of Contributor   Contrib	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.
Occupation of Contributor	Please identify whether the individual is category (a). (b), (c), or (d), as described above.
Employer of Contributor	Name of Individual Category
Name of Contributor	
Occupation of Contributor	
Employer of Contributor	
☐ Check box if additional schedules are attached.	☐ Check box if additional schedules are attached.