

Form SFEC-3.216(d)
Cover Page

2009 SEP 18 11:12:29

STANFORD UNIVERSITY

Please type or print legibly in ink.

1. Information regarding Elected Officer:

Name (Last) (First) (Middle) Daytime Telephone
 CAMPOS, DAVID (415) 554-5144

Mailing Address Street Zip Fax Telephone
 CITY HALL (415) 554-6255

Office Held Email Address
 MEMBER, BOARD OF SUPERVISORS

2. Purpose of Travel:

INVITED BY THE CALIFORNIA-CATALUNYA SISTER RELATIONSHIP ORGANIZATION TO PROMOTE RELATIONS BETWEEN BARCELONA AND SAN FRANCISCO

3. Dates of Travel and Itinerary:

9/19/09 - 9/26/09
 Month/Day/Year City, State, Country
 Barcelona, Spain

4. Schedule Summary:

Total number of pages, including this cover page _____

Check applicable schedules:

Schedule A Yes - schedule attached
 Gift of transportation, lodging or subsistence

Schedule B Yes - schedule attached
 Gift to the City of transportation, lodging or subsistence

Schedule C Yes - schedule attached
 Reimbursement to the City of gift of transportation, lodging or subsistence

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 9/18/09
 Signature David Campos

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

1. Information regarding entity funding gift of transportation, lodging or subsistence

Full Name of Entity:
AMICS DE GASPAR DE PORTOLA

Address: CALIFORNIA-CATALONIA SISTER
RELATIONSHIP ASSOCIATION
Av. DIAGONAL 612, BARCELONA
Street City State Zip
SPAIN

Name of Contact Person:
RAMON BAIGEP

Email Address: director@amicsgaspardeportola.org Telephone: 34.933962046

3. Cost of transportation, lodging or subsistence

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.
Approximately: \$950-Travel
\$1050-Lodging

B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.
Approximately: \$950-Travel
\$1050-Lodging

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:

AMICS DE GASPAR DE PORTOLA
Name of Contributor

CALIFORNIA-CATALONIA SISTER
Occupation of Contributor

RELATIONSHIP ASSOCIATION
Employer of Contributor

Name of Contributor

Occupation of Contributor

Employer of Contributor

Name of Contributor

Occupation of Contributor

Employer of Contributor

Check box if additional schedules are attached.

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
<u>N/A</u>	

Check box if additional schedules are attached.