### FILED

### Form SFEC-3.216(d) Cover Page

# 2010 MAY -4 AM 11: 40

SAN FRANCISCO ETHICS COMMISSION

Please type or print legibly in ink.

1. Information regarding	Elected Officer:		
Name (Last)	(First)	(Middle)	Daytime Telephone
HARRIS	KAMALA	DEVI	(415) 553·1741
Mailing Address	Street	Zip	Fax Telephone
850 Ban	nt St # 3	22 SECA 94	1/03(4/5 <sup>-</sup> ) 553. 1737
Office Held		Email	Address
District A	HORNEY		
2. Purpose of Travel:			edule Summary: of pages, including this
2010 Aspen Ideas	lestival	cover page _	
2010 Aspen Ideas Tury 5-1	1, 2010	Check applica	able schedules:
			Yes – schedule attached ortation, lodging or subsistence
		Sahadula B	☐ Yes – schedule attached
***************************************		•	y of transportation, lodging or
3. Dates of Travel and Itin	nerary:		☐ Yes – schedule attached  nt to the City of gift of transportation,
Month/Day/Year City, Sta	te, Country	lodging or sub	bsistence
July 5, 2010 July 7, 201			
-10-19 5, 2010 July 1, 201	najesi, Co	5. Verit	fication:
	······································		I reasonable diligence in preparing this ave reviewed this statement and to the
		1	owledge, the information contained
Marie Commission Commi		herein and in a complete.	any attached schedules is true and
			er penalty of perjury under the laws f California that the foregoing is true
***************************************		and correct.	/ ,
Million Parallel Control of the Cont		Date signed	4/20/10

## 2010 MAY -4 AM II: 40

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

SAN FRANCISCO ETHICS COMMISSION

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1. Information regarding entity funding gift of transportation, lodging or subsistence	3. Cost of transportation, subsistence
Full Name of Entity:	A. Please list the total amount of combe paid by the entity to fund the
Address: 1000 NORTH 3RL Sh. Aspen, COSILII	officer's travel, including but n the amount directly related to the officer's transportation, lodging subsistence.
Street NASHINGTON, DC 20036	\$ 1315.99+ Tom: \$1550.99
Name of Contact Person: BRITA STEVENDON	B. Please list the amount in Item A directly related to the cost of the
bskvenson@aspeninst.org 970.544.7972 Email Address: Telephone:	transportation, lodging and sub
(970)343.044S	
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:    Brida   Skurson   Kithy	4. Information regarding person accompanying the elected off Please list the name of any individual w  (a) a City employee required to file of Economic Interests,  (b) a lobbyist or campaign consulta with the Ethics Commission;  (c) an employee of or individual w ownership interest in a lobbyist consultant registered with the E Commission; or  (d) an employee or officer of the enpay for the gift of transportation subsistence, and who is accompanying the elected officer
Occupation of Contributor	Please identify whether the individual is (b), (c), or (d), as described above.
Employer of Contributor	Name of Individual Cate
Name of Contributor	
Occupation of Contributor	
Employer of Contributor	
□ Check box if additional schedules are attached.	☐ Check box if additional schedules are