Amendment



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

FILED

2010 SEP 14 PM 4:00

SAN FRANCISCO ETHICS COMMISSION

Please type or print legibly in ink.

1. Information	on regarding Elected Officer:		8,		
Name (Last)	(First)	(Middle)	Daytime	Telephone	
Chiu	David	S.	(415) 554-7450	
Mailing Address	Street	Zip	Fax Tele	phone	
1635 Clay Street, Apt. 1		94190	(415) 554-7454	
Office Held		Ema	il Address		
President, San Francisco Board of Supervisors		rs da	david.chiu@sfgov.org		

Purpose of Travel:

To participate in study tour of urban transportation and bicycling best practices in the Netherlands with other Bay Area officials.

3. Dates of Travel and Itinerary:		
08/29/10	Arrive Netherlands	
Month/Day/Year	City, State, Country	
08/29/10	Start of visits to Utrect, Rotterdam, the Hague, & Amsterdam	
09/05/10	Depart Netherlands	

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 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

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

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

Date signed 08/19/10

Signatu

ORIGINAL

Form SFEC-3.216(d) Cover Page

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SAN FRANCISCO ETHICS COMMISSION

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Chiu	David	S.		<u>(</u> 415 <u>)</u> 554-7450
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Office Held			Ema	il Address
President, San Fran	ncisco Board of Supervis	ors		
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	Netherlands		I have used a statement. I best of my k herein and ir complete.	

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
Bike Belongs 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.
PO Box 2359 Boulder CO 80306 Street City State Zip	\$3,400.00
Street City State Zip	Discos list the amount in Itam 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
Zach Vanderkooy	transportation, lodging and subsistence.
Email Address: Telephone:	\$3,400.00
zach@bikebelongs.org (303)827-1760	L
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: Name of Contributor Employer of Contributor Name of Contributor Occupation 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),
Employer of Contributor	(b), (c), or (d), as described above.
Name of Contributor	Name of Individual Category
	Ed Relskin (DPW), Bridget Smith (MTA), Ricardo Olea (MTA) (a)
Occupation of Contributor	Zach Vanderkooy, Bruno Maler, Patrick Seidler (d)
Employer of Contributor	
☐ Check box if additional schedules are attached.	☐ Check box if additional schedules are attached