

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

FILED  
10 SEP 14 PM 12:03  
SAN FRANCISCO  
ETHICS COMMISSION

Please type or print legibly in ink.

<b>1. Information regarding Elected Officer:</b>				BY _____
Name (Last)	(First)	(Middle)	Daytime Telephone	
Campos	David		(415) 554-5144	
Mailing Address	Street	Zip	Fax Telephone	
<del>Campos</del>	DR. Carlton B. Goodlett Place, Rm 244 San Francisco	94102	(415) 554-6255	
Office Held	Email Address			
Supervisor				

**2. Purpose of Travel:**  
Meeting with members of Congress regarding Comprehensive Immigration Reform

**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*

**3. Dates of Travel and Itinerary:**

9-14-10	Washington DC, USA
Month/Day/Year	City, State, Country
9-15-10	San Francisco, CA USA

**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 9/13/10

Signature \_\_\_\_\_

**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:  
Coalition for Humane Immigrant Rights

Address: of Los Angeles

2533 West 3rd St. LA, CA 90057  
Street City State Zip

Name of Contact Person: Lorena Melgarejo

Email Address: LMelgarejo@communitychange.org Telephone: (415) 724-4987

**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.

\$332.00

B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.

\$332.00

**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 \_\_\_\_\_

Occupation of Contributor \_\_\_\_\_

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
_____	_____
_____	_____
_____	_____

Check box if additional schedules are attached.