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10 SEP 17 AM 9:10

Form SFEC-3.216(d)

Cover Page

SAN FRANCISCO ETHICS COMMISSION

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 Rm 244 (415) 554-6255

Office Held Email Address  
 MEMBER, BOARD OF SUPERVISORS David.Campos@sfgov.org

**2. Purpose of Travel:**  
 Discuss and explore mutually beneficial business and economic development opportunities and cultural exchanges following the recent establishment of Sister City relationship between Barcelona and San Francisco.

**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:**

9-17-10 Leave for  
 Month/Day/Year City, State, Country  
 Barcelona Spain

9-22-10 Return to  
 San Francisco

**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 9-16-10  
 Signature 

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SAN FRANCISCO ETHICS COMMISSION

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

BY \_\_\_\_\_

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

Full Name of Entity:  
BARCELONA CITY COUNCIL

Address:  
PL. SAUNT JAUME, 1, BARCELONA  
Street City State Zip

Name of Contact Person:  
MONICA BATLLE BORJA

Email Address: Telephone:  
mbatlleb@bcn.cat (34) 93 402 75 06

**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.  
€ 1205 or \$ 1,578

B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.  
€ 1205 or \$ 1,578

**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.