

Form SFEC-3.216(d)  
Cover Page

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SAN FRANCISCO  
ETHICS COMMISSION

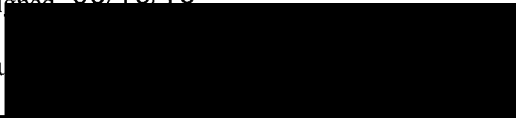
Please type or print legibly in ink.

<b>1. Information regarding Elected Officer:</b>			
Name (Last)	(First)	(Middle)	Daytime Telephone
Cisneros	José		(415) 554-7870
Mailing Address	Street	Zip	Fax Telephone
1 Dr. Carlton B Goodlett Pl.		94102	( )
Office Held	Email Address		
Treasurer & Tax Collector			

<b>2. Purpose of Travel:</b> Serve as panelist at the CFED conference on Media and Policy Briefing, and College Success Plenary-
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<b>3. Dates of Travel and Itinerary:</b>
09/21/10 Washington DC
Month/Day/Year City, State, Country
09/23/10

<b>4. Schedule Summary:</b>
Total number of pages, including this cover page _____
Check applicable schedules:
Schedule A <input checked="" type="checkbox"/> Yes – schedule attached Gift of transportation, lodging or subsistence
Schedule B <input type="checkbox"/> Yes – schedule attached Gift to the City of transportation, lodging or subsistence
Schedule C <input type="checkbox"/> Yes – schedule attached Reimbursement to the City of gift of transportation, lodging or subsistence

<b>5. Verification:</b>
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 09/10/10
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:

Corporation for Enterprise Development

Address:

1200 G St. Ste. 400 Washington DC 20005

Street City State Zip

Name of Contact Person:

Robert Friedman

Email Address: Telephone:

bfriedman@cfed.org (415) 495.6701

**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.

\$1,200.00

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

\$1,200.00

**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
<u>N/A</u>	
_____	
_____	

Check box if additional schedules are attached.