

Form SFEC-3.216(d)  
Cover Page

FILED  
2011 MAY 13 AM 9:24

SAN FRANCISCO  
ETHICS COMMISSION

Please type or print legibly in ink.

BY \_\_\_\_\_

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

**2. Purpose of Travel:**

Invited by Spanish Government (Spanish Embassy in U.S.) to attend conference on key issues facing the Hispanic/Latino community in the U.S. Conference involves a number of Hispanic/Latino leaders in the U.S. and abroad.

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

05/15/11	Arrive Madrid, Spain
Month/Day/Year	City, State, Country
05/22/11	Depart Madrid, Spain

**4. Schedule Summary:**

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

**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 05/13/11

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:  
Spanish Embassy to the United States

Address:  
2375 Pennsylvania Ave NW, Washington DC 20037

Street City State Zip

Name of Contact Person:  
Polimnia Alvarado Rossin

Email Address: Telephone:  
polimnia.alvarado@maec.es (202) 728-2358

**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.  
€ 5,500 or \$7,200

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

**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.