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

SAN FRANCISCO  
ETHICS COMMISSION

Please type or print legibly in ink.

BY \_\_\_\_\_

**1. Information regarding Elected Officer:**

Name (Last)	(First)	(Middle)	Daytime Telephone
Kim	Jane		(415 ) 554-7970
Mailing Address	Street	Zip	Fax Telephone
1, Carlton Goodlett Place, Room 282		94102	(415 ) 554-7974
Office Held	Email Address		
Member of the Board of Supervisors			

**2. Purpose of Travel:**

I was invited by the Burning Man Arts Festival to evaluate partnership opportunities between the Festival and long-existing and diverse District 6 arts community

**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*

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

09/01/11 Arrive Black Rock City, NV  
Month/Day/Year City, State, Country

09/02/11 Depart Black Rock City, NV

**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 09/01/11

Signature \_\_\_\_\_

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

<b>1. Information regarding entity funding gift of transportation, lodging or subsistence</b>			
Full Name of Entity:			
<u>Black Rock City LLC</u>			
Address:			
<u>955 Market Street San Francisco CA 94102</u>			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Name of Contact Person:			
Email Address:		Telephone:	
(      )			

<b>3. Cost of transportation, lodging or subsistence</b>	
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.
	<u>\$420.00</u>
B.	Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.

<b>2. Information regarding contributors who contributed more than \$500 to the entity to fund the trip</b>	
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:	
<small>Name of Contributor</small>	
<small>Occupation of Contributor</small>	
<small>Employer of Contributor</small>	
<small>Name of Contributor</small>	
<small>Occupation of Contributor</small>	
<small>Employer of Contributor</small>	
<input type="checkbox"/> Check box if additional schedules are attached.	

<b>4. Information regarding persons accompanying the elected officer</b>	
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.	
<i>Please identify whether the individual is category (a), (b), (c), or (d), as described above.</i>	
Name of Individual	Category
<input type="checkbox"/> Check box if additional schedules are attached.	