

Form SFEC-3.216(d)  
Cover Page

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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
Farrell	Mark		(415 ) 554-7752
Mailing Address	Street	Zip	Fax Telephone
1 Dr. Carlton B. Goodlett Place Room 244		94102	(415 ) 554-7843
Office Held	Email Address		
Supervisor	mark.farrell@sfgov.org		

**2. Purpose of Travel:**  
To enhance the cultural and economic ties between the sister cities of Cork and San Francisco.

**4. Schedule Summary:**  
Total number of pages, including this cover page 3

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:**

03/17/13-03/19/13	Cork, Ireland
Month/Day/Year	City, State, Country

**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 04/10/13

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:  
 San Francisco-Cork Sister City Committee c/o James Herilhy, Deutsche Bank Private Wealth Management

Address:  
 [Redacted] San Francisco CA 94111  
Street City State Zip

Name of Contact Person:  
 James Herilhy, Treasurer

Email Address: Telephone:  
 [Redacted] (415) 617-3516

**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.  
 \$2,000.00

B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.  
 \$2,000.00

**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:

See attached

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
See attached	
_____	
_____	

Check box if additional schedules are attached.

**Form SFEC-3.216(d)**  
**Schedule B – Gifts to the City**

**1. Information regarding entity that donated funds to the City that will be used by the City to fund the elected officer's transportation, lodging or subsistence**

Full Name of Entity:  
 \_\_\_\_\_

Address:  
 \_\_\_\_\_

Street City State Zip  
 \_\_\_\_\_

Name of Contact Person:  
 \_\_\_\_\_

Email Address: Telephone:  
 \_\_\_\_\_ ( ) \_\_\_\_\_

**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.  
 \_\_\_\_\_

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.

**Form SFEC-3.216(d)**  
**Schedule C - Reimbursement**

**1. Information regarding entity that originally paid for the elected officer's transportation, lodging or subsistence**

Full Name of Entity:

Address:

Street City State Zip

Name of Contact Person:

Email Address: Telephone:

( )

**3. Information regarding the Amount reimbursed by the elected officer to the entity**

Please list the amount reimbursed by the elected officer to the entity.

Please describe the process used to determine the fair-market value of the cost of the officer's transportation, lodging and subsistence, as reported in item 3(a).

**2. Cost of transportation, lodging or subsistence**

Please list the total amount of costs that was 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.

Form SFEC-3.216(d)  
Mark Farrell  
3/17/13 – 3/19/13 Cork, Ireland  
Attachment

Item #2: Information regarding contributors who contributed more than \$500 to the entity to fund the trip:

Kieran Buckley, Contractor  
Carpenters Local 22, San Francisco  
Derry Casey, Contractor  
Cork City Council  
Sean Keighran, Contractor  
Devra McArdle, Retired  
John McArdle, Retired  
Angus McCarthy, Contractor  
James O'Driscoll, Contractor  
Port of San Francisco  
San Francisco International Airport

Item #4: Information regarding persons accompanying the elected officer:

Mark Chandler (a)  
Supervisor Mark Farrell (a)  
Christine Falvey (a)  
Una Fannon (a)  
Matthew Goudeau (a)  
Caitlin Jacobson (a)  
Angus McCarthy (a)  
Monique Moyer (a)  
Olivia Scanlon (a)  
Supervisor Norman Yee (a)  
Mayor Edwin M. Lee (a)