Form SFEC-3.216(d) Cover Page



Please type or print legibly in ink.	B. V
1. Information regarding Elected Officer:	
Name (Last) (First)	(Middle) Daytime Telephone
Kim Jane	<u>(415</u>) <u>554-7972</u>
Mailing Address Street	Zip Fax Telephone
1 Dr. Carlton B. Goodlett Pl. San Francisco	94102 (415) 554-7974
Office Held	Email Address
Supervisor, District 6	jane.kim@sfgov.org
2. Purpose of Travel: To enhance cultural and economic ties to Sister Cities of Shanghai, China 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
3. Dates of Travel and Itinerary: 10/15/13 Shanghai, China Month/Day/Year City, State, Country	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
10/19/13	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 Signature

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

1. Information regarding entity funding gift of transportation, lodging or subsistence	3. Cost of transportation, lodging or subsistence
Full Name of Entity:	A. Please list the total amount of costs that will be paid by the entity to fund the elected
Shanghai Sister City	officer's travel, including but not limited to the amount directly related to the cost of the
Address:	officer's transportation, lodging and subsistence.
San Francisco CA 94108 Street City State Zip	\$1,380.00
Name of Contact Person: Sandra Siharath	B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.
Email Address: Telephone:	\$1,380.00
(415 ₎ 321-5881	
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: Chinese Chamber of Commerce Name of Contributor ChinaSF Occupation of Contributor Name of Contributor	 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.
Employer of Contributor	Name of Individual Category
Name of Contributor	Mayor Ed Lee (a)
Occupation of Contributor	Sup Norman Yee (a)
Employer of Contributor	Sup London Breed (a)
☐ Check box if additional schedules are attached.	☐ Check box if additional schedules are attached.