## Form SFEC-3.216(d) Cover Page

13 OCT 24 PH 3:48

SAM FRAMCIACO ETHICS COMMSSION

Please type or print legibly in ink.

1. Information regarding Elected Officer:	27 F .om	and States and the Manufall and the States and American States and the States and	
Name (Last) (First)	(Middle)	Daytime Telephone	
Avalus John	M	(415) 554-6975	
Mailing Address 1 DR. CARLTON B. GOODLETT PLACE	Zip	Fax Telephone	
1 DR. CARLION B. G.COPLETT PLACE	94102	(415) 554-6979	
Office Held	Email Address		
Supervisor, District 11	jol	in.avalos@sfgavo	
2. Purpose of Travel:	4. Schedule Summary:		
Conférence of	Total number of pages, including this cover page		
MUNIC.pal	Check applicable schedules:		
elected	Schedule A 💆	Yes – schedule attached	
officials in	Gift of transporta	ition, lodging or subsistence	
Washington DC	Schedule B	Yes – schedule attached	
0.3000	1	f transportation, lodging or	
3. Dates of Travel and Itinerary:	Schedule C	Yes – schedule attached	
10/24/13 Sanfrancisto, CA	Reimbursement to the City of gift of transportation,		
Month/Day/Year City, State, Country	lodging or subsis	tence	
to by			
CCO L L D D	5. Verifica	tion:	
STO TO WAShington LC		asonable diligence in preparing this reviewed this statement and to the	
leaving totalis armving		edge, the information contained	
, , , , , , , , , , , , , , , , , , ,	1	attached schedules is true and	
IN DC 10/25/13	complete.		
Potron 1067 Will star		enalty of perjury under the laws	
21 300	and correct.	alifornia that the foregoing is true	
Return 10/27 Will Stay at Washinghun Court Itoje!		in/aulia	
3,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	Date signed	10/24/13	
	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:  Center for Popular De Mucracy  Address:  Brooklandy  Street City State Zip	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.
Name of Contact Person:  JOSC DUFFY  Email Address:  DUFF DUP A land Telephone:  TOUTH DUP A land Telephone:	B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.
347-915-0432	
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  Employer of Contributor  Name of Contributor	4. Information regarding persons
Occupation of Contributor	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	ERIC MAR a
Occupation of Contributor	
Employer of Contributor	
☐ Check box if additional schedules are attached.	☐ Check box if additional schedules are attached.