2014 JAN 21 AM 8: 22

Form SFEC-3.216(d) Cover Page

SAN FRANCISCO ETHICS COMMISSION

Please type or print legibly in ink.

Information regarding Elected Officer:

BY email 1/17/14

Name (Last)	(First)	(Middle)	Daytime Telephone		
Cisneros	José	Miguel	(415) 554-4479		
Mailing Address	Street	Zip	Fax Telephone		
1 Dr. Carlton B. G	oodlett Place, Room 140	94102	(415) 554-5507		
Office Held		Email	Address		
Treasurer		jose	cisneros@sfgov.org		
 Purpose of Travel: US Financial Diaries Advisory Board Meeting. 		4. Schedule Summary: Total number of pages, including this cover page 11 Check applicable schedules:			
		Gift of transpo	Yes – schedule attached ortation, lodging or subsistence Yes – schedule attached of transportation, lodging or		
01/05/14 SF, C	Nel and Itinerary: A to NY, NY City, State, Country Y to SF, CA	2 1	Yes – schedule attached t to the City of gift of transportation, sistence		
		I have used all statement. I ha best of my kno	ication: reasonable diligence in preparing this we reviewed this statement and to the wledge, the information contained ny attached schedules is true and		
		I certify under of the State of and correct.	r penalty of perjury under the laws California that the foregoing is true		
		Date signed 0	1/17/14		
		Signature e	The state of the s		

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

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
New York University	officer's travel, including but not limited to the amount directly related to the cost of the
Address:	officer's transportation, lodging and subsistence.
New York NY 10012 Street City State Zip	\$1,003.50
Name of Contact Person:	B. Please list the amount in Item A that is directly related to the cost of the officer's
JoAnne Williams	transportation, lodging and subsistence.
Email Address: Telephone:	\$1,003.50
joanne.williams@nyu.edu (212) ⁹⁹²⁻⁶⁵¹⁴	
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 Decupation of Contributor Decupation of Contributor Employer of Contributor Employer 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. Name of Individual Category
Name of Contributor	
Occupation of Contributor	
Employer of Contributor	
☐ Check box if additional schedules are attached.	☐ Check box if additional schedules are attached.

On Tue, Oct 22, 2013 at 6:25 PM, Joanne Williams < joanne.williams@nyu.edu> wrote:

Dear Jose,

Thank you again for your participation in the US Financial Diaries Advisory Board. The next meeting scheduled for January 6th and 7th will begin on Monday around noon and conclude on Tuesday mid afternoon.

Below you will find the link to a questionnaire in which we are requesting your travel, lodging, and food preferences as well as additional biographical information to update the website. If you have any additional questions or concerns, please let me know.

Link to questionnaire: https://nyu.qualtrics.com/SE/?SID=SV_eL3fzYKSZSYTNR3

Thank you,

JoAnne Williams

Jo Anne Williams

Robert F. Wagner School of Public Service

New York University

The Pack Daliding

New York, NV 19912

Phone: (212) 992-6514 | Fax: (212) 995-4162 | joanne, williams@nyu.edu



EXPENSE BREAKDOWN SHEET (TRAVEL)

(WHEN NEEDED PLEASE ATTACH TO FORM IND4000 or EXP2000S)

Form EXP2000T (LAST REVISED JUNE 2012)

FAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)	SCHOOL/DEPARTMENT	TELEPHONE NUMBER
José M. Cisneros	1	I STREET WINDS
Cose M. Cisheros	City & County of San Francisco	415-554-4479
		410-004-447
		3 .

Use this form to report and request reimbursement for expenses incurred during business travel. All travel expenses must conform to the University's policy on business expenses. In the case of grants or contracts, Sponsor's regulations or contract terms must also be followed. For guidance, refer to the Business Expenses Policy and the Expense Reimbursement Policy of the University.

For per diem amount applicable to foreign travel charged to grants or contracts, refer to the government web site (were state government).

	inclusive dates of travel	Eusiness purpose of travel
DEPART	URE: 01/05/2014	US Financial Diaries Advisory Board Meeting.
RETURN	: 01/07/2014	

EXPENSE DETAILS

DATE	HOTEL	AITVEUS/RAIL	Personal Car ⁺ /Tolls	car rental	PARKING	CAR SERVIC	72 /	TELEPHONE/ FAXINTERNET		SUBTUTAL
01/05/2014	209 02	453 80				65	83		s	728.65
01/06/2014	209 02		1		[İ			1	209.02
01/07/2014			I	ı		65	83			65.83
				`	1	1		i		
						Ī		ı		
				Į Į				1		
Subtotal (General expenses)	418.04	453.80				. 131.	66		s	1003.50

MEALS DURING TRAVEL AND OTHER EXPENSES: Use the section below for meal expenses incurred during travel. Meal expenses not related to proved should be reported on Sorry EVR 200024

DATE	Breakfast	LUNCH	DINNER	SUBTOTAL	expenses not related to travel should be reported on Form EXP 2000M. OTHER (DESCRIPTION)	OTHER	OTHER (AMOUNT)	
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				0 00			<u>'</u>	
		Į.		000			<u> </u>	
SUBTOTAL (MEALS)	ołao	ołoo	ołoo	(a). S O ^l OO	Subtotal (Other express incurred during teavel)	s	0,00 (c	

*See CDV meb site (www.nyn.odusedv) for current mileage rote.

TOTAL OF TRAVEL MARKET SEC.		
(A+B+C)	14, 1000	
	1 %	

THANKS TO CONTACT TLC DIAL 3-1-1 A STAR A 2 L HOP MEMBER PX7BLX

Issue Date: December 19, 2013

Traveler CISNEROS/JOSEMMR eTicket Number 0162389888827 Frequent Flyer

UA-AJ34XXXX Premier Gold / *G

Seats

21D/21D

FLIGHT INFORMATION

Day, Date Flight Cla Sun, 05JAN14 UA502 K

Flight Class Departure City and Time UA502 K SAN FRANCISCO, CA (SFO) 4:35 PM Arrival City and Time NEW YORK, NY (JFK) 1:00 AM (06JAN) Aircraft Meal 757-200 Purchase

Tue, 073AN14 U

UA257 T

NEW YORK, NY (JFK) 3:30 PM SAN FRANCISCO, CA (SFO) 7:04 PM 757-200 Purchase

FARE INFORMATION

Fare Breakdown		Form of Payment:
Alrfare:	401.86USD	AMERICAN EXPRESS
U.S. Federal Transportation Tax:	30.14	Last Four Digits 1008
U.S. Flight Segment Tax:	7.80	_
September 11th Security Fee:	5.00	
U.S. Passenger Facility Charge:	9.00	
Per Person Total:	453.80USD	
and the first of the second se	The second secon	

eTicket Total:

453.80USD

The airfare you paid on this itinerary totals: 401.86 USD

The taxes, fees, and surcharges paid total: 51.94 USD

Fare Rules:

Additional charges may apply for changes in addition to any fare rules listed.

NONREF/OVALUAFTDPT/CHGFEE

Cancel reservations before the scheduled departure time or TICKET HAS NO VALUE.

Baggage allowance and charges for this itinerary.

Baggage fees are per travelor

Origin and destination for checked baggage	1 st bág 2 nd bág	Max wt / dim per plece
1/5/2014 San Francisco, CA (SFO) to New York, NY (JFK)	0.00 USD 0.00 USD	70.0lbs (32.0kg) - 62.0in (157.0cm)
1/7/2014 New York, NY (JFK) to San Francisco, CA (SFO)	0.00 USD 0.00 USD	70.0lbs (32.0kg) - 62.0ln (157.0cm)

Baggage check-in must occur with United or United Express, and you must have valid MileagePlus Premier® Gold membership at time of check-in to qualify for waiver of service charges for up to three checked bags (within specified size and weight limits).

Additional Baggage Information

Carry-on baggage information

United accepts one carry-on item of no more than 45 linear inches or 114 linear centimeters in the aircraft cabin, along with one personal item (such as a shoulder or laptop bag).

Due to FAA regulations, operating carriers may have different carry-on requirements.

Please check with the operating carrier for more information or go to

General Baggage Information

First and second bag service charges do not apply to active-duty members of the U.S. military and their accompanying dependents. For additional information regarding baggage charges

allowances, weight/size restrictions, exceptions or embargoes, or charges for overweight, oversized, excess, oddsized baggage, special items

or sporting equipment, visit

eTicket RemInders

Check-in Requirement - Bags must be checked and boarding passes obtained at least 30 minutes prior to scheduled departure. Baggage will not be accepted and advance seat assignments may be cancelled if this condition is not met.

EXCEPTION: when departing from Anchorage, Atlanta, Chicago, Cincinnati, Cleveland, Denver, Honolulu, Houston, Indianapolis, Jacksonville, Kahului, Kona, Las Vegas, Los Angeles, Maui,

New York, NY 10019

United States

Tel: 212-581-1000 Fax: 212-262-4410

Page Number : 1

Guest Number

Invoice Nbr

: 391645

*** Jose Cisneros Ibm/globel/gp

San Francisco, CA 94117-4113

Email:

Folio ID : EK-A Arrive Date : 05-J

: 9665945 : EK-A

: 05-JAN-14 22:32

Hotels & Resorts

Depart Date : 06-JAN-14

No. Of Guest : 2 Room Number : 4911 Room Rate : 179.10

Club Account : SPG - P400019787

Information Invoice

Tax ID :

Sheraton:Ne	w York 06-d	JAN-14 02:05 RTOCHINA	
Date	Reference	Description	Amount
05-JAN-14	RT4911	Room Chrg Corp Volumn L	179.10
05-JAN-14	RT4911	Room Sales Tax	15.90
05-JAN-14	RT4911	Occupan/Tourism Tax	2.00
05-JAN-14	RT4911	NYS Javits Ctr Tax	1.50
05-JAN-14	RT4911	City/Local Tax	10,52
06-JAN-14	AX	American Express NY	(-209.02)
		*** Balance	0.00

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued on the next page

New York, MY 10019

United States

Tel: 212-581-1000 Fax: 212-262-4410

Hotels & Resorts

*** Jose Cisneros

Ibm/global/gp

San Francisco, CA 94117-4113

Email:

Paga Number Guest Number : 2 : 9665945 Invoice Mbr

22:32

: 391645

Folio ID

: EX-A

: 05-JAN-14 Arrive Date

Depart Date

: 06-JAN-14 : 2

No. Of Guest Room Number

4911 :

Room Rate

: 179,10

Club Account

: SPG - P400019787

Information Invoice

Enjoy Sheraton's healthy menu options on your next stay. Brighten your diet with Color Your Plate, our healthier menu options that include at least three colorful fresh food items, as recommended by nutrition experts at Core Performance (TM). Learn more at www.sheraton.com/fitness

As a Starwood Preferred Guest you have earned at least 537 Starpoints for this visit P400019787

Tell us about your stay. www.sheraton.com/reviews

EXPENSE SUMMARY REPORT

Date	Room & Tax	Food & Bev	Telephone
05-JAN-14	209.02	0.00	0.00
Total	209.02	0.00	0.00
Date	Parking	Other	Total
05-JAN-14	0.00	0.00	209.02
Total	0.00	0.00	209.02
Date	Payment		
05-JAN-14	0.00		
	we now well the dat the true well this date ago for the date the time the time true and		
Total	0.00		

New York, NY 10019

United States

Tel: 212-501-1000 Fax: 212-262-4410

Hotelsa resorts

Jose Cianeros Ibm/global/gp

San Francisco, CA 94117-4113

Email:

Paga Number Guest Number

Arrive Date

: 1 : 9662750 Invoice Nbr : 391946

Folio ID

: EX-A

06-JAN-14 03:22

Depart Date : 07-JAN-14

No. Of Guest : 2 Room Number : 4911 Room Rate : 179.10

Club Account : SPG ~ P400019787

Information Invoice

Tax	ID	:

Sheraton Ne	w York 07-i	JAN-14 02:03 LAILLOP	
Date	Reference	Description	Amount
06-JAN-14	RT4911	Room Chrg Corp Volumn L	179.10
06-JAN-14	RT4911	Room Sales Tax	15.90
06-JAN-14	RT4911	Occupan/Tourism Tax	2.00
06-JAN-14	RT4911	NYS Javits Ctr Tax	1.50
06-JAN-14	RT4911	City/Local Tax	10-52
07- <i>J</i> AN-14	AX	American Express NY	(209.02)
		*** Balance	0.00 "

For your convenience, we have prepared this zero-balance folio indicating a \$0 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a \$0 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.

Continued on the next page

New York, NY 10019

United States

Tel: 212-581-1000 Fax: 212-262-4410



Jose Cianeros Ibm/global/gp

San Francisco, CA 94117-4113

Email:

Page Number Guest Number

Arrive Date

: 2 : 9562750 Invoice Nbr : 391946

Folio ID : EX-A

: 06-JAN-14 03:22

: 07-JAN-14 Depart Date

No. Of Guest : 2

Room Number : 4911

: 179.10 Room Rate Club Account

: SPG - P400019787

Information Invoice

Turn stays into getaways. As a Starwood Preferred Guest member you will earn Starpoints for your stays, then use those points on anything from free nights and free flights without blackout dates to merchandise and once-in-a-lifetime experiences. If you're not already a member, join at the front desk or at www.SPG.com

As a Starwood Freferred Guest you have earned at least 537 Starpoints for this visit P400019787

Tell us about your stay, www.sheraton.com/reviews

EXPENSE SUMMARY REPORT

Date	Room & Tax	Food & Bev	Telephone
06-JAN-14	209.02	0.00	0.00
	CHI HE WE SHE SHE SHE SHE SHE SHE SHE SHE SHE WAS SHE WAS SHE SHE SHE SHE	and 525 525 525 500 325 500 500 500 500 500 500 500 500 500 5	per see no not told and or his not give new med and that has been seen not
Total	209.02	0.00	, 0.00
Date	Parking	Other	Total
06-JAN-14	0.00	0.00	209.02
Total	.0.00	0.00	209.02
Date	Payment		
06-JAN-14	0.00		
	All the hier has not not use one and one with the took of the file his other		
Total	0.00		

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New York, NY 10019

United States

Tel: 212-581-1000 Fax: 212-262-4410

Jose Cianeros Ibm/global/gp

San Francisco, CA 94117-4113

Email:



Page Number Guest Number : 9662750

: 3

Invoice Mbr

: 391946

Folio ID Arrive Date : EX-A

: 06-JAN-14 03:22

Depart Date

ŧ 07-JAN-14 2

No. Of Guest

: 4911

Room Number Room Rate

: 179.10

Club Account

: SPG - P400019787

Information Invoice