## 2014 MAR 11 PM 2: 28

## SAM FRANCISCO ETHICS COMMISSION

## Form SFEC-3.216(d) Cover Page

Coverrage

Please type or print legibly in ink.		BY equal and reference for more agreement about a distribution in conscious distributions.	
1. Information regarding Elected Officer:		TOTAL STATE	
Name (Last) (First)	(Middle)	Daytime Telephone	
Kim Jane		<u>415</u> )554-7970	
Mailing Address Street	Zip	Fax Telephone	
1 Dr. Carlton B. Goodlett Pl.	94102	<u>(415</u> ) 554-7974	
Office Held	Ema	nil Address	
Board of Supervisor, District 6	ervisor, District 6 jane.kim@s		
2. Purpose of Travel:  To discuss issues critical to San Francisco and to learn more about what is being done in the areas of economic stimulus; workforce development and job creation; healthful living in an urban environment; importance of parks to the local economy and transportation initiatives.  3. Dates of Travel and Itinerary:  03/12/14 Washington, DC  Month/Day/Year City, State, Country  03/14/14	Total number cover page  Check applied  Schedule A Gift of transport of the Control of the Contr	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	
	I have used a statement. I best of my ki herein and in complete.  I certify und	ification: all reasonable diligence in preparing this have reviewed this statement and to the nowledge, the information contained any attached schedules is true and ler penalty of perjury under the laws of California that the foregoing is true	
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## Form SFEC-3.216(d) Schedule A – Gifts of Travel

I. 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
SF Chamber of Commerce Foundation	officer's travel, including but not limited to the amount directly related to the cost of the
Address:	officer's transportation, lodging and subsistence.
SF CA 94101 Street City State Zip	\$2,232.00
Name of Contact Person:	B. Please list the amount in Item A that is
Jim Lazarus, Senior VP/ Public Policy	directly related to the cost of the officer's transportation, lodging and subsistence.
Email Address: Telephone:	•
(415)352-8841	
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:  Greg Cosko  Name of Contributor  Pres & CEO, Hathaway Dinwiddle Construction  Occupation of Contributor  Michael Riordan  Employer of Contributor  Margine Sako  Occupation of Contributor  Executive Director, St. Mary's Medical Center Foundation  Employer of Contributor  Melinda Yee Franklin  Name of Contributor  Menaging Director, Corporate and Government Affairs, United Airlines  Occupation of Contributor	<ul> <li>4. Information regarding persons accompanying the elected officer</li> <li>Please list the name of any individual who is <ul> <li>(a) a City employee required to file a Statement of Economic Interests,</li> <li>(b) a lobbyist or campaign consultant registered with the Ethics Commission;</li> <li>(c) an employee of or individual who has an ownership interest in a lobbyist or campaign consultant registered with the Ethics Commission; or</li> <li>(d) an employee or officer of the entity that will pay for the gift of transportation, lodging or subsistence, and</li> <li>who is accompanying the elected officer on the trip.</li> </ul> </li> <li>Please identify whether the individual is category (a), (b), (c), or (d), as described above.</li> <li>Name of Individual Category</li> <li>London Breed (a)</li> </ul>
Employer of Contributor	
☐ Check box if additional schedules are attached.	Check how if additional whole the
The state of the s	☐ Check box if additional schedules are attached.