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## Form SFEC-3.216(d) Cover Page

## 2014 MAY - 1 PM 4: 15

Please type or print legibly in ink.

SAN FRANCISCO ETHICS COMMISSION

1. Information regarding Elected Officer:	DY consequence of the second s
Name (Last) (First)	(Middle) Daytime Telephone
Gaccón heorge	(415) 553-1742
Mailing Address Street	Zip Fax Telephone
8CO Bryant St #322	94103 (415)563.1737
Office Hold	Email Address
Dictrict Altring	robyn. Burke @ Sofe on o
2. Purpose of Travel: Pane List @ NOMA /NAAL	4. Schedule Summary: Total number of pages, including this cover page
National Symposium on the reduction of Crini	Check applicable schedules:
on individual	Schedule A St. Yes – schedule attached Gift of transportation, lodging or subsistence
	Schedule B
3. Dates of Travel and Itinerary:  05/04/14 - 05/06/14 Washington to Month/Day/Year City, State, Country	Schedule C
	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: NAttP   The NAAbi Training and Regearch Arry Address: Washington, DC 20036 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:  Noven Lehy 202 326-6252  Email Address: Telephone:  Nlahy@Naag. 879 ()	В.	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  Decupation of Contributor  Name of Contributor	(a) (b) (c) (d) who is	Information regarding persons accompanying the elected officer list the name of any individual who is a City employee required to file a Statement of Economic Interests, a lobbyist or campaign consultant registered with the Ethics Commission; an employee of or individual who has an ownership interest in a lobbyist or campaign consultant registered with the Ethics Commission; or an employee or officer of the entity that will pay for the gift of transportation, lodging or subsistence, and accompanying the elected officer on the trip. identify whether the individual is category (a),
Occupation of Contributor		, or (d), as described above.
Employer of Contributor  Name of Contributor  Occupation of Contributor	Name o	of Individual Category
Employer of Contributor		
☐ Check box if additional schedules are attached.	□ Che	eck box if additional schedules are attached.