2015 JAN -2 PM 4: 54

Form SFEC-3.216(d) Cover Page

SAN FRANCISCO ETHICS COMMISSION

Please type or print legibly in ink		By security is commenced and accommenced and a		
1. Information regarding Elected Officer:				
Name (Last)	(First)	(Middle)	Daytime Telephone	
Cisneros	José	Miguel	(415 ₎ 554-4479	
Mailing Address	Street	Zip	Fax Telephone	
1 Dr. Carlton B. Goodlett Place, Room 140		94102	(415) 554-5507	
Office Held		Emai	Email Address	
Treasurer		jos	jose.cisneros@sfgov.org	
2. Purpose of T	ravel:		edule Summary:	
Attend as panelist: National Association of State Treasurers, Annual Conference		cover page	Total number of pages, including this cover page 2 Check applicable schedules:	
		1 1	Yes – schedule attached cortation, lodging or subsistence	
			Schedule B	
3. Dates of Travel and Itinerary: 09/07/14 San Francisco-Mackinac Island, MI Month/Day/Year City, State, Country		Reimburseme	Schedule C Yes – schedule attached Reimbursement to the City of gift of transportation, lodging or subsistence	
09/10/14 Mackinac Island, MI-San Francisco				
		I have used al statement. I h best of my kn	fication: Il reasonable diligence in preparing this have reviewed this statement and to the owledge, the information contained any attached schedules is true and	
			er penalty of perjury under the laws f California that the foregoing is true	
(.		Date signed Signature	1/02/15	

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		
National Association of State Treasurers	be paid by the entity to fund the elected officer's travel, including but not limited to		
Address:	the amount directly related to the cost of the officer's transportation, lodging and		
Lastrata 104 10514	subsistence.		
Lexington KY 40511 Street City State Zip	\$914.30		
Name of Contact Person:	B. Please list the amount in Item A that is		
Chris Hunter	directly related to the cost of the officer's transportation, lodging and subsistence.		
Email Address: Telephone:	\$914.30		
(859) 244-8177			
(009)244-0177			
2. Information regarding contributors who contributed more than \$500 to the entity	4. Information regarding persons		
to fund the trip	accompanying the elected officer Please list the name of any individual who is		
Please list the name, occupation and employer of any contributor who contributed more than \$500 to the	(a) a City employee required to file a Statement		
entity funding the trip and whose contributions were	of Economic Interests, (b) a lobbyist or campaign consultant registered		
used in whole or in part to fund the trip:	with the Ethics Commission;		
	(c) an employee of or individual who has an		
Name of Contributor	ownership interest in a lobbyist or campaign consultant registered with the Ethics		
Occupation of Contributor	Commission; or		
	(d) an employee or officer of the entity that will pay for the gift of transportation, lodging or		
Employer of Contributor	subsistence, and		
Name of Contributor	who is accompanying the elected officer on the trip.		
Occupation of Contributor	Please identify whether the individual is category (a),		
Employer of Contributor	(b), (c), or (d), as described above.		
= Inprove to constitute	Name of Individual Category		
Name of Contributor			
Occupation of Contributor	480.00.000.0000.0000.000		
Employer of Contributor			
☐ Check box if additional schedules are attached. ☐ Check box if additional schedules are attached.			