

FILED

2015 JAN 13 AM 8:44

Form SFEC-3.216(d)  
Cover Page

SAN FRANCISCO  
ETHICS COMMISSION

Please type or print legibly in ink.

BY email 1/12/15

<b>1. Information regarding Elected Officer:</b>			
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	Email Address		
Treasurer	jose.cisneros@sfgov.org		

**2. Purpose of Travel:**  
Attend League of California  
Cities-Board of Directors Meeting and  
NLC Congressional City Conference

**4. Schedule Summary:**  
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  
subsistence*

Schedule C  Yes – schedule attached  
*Reimbursement to the City of gift of transportation,  
lodging or subsistence*

**3. Dates of Travel and Itinerary:**

11/19/14 Chicago, IL-Austin, TX  
Month/Day/Year City, State, Country

11/22/14 Austin, TX-San Francisco

---

---

---

---

---

---


---

---

**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 1/09/15

Signature 

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

**1. Information regarding entity funding gift of transportation, lodging or subsistence**

Full Name of Entity:  
 \_\_\_\_\_  
**League of California Cities**

Address:  
 \_\_\_\_\_  
 \_\_\_\_\_ **Sacramento CA 95814**  
Street City State Zip

Name of Contact Person:  
 \_\_\_\_\_  
**Mimi Sharpe**

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ **(916) 658-8232**

**3. Cost of transportation, lodging or subsistence**

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.  
 \_\_\_\_\_  
**\$960.36**

B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.  
 \_\_\_\_\_  
**\$960.36**

**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

\_\_\_\_\_  
Occupation of Contributor

\_\_\_\_\_  
Employer of Contributor

\_\_\_\_\_  
Name of Contributor

\_\_\_\_\_  
Occupation of Contributor

\_\_\_\_\_  
Employer of Contributor

\_\_\_\_\_  
Name of Contributor

\_\_\_\_\_  
Occupation of Contributor

\_\_\_\_\_  
Employer of Contributor

Check box if additional schedules are attached.

**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
_____	_____
_____	_____
_____	_____

Check box if additional schedules are attached.