2015 JAN 13 AM 8: 49

Form SFEC-3.216(d) Cover Page

SAM FRANCISCO ETHICS COMMISSION

Please type or print legibly in ink.

1.

8 Y Walter of The Control of the Con	
	1
Daytime Telephone	
(415) 554-4479	
Fax Telephone	

(Middle) Miguel Zip	Daytime Telephone (415) 554-4479 Fax Telephone	WOOd & Military or Still warmen
		32 .1141/4111
Zip	Fax Telephone	
10 94102	<u>(415</u>) 554-5507	
En	nail Address	
jo	ose.cisneros@sfgov.org	
Office Held Email Address Treasurer jose.cisneros@sfgov.org		

2. Purpose of Travel;
Present at AARP Board of Directors luncheon meeting

3. Dates	of Travel and Itinerary:
	SF, CA to Washington, DC
Month/Day/Year	City, State, Country
12/12/14	Boston, MA to SF, CA
,	
	A CONTRACTOR OF THE CONTRACTOR

4. Schedule Summary: Total number of pages, including this cover page 4
Check applicable schedules:
Schedule A
Schedule B
Schedule C Yes – schedule attached Reimbursement to the City of gift of transportation, lodging or subsistence

5. V	erification:
	dall reasonable diligence in preparing this I have reviewed this statement and to the
best of my	knowledge, the information contained
complete.	in any attached schedules is true and

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

3.

subsistence

Cost of transportation, lodging or

Information regarding entity funding gift

of transportation, lodging or subsistence

1.

AARP Address: Washington DC 20049 Street City State Zip Name of Contact Person:	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. \$1,306.71 AMENDED* B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.
Jenny R. Wade Email Address: Telephone:	\$1,306.71
	φ1,300.71
(202)434-2443	
2. Information regarding contributors who contributed more than \$500 to the entity	4. Information regarding persons accompanying the elected officer
to fund the trip Please list the name, occupation and employer of any	Please list the name of any individual who is
contributor who contributed more than \$500 to the	(a) a City employee required to file a Statement of Economic Interests,
entity funding the trip and whose contributions were	(b) a lobbyist or campaign consultant registered
used in whole or in part to fund the trip: Name of Contributor	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
Occupation of Contributor	(d) an employee or officer of the entity that will
Employer of Contributor	pay for the gift of transportation, lodging or subsistence, and
Nume of Contributor	who is accompanying the elected officer on the trip.
Occupation of Contributor	Please identify whether the individual is category (a), (b), (c), or (d), as described above.
Emplayer of Contributor	Name of Individual Category
Name of Contributor	
Occupation of Cantributar	
Emplayer of Contributor	
□ Check box if additional schedules are attached.	☐ Check box if additional schedules are attached.

*AMENDED filing; original ESTIMATED filing attached.

Form SFEC-3.216(d) Cover Page

Please type or print legibly in ink.

1. Information i	egarding Elected Officer:		
Name (Last)	(First)	(Middle)	Daytime Telephone
Clsneros	Jose	Miguel	415) 554-4479
Mailing Address	Street	Zîp	Fax Telephone
1 Dr. Carlton B. God	odlett Place, Room 140	94102	(415) 554-5507
Office Held	Office Held Email Address		nail Address
Treasurer	Treasurer jose.cisneros@sfgov.org		se.clsneros@sfgov.org
 2. Purpose of Travel: Washington, DC: AARP Board of Directors luncheon meeting Boston, MA: Federal Reserve Bank of Boston - Children's Savings Account Policy Roundtable 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 			
12/09/14 SF, CA Month/Day/Year	to Washington DC City, State, Country MA to SF, CA		☐ Yes – schedule attached sent to the City of gift of transportation, ubsistence
		I have used statement. I best of my k herein and in complete. I certify und of the State and correct.	rification: all reasonable diligence in preparing this have reviewed this statement and to the nowledge, the information contained any attached schedules is true and the penalty of perjury under the laws of California that the foregoing is true

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

1.

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 be paid by the entity to fund the elected
AARP	officer's travel, including but not limited to the amount directly related to the cost of the
Address:	officer's transportation, lodging and
	subsistence.
Washington DC 20049	\$1,154.00
Street City State Zip	ESTIMATE*
Name of Contact Person;	B. Please list the amount in Item A that is directly related to the cost of the officer's
Jenny R. Wade	transportation, lodging and subsistence.
Email Address: Telephone:	\$1,154.00
(202) 434-2443	
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 Employer of Contributor Decupation of Contributor Employer of Contributor Occupation of Contributor Occupation 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
Employer of Contributor	
☐ Check box if additional schedules are attached.	☐ Check box if additional schedules are attached.

*ESTIMATED EXPENSES: AMENDED FILING TO BE SUBMITTED UPON RETURN.