

2015 JAN 13 AM 8:49

Form SFEC-3.216(d)
Cover Page

SAN FRANCISCO
ETHICS COMMISSION

Please type or print legibly in ink.

BY email 1/12/15

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	Email Address		
Treasurer	jose.cisneros@sfgov.org		

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

4. Schedule Summary:
Total number of pages, including this cover page 4

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:

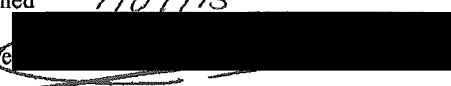
12/09/14 SF, CA to Washington, DC
Month/Day/Year City, State, Country

12/12/14 Boston, MA to SF, CA

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)
Cover Page

Please type or print legibly in ink.

1. Information regarding Elected Officer:			
Name (Last)	(First)	(Middle)	Daytime Telephone
Cisneros	Jose	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:

1. Washington, DC: AARP Board of Directors luncheon meeting
2. Boston, MA: Federal Reserve Bank of Boston - Children's Savings Account Policy Roundtable

3. Dates of Travel and Itinerary:

12/09/14	SF, CA to Washington DC
Month/Day/Year	City, State, Country
12/12/14	Boston, MA to SF, CA

4. Schedule Summary:

Total number of pages, including this cover page _____

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

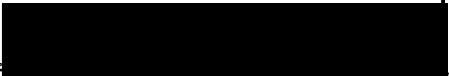
Schedule C Yes – schedule attached
Reimbursement to the City of gift of transportation, lodging or subsistence

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 12/03/14

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:
AARP

Address:
[REDACTED] Washington DC 20049
Street City State Zip

Name of Contact Person:
Jenny R. Wade

Email Address: Telephone:
[REDACTED] (202) 434-2443

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.

\$1,154.00
ESTIMATE*

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

\$1,154.00

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.

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