

Form SFEC-3.216(d) Cover Page

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ETHIOS COMMISSION

Please type or print legibly in ink.

			1.Y
	garding Elected Officer:		The state of the s
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, San Francisc		o, CA 94102	(415) 554-5507
Office Held		Emai	l Address
Treasurer and Tax Collector		jose.cisneros@sfgov.org	
2. Purpose of Travel: Speak at and participate in conference of Seattle financial institutions, community groups and civic leaders regarding Bank on San Francisco		Total number cover page	edule Summary: of pages, including this able schedules:
		Schedule B	Yes – schedule attached ortation, lodging or subsistence Yes – schedule attached of transportation, lodging or
3. Dates of Travel a 01/30/08 to 2/1/08 Month/Day/Year	nd Itinerary: Seattle, Washington City, State, Country	Schedule C Reimbursemen lodging or subs	Yes – schedule attached t to the City of gift of transportation, sistence
		I have used all statement. I have best of my known herein and in an complete. I certify under	reasonable diligence in preparing this ve reviewed this statement and to the wledge, the information contained by attached schedules is true and penalty of perjury under the laws California that the foregoing is true
		Signature	

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

3.

Cost

of

transportation,

Information regarding entity funding gift

of transportation, lodging or subsistence

☐ Check box if additional schedules are attached.

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lodging or

or cransportation, louging or subsistence	subsistence
Full Name of Entity: William J. Clinton Foundation Address: 55 West 125th St. New York NY 10027 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. \$900.00
Name of Contact Person: Trooper Sanders Email Address: Telephone: tsanders@clintonfoundation.org (212) 348-7105	B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence. \$900.00
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 Cocupation of Contributor Name of Contributor Decupation of Contributor Employer of Contributor Decupation 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
Occupation of Contributor	David Augustine (a)
Employer of Contributor	Leigh Phillips (a)

Trooper Sanders

(d)

☐ Check box if additional schedules are attached.