

FILED

Form SFEC-3.216(d) APR 28 PM 3:33
Cover Page

SAN FRANCISCO
ETHICS COMMISSION

Please type or print legibly in ink.

1. Information regarding Elected Officer:			
Name (Last)	(First)	(Middle)	Daytime Telephone
NEWSOM	GAVIN	CHRISTOPER	(415) 554-6657
Mailing Address	Street	Zip	Fax Telephone
1 DR. CARLTON B. GOODLETT PLACE, RM 200 SAN FRANCISCO, CA 94102			(415) 554-6113
Office Held		Email Address	
MAYOR, CITY AND COUNTY OF SAN FRANCISCO		anabel.simonelli@sfgov.org	

2. Purpose of Travel:
SISTER CITY DELEGATION TRIP TO HAIFA, ISRAEL

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

3. Dates of Travel and Itinerary:

05/02/08	to 05/06/08	Israel
Month/Day/Year		City, State, Country
05/02/03	to 05/03/2008,	Jerusalem
05/04/08		Tel Aviv
05/05/08		Haifa
05/06/08		Tel Aviv

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 04/25/08

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:
 Jewish Community Federation of San Francisco

Address:
 121 Stewart Street San Francisco CA 94105
Street City State Zip

Name of Contact Person:
 Sara Bronstein

Email Address: Telephone:
 sarab@sfjcf.org (415) 512-6237

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.
 \$14,000.00

B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.
 \$14,000.00

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:

See Attached

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
See Attached	
_____	_____
_____	_____

Check box if additional schedules are attached.

2) **List of Contributors**

Name Norman Trager
Occupation The Norm and Carol Traeger Foundation, Inc.
Employer

Name Tsion Group, LLC - Anne Scherer
Occupation
Employer

Name Richard Goldman
Occupation Richard and Rhoda Goldman Fund
Employer

Name Maurice Kanbar
Occupation Kanbar Charitable Trust
Employer

Name Rosalyn C. Swig
Occupation COMCON
Employer

Name Amy Friedkin
Occupation Community Leader
Employer

Name Bernard Osher
Occupation
Employer Bernard A Osher Trustee for the Bernard A Osher trust DTD

4) **Persons Accompanying the Elected Official**

Name		Category
Nathan	Ballard	a
Mark	Chandler	a
Matthew	Goudeau	a
Samuel	Lauter	b
Karen	Bluestone	d