

FILED

Form SFEC-3.216(d)
Cover Page

2008 JUL 14 PM 1:01

SAN FRANCISCO
ETHNICS COMMISSION

Please type or print legibly in ink.

BY _____

1. Information regarding Elected Officer:

Name (Last)	(First)	(Middle)	Daytime Telephone
<u>HARRIS</u>	<u>KAMALA</u>	<u>D.</u>	<u>(415) 553-1405</u>
Mailing Address	Street	Zip	Fax Telephone
<u>850</u>	<u>BRYANT ST.</u>	<u>#322</u>	<u>(415) 553-1737</u>
Office Held	Email Address		
<u>DISTRICT ATTORNEY FOR THE CITY AND COUNTY OF SAN FRANCISCO</u>			

2. Purpose of Travel:

KEYNOTE SPEAKER FOR EVENT
HOSTED BY MOTHER (FATHER)
FOR THE ADVANCEMENT OF
SOCIAL SYSTEMS INC. (MASS, INC.)
EVENT WAS A CHRISTMAS GALA
FUNDRAISER FOR THE ORGANIZATION.

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:

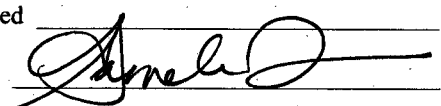
Month/Day/Year	City, State, Country
<u>DEPARTURE DATE: SF - DALLAS</u>	
<u>12-14-2007</u>	
<u>IN DALLAS, TX: 12-15-2007</u>	
<u>RETURN DATE: DALLAS - SF</u>	
<u>12-16-2007</u>	

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 _____

Signature 

Form SFEC-3.216(d)
Schedule B – Gifts to the City

1. Information regarding entity that donated funds to the City that will be used by the City to fund the elected officer's transportation, lodging or subsistence

Full Name of Entity: MOTHERS (FATHERS) FOR THE ADVANCEMENT OF SOCIAL SYSTEMS, INC.

Address:
6301 GASTON AVE, SUITE 350
Street City State Zip
DALLAS, TX 75214

Name of Contact Person: JOYCE ANN BROWN
(214) 821-8810

Email Address: _____ Telephone: _____

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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.

AIRFARE: \$756.80

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

AIRFARE: \$756.80

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.