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Form SFEC-3.216(d) Cover Page

Please type or print legibly in ink.			"Y	
1. Information	regarding Elected Offic	cer:		
Name (Last)	(First)	(Middle)	Daytime Telephone	
Dufty	Bevan	Doyle	(415) 554 6968	
Mailing Address	Street	Zip	Fax Telephone	
280 Waller St.		94102	(415) 554 6909	
Office Held		Eme	ail Address	
San Francisco Supervisor		be	bevan.dufty@sfgov.org	
Purpose of T Chamber of Com		Total numbe	4. Schedule Summary: Total number of pages, including this cover page 4	
·		Check applie Schedule A Gift of transp Schedule B	Zeable schedules: ✓ Yes – schedule attached portation, lodging or subsistence ✓ Yes – schedule attached ity of transportation, lodging or	
3. Dates of Travel and Itinerary: 03/07/09 SF to D.C. Month/Day/Year City, State, Country 03/11/09 D.C. to SF		Schedule C Reimburseme	Schedule C Yes – schedule attached Reimbursement to the City of gift of transportation, lodging or subsistence	
5.0.0		I have used a statement. It best of my kn herein and in complete.	ification: Il reasonable diligence in preparing this have reviewed this statement and to the nowledge, the information contained any attached schedules is true and er penalty of perjury under the laws of California that the foregoing is true 03/06/09	

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

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	
SF Chamber of Commerce Foundation	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	
Address:	officer's transportation, lodging and subsistence.	
235 Montgomery San Francisco CA 94102 Street City State Zip	\$476.00	
Name of Contact Person:	B. Please list the amount in Item A that is directly related to the cost of the officer's	
Rob Black	transportation, lodging and subsistence.	
Email Address: Telephone:	\$476.00	
rblack@sfchamber.com (415)3924520		
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: request pending Name of Contributor Employer 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. 	
Occupation of Contributor	Please identify whether the individual is category (a), (b), (c), or (d), as described above.	
Employer of Contributor	Name of Individual Category	
Name of Contributor	Sup. Sophie Maxwell (a)	
Occupation of Contributor	Sup. David Campos (a)	
Employer of Contributor	Sups. Mar, Chu, & Chiu (a)	
☐ Check box if additional schedules are attached.	Check box if additional schedules are attached.	

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CHAMBER OF COMMERCE Where smart business starts.

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ETHICS COMMISSION

FOUNDATION

City Trip 2009

Washington DC Estimated Expenses – All of these meal and travel expenses will be covered by the San Francisco Chamber Foundation, a 501(c)3 non-profit.

Sunday \$20

Monday \$177

Tuesday \$222

Wednesday \$57

Total \$476