

FILED

Form SFEC-3.216(d)
Cover Page

09 MAR -6 PM 2:17

SAN FRANCISCO
ETHICS COMMISSION

Please type or print legibly in ink.

BY _____

1. Information regarding Elected Officer:

Name (Last)	(First)	(Middle)	Daytime Telephone
MAR	ERIC		(415) 554-7410
Mailing Address	Street	Zip	Fax Telephone
1 DR. CARLTON GOODLETT PL, #244		94102	(415) 554-7415
Office Held	Email Address		
BOARD OF SUPERVISORS	ERIC.L.MAR@SFGOV.ORG		

2. Purpose of Travel:

TO ADVOCATE IN DC FOR MAXIMUM FEDERAL STIMULUS FUNDS FOR SF - WITH MAYOR'S OFFICE + WORKFORCE + ECON DEVELOPMENT, SF LABOR COUNCIL, SF CHAMBER OF COMMERCE + BUSINESS + COMMUNITY LEADERS. PARTICIPATE IN TRANSPORTATION MTGS + CITY TRIP 2009.

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:

3/8/09 - 3/11/09


Month/Day/Year	City, State, Country
3/8/09	Travel SF to DC
3/9/09	Washington DC.
	TRANSPORTATION
	DC IMPROVEMENT DIST
	+ COURTS
3/10/09	CAPITOL HILL MTGS
	CHINESE EMBASSY MTG
3/11/09	LABOR MTGS

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 3/6/2009

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:
SF CHAMBER OF COMMERCE

Address:
S 900 VOD SF, CA
Street City State Zip

Name of Contact Person:
ALEX CRIBBS + CAROL PIASENTE
415/559-1528 510/684-5222

Email Address: Telephone:

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.
\$500-800 - FEES, + MEALS. TO WAIVE CONFERENCE

B. Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.
\$500-800, about 1/3 of cost of trip.

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:

AT+T, Catholic Healthcare
Name of Contributor

West, Dean Kolb, NORCAL
Occupation of Contributor

PG+E, VIRGINIA AMERICA
Employer of Contributor

all contributed but I do not know the amount.

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
<u>SUPERVISORS</u>	
<u>DUFFY, CHIU, CHIU, CAMPOS + MAXWELL</u>	<u>(A)</u>
<u>CITY DEPARTMENT DIRECTORS</u>	
<u>See Attached List of A, B, C + D PERSONS.</u>	

Check box if additional schedules are attached.