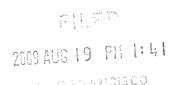


Form SFEC-3.216(d) Cover Page



Please type or print legibly in ink.

1. Information regarding Elected Officer:			The second design was a second and a second design and a second de	
Name (Last)	(First)	(Middle)	Daytime Telephone	
Cisneros	José		<u>(</u> 415 <u>)</u> 554-4479	
Mailing Address	Street	Zip	Fax Telephone	
1 Dr Carlton B Goodlett Pl		94102	<u>(</u> 415 <u>)</u> 554-5507	
Office Held		Email Address		
Treasurer & Tax Collector's Office		jose.cisneros@sfgov.org		

2. Purpose of Travel:

Serve as panelist for the National Community Tax Coalition conference, "Realizing a Dream: Promoting Financial Opportunity in All Communities." Sponsored by the Center for Economic Progress.

3. Dates of Travel and Itinerary:					
08/31/09 Month/Day/Year	San Francisco, CA to San Antonio, TX City, State, Country				
-	San Antonio, TX to San Francisco, CA				

4. Schedule Summary: Total number of pages, including this cover page 02
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

5. Verification:

Signature

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 <u>8/18/08</u>

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

	ormation regarding entity ransportation, lodging or		3.	Cost of tra- subsistence	nsportation,	lodging	or
Full Name of Entity:			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			
Center for Economic Progress							
Address:				officer's transposubsistence.			
29 E Madison St. #900 Chicago IL 60602 Street City State Zip				\$650.00			
Name of Contact Person:			B.	Please list the amount in Item A that is directly related to the cost of the officer's transportation, lodging and subsistence.			
Catherine	e Ro			transportation, I	odging and su	bsistence.	
Email Address: Telephone:				\$650.00			
cro@econ	omicprogress.org (312	252-0280					
to f Please list th contributor v entity funding	ibutor	o the entity ployer of any 5500 to the	(a) (b) (c) (d) who is a	Information re accompanying list the name of ar a City employee of Economic Int a lobbyist or car with the Ethics of an employee of ownership interconsultant regist Commission; or an employee or pay for the gift of subsistence, and accompanying the sidentify whether the	the elected of my individual we required to five rests, mpaign consultations or individual west in a lobby stered with the cofficer of the elected officer elected officer elected officer elected officer of the elected officer elected elected officer elected elected officer elected elec	ficer who is le a Statem tant registe who has an st or campa Ethics entity that wo on, lodging	red lign will or
Occupation of Con			(b), (c),	or (d), as describ	ped above.		,,
				of Individual		tegory	
Name of Contribut	ΘΓ		N/A		(a)		annound the same of the same o
Occupation of Contributor			(a)				
Employer of Contributor			(a)				
□ Check bo	ox if additional schedules are	e attached.	□ Chec	ck box if addition	al schedules a	re attachea	1.