

## **San Francisco Ethics Commission**

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 • Fax: 415.252.3112 ethics.commission@sfgov.org • www.sfethics.org

Received on:	

### **GIFTS OF TRAVEL FORM**

Form SFEC-3.216(d) A Public Document

Under San Francisco Campaign & Governmental Conduct Code Section 3.216(d) elected officers are required to file this form before accepting a gift of transportation, lodging, or subsistence for any out-of-state travel that is paid for in part by an individual or entity other than the City and County of San Francisco, another governmental body, or a bona-fide educational institution as defined in section 203 of the Revenue and Taxation Code, or that is paid for by the City in whole or in part with funds donated by any of those individuals or entities. An elected officer who reimburses an individual or entity for a gift of transportation, lodging or subsistence related to out-of-state travel must also file this form within 30 days of the reimbursement. For more information visit www.sfethics.org.

1. FILING INFORMATION			
TYPE OF FILING		DATE OF ORIGINA	L FILING (for amendments only)
			. \ \
2. ELECTED OFFICER			
NAME		TITLE	
EMAIL ADDRESS		X	
3. TRAVEL INFORMATION	4		
PURPOSE OF THE TRIP		70	
TRAVEL START DATE		TRAVEL END DATE	
ITINERARY (dates of arrival and locations)	) <sup>0</sup>		
4. ENTITY OR INDIVIDUAL FUNDING	G GIFT OF TRA		
NAME OF ENTITY OR INDIVIDUAL		CONTACT N	IAME (for entity)
STREET ADDRESS			
CITY	STATE		ZIP CODE
PHONE	EMAI	L ADDRESS	

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Enter the amounts for costs that will be paid by the entity or individual to fund travel for the elected officer and the officer's family members (if applicable), including but not limited to the amount directly related to the cost of transportation, lodging and subsistence.

AMOUNT FOR THE ELECTED OFFICER	AMOUNT FOR FAMILY MEMBERS
\$	\$

### **6. REIMBURSEMENTS**

If the gift was reimbursed by the elected officer, enter the type of reimbursement, the amount reimbursed to the entity or individual, the date of reimbursement, and the process used to determine the fair-market value of the costs. If the gift was reimbursed in full, sections 7 and 8 can be skipped.

TYPE OF REIMBURSEMENT	AMOUNT REIMBURSED	DATE OF REIMBURSEMENT
	\$	
PROCESS USED TO DETERMINE FAIR MARK	ET VALUE	

### 7. PERSONS ACCOMPANYING THE ELECTED OFFICER

List the name of any individual accompanying the elected officer on the trip 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
- (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

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#	NAME	CATEGORY (enter A, B, C or D)
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	Check this box if you need to include additional names. Please information. Select 'Supplemental' for filing type.	submit a separate form with complete

# 8. CONTRIBUTORS TO THE ENTITY.

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.

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			nes. Please submit a separate form with complete	
	information. Select 'Supplemen	tal' for filing type.		
9. 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 I have provided here 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.				
SIGN	SIGNATURE DATE SIGNED			