Gift to Agency Report	A Public	Document	:	GIFT TO AGENCY REPORT
1. Agency Name		**************************************	Date Stamp	California OO4
San Francisco Public Library (SFPL)			Form OUI	
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
City Librarian's Office			p 1 11 11	
Street Address				
100 Larkin Street, San Fran	ncisco CA 94102			
Area Code/Phone Number	E-mail	11:0	Amendment (explain	in comment section)
415-557-4236	citylibrarian@sfpl.org	30.7		
Agency Contact (name and title	the state of the s		Date of Original Filing:	(month, day, year)
Michael Lambert, Acting Ci				
2. Donor Name and Addres	SS			
☐ Individual		_ ⊠ Other	Friends of San Fran	cisco Public Library
710 Van Ness Ave.	First Name San Francis		CA	94102
Address	City		State	Zip Code
Friends of SFPI · member-s	supported nonprofit organization t	hat advocates	fundraises and prov	ides support for SEDI
	s business activity (if business) or its nature and		, iuiiuiaises, aiiu piov	ides support for SFFL.
If applicable, identify the name	of each source and the amount(s) so	licited or receive	ed by the donor for this o	ift:
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Name	\$Amount		N	\$
. Payment Information	Amount		Name	Amount
Provide a specific descr Membership Dues: CLA (California Library Asso SPUR (San Francisco Bay A Identify the officials for v	Area Planning and Urban Resear whom the payment was used	of the paym ch Association d:	ent for official age): \$100.00	ncy business:
Lambert Michael Acting City Last Name First Name		Acting City I	Librarian SF	PL Department/Division
Edot Namo	That Name		nue	Department/Division
Last Name	F		11 1	The state of the s
	First Name		Title	Department/Division
Verification				
I have determined that it is in the	interests of the agency to accept the Maureen Singleton		for the official agency by	usiness described above.
Signature of Agency Head or Designe			Title	(month, day, year)
Comment: (1)				- 100-1
Comment: (Use this space or an	attachment for any additional information	.)		

Gift to Agency Report	A Public	Document		GIFT TO AGENCY REPOR
1. Agency Name		-	Date Stamp	California 201
San Francisco Public Libra	ry (SFPL)			Form OU
Division, Department, or Reg	ion (if applicable)			For Official Use Only
City Librarian's Office			-	
Street Address				V 10 10 10 10 10 10 10 10 10 10 10 10 10
100 Larkin Street, San Fran	ncisco CA 94102			72.
Area Code/Phone Number	E-mail		☐ Amendment (expla	ain in comment section)
415-557-4236	citylibrarian@sfpl.org			
Agency Contact (name and title	,)		Date of Original Filing	(month, day, year)
Michael Lambert, Acting Ci	ty Librarian			
2. Donor Name and Addre	ss			
☐ Individual		_ X Other	Friends of San Fra	ncisco Public Library
Last Name	First Name			Name
710 Van Ness Ave.	San Francis	co	CA State	94102 Zip Code
	the state of the s			
	supported nonprofit organization to substitute and substitute substitute and subs		, fundraises, and pro	ovides support for SFPL.
			11 0 1 6 0	75.
If applicable, identify the name	of each source and the amount(s) so	olicited or receive	ed by the donor for this	gitt:
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Identify the officials for	whom the payment was use	d:		
McClure	Randle	Analytics C		RSA
Last Name	First Name		Title	Department/Division
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Last Name	First Name		Title	Department/Division
4. Verification				
I have determined that it is in the	e interests of the agency to accept the	his gift and use it	t for the official agency	business described above.
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Signature of Agency Head or Design	Maureen Singleton Print Name	Actin	g COO Title	(month, day, year)
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Comment: (Use this space or a	n attachment for any additional information	n.)		

Gift to Agency Repo	rt A Public L	Jocument	GIFT TO AGENCY REPORT
1. Agency Name		Date Sta	California O 1
San Francisco Public Lib	rary (SFPL)		Form OUI
Division, Department, or Re			For Official Use Only
City Librarian's Office			
Street Address			
100 Larkin Street, San Fr	ancisco CA 94102		11
Area Code/Phone Number	E-mail	□ Amondme	ent (explain in comment section)
415-557-4236	citylibrarian@sfpl.org	Amendine	ent (explain in comment section)
Agency Contact (name and ti	tle)	Date of Origin	al Filing: (month, day, year)
Michael Lambert, Acting	City Librarian		(month, day, year)
2. Donor Name and Addr	ess		
_		Friends of S	an Francisco Public Library
☐ Individual Last Name	First Name	Other Friends of S	Name
710 Van Ness Ave.	San Francisc	0	CA 94102
Address	City		State Zip Code
	r-supported nonprofit organization th ty's business activity (if business) or its nature and i		and provides support for SFPL.
If applicable, identify the nam	e of each source and the amount(s) soli	cited or received by the donor	for this gift:
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Provide a specific des	\$ \$ Lodging Expenses cription of the nature and use of CEDAW Women's Human Rights Aw	of the payment for offic	ial agency business:
Identify the officials fo	r whom the payment was used	:	
Blackman	Sue	Library Commission Sec.	SFPL
Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division
. Verification			
I have determined that it is in	the interests of the agency to accept this	s gift and use it for the official a	agency business described above.
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NIUWIKIACS	Mourage Singleton	Acting COO	X/PX/
Signature of Agency Head or Designature	Maureen Singleton Print Name	Acting COO	(month, day, year)
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Comment: (Use this space or	an attachment for any additional information.)	

Gift to Agency Report	A Public De	ocument	91	GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
San Francisco Public Library (SFPL)			100	Form OUI
Division, Department, or Reg	jion (if applicable)			For Official Use Only
City Librarian's Office			.1	
Street Address				
100 Larkin Street, San Fra	ncisco CA 94102			
Area Code/Phone Number	E-mail		Amendment (explain in	comment section)
415-557-4236	citylibrarian@sfpl.org		Amendment (explain ii	Toommone occiony
Agency Contact (name and title	9)		Date of Original Filing: _	(month, day, year)
Michael Lambert, Acting C	ity Librarian			(
2. Donor Name and Addre	ess			
		Other	Friends of San Franc	isco Public Library
Individual	First Name	X Other		ame
710 Van Ness Ave.	San Francisco		CA	94102
Address	City		State	Zip Code
Friends of SFPL: member-	supported nonprofit organization that	t advocates	, fundraises, and provid	les support for SFPL.
If "Other" is marked, describe the entity	's business activity (if business) or its nature and int	erests.		
If applicable, identify the name	of each source and the amount(s) solic	ited or receive	ed by the donor for this gif	t:
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Name	\$Amount		Name	Amount
3. Payment Information				
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McClure Last Name	First Name	Arialytics C	Title	Department/Division
20071101110				
	F.A.N.		Title	Department/Division
Last Name	First Name		Title	Department/Division
4. Verification				
I have determined that it is in t	Maureen Singleton Print Name		t for the official agency bu	siness described above.
Signature of Agency Flead of Desig	T Intervalie		LINE	1
Comment: (Use this space or a	an attachment for any additional information.)			9