Gift to Agency Report	A Public Do	ocument	GIFT TO AGENCY REPOR	
1. Agency Name		Date Stamp	California 201	
San Francisco Public Librar	У		Form OUI	
Division, Department, or Regi	on (if applicable)		For Official Use Only	
Street Address				
100 Larkin Street, San Fran				
Area Code/Phone Number	E-mail	Amendment (ex	(plain in comment section)	
415-557-4236	citylibrarian@sfpl.org	Date of Original File	ina:	
Agency Contact (name and title)		Dute of original in	(month, day, year)	
Luis Herrera, City Librarian				
2. Donor Name and Addres	SS			
☐ Individual	First Name	☑ Other Friends of the Sa	Name Name	
710 Van Ness Avenue	San Francisco	CA		
Address	City	State	Zip Code	
Member-supported non-pro	fit organization that advocates, fund	draises and provides support for	or SFPL.	
	business activity (if business) or its nature and inte			
If applicable, identify the name of	of each source and the amount(s) solicit	ted or received by the donor for the	nis gift:	
			•	
Name	\$	Name	\$ Amount	
3. Payment Information				
	October 5, 2016	g 40.00		
Date and Amount of Payme	(month, day, year)	(Round to whole dollars)	
Travel Payment Information	n (Round to whole dollars) Location of	Travel		
naver rayment information	(Round to whole dollars)	Traver		
\$_	nsportation Expenses \$Lodging Expenses	\$\$_	\$	
	nsportation Expenses Lodging Expenses iption of the nature and use of			
5 (200) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	less School Meeting on October 5, 2 Lombardi and Laura Lent @ \$8/ea		rera, Michelle Jeffers,	
Madreen Singleton, Noberto	Lombardi and Ladia Lent & wores	ion for a total of \$40.		
Identify the officials for v	whom the payment was used:			
•	•			
Last Name	First Name	Title	Department/Division	
Last Name	First Name	Title	Department/Division	
4. Verification				
I have determined that it is in the	e interests of the agency to accept this	gift and use it for the official agen	cy business described above.	
1 . 1			11.	
Ch h	Christine Murdoch	Budget Manager	10/6/16	
Signature of Agency Head or Designe		Title	(month, day, year)	
Comment: (Use this space or an	attachment for any additional information.)			

Gift to Agency Report	A Public D	ocument		GIFT TO AGENCY REPOR	
1. Agency Name		Date Stamp	California 201		
San Francisco Public Library				Form OU	
Division, Department, or Region (if applicable)				For Official Use Only	
Street Address	t www.				
100 Larkin St., S.F., CA 9	4102				
Area Code/Phone Number	E-mail	*****	Amendment (explain in comment section)		
415-557-4236	citylibrarian@sfpl.org				
Agency Contact (name and title			Date of Original Filing:		
Luis Herrera, City Librariar				(montri, day, year)	
2. Donor Name and Addre					
		31	Friends of the San F	Francisco Public Library	
☐ Individual	First Name	Other		Name	
710 Van Ness Ave.	San Francisco		CA	94102	
Address	City		State	Zip Code	
Member-supported non-pro	ofit organization that advocates, fun	draises and	provides support for S	SFPL.	
	's business activity (if business) or its nature and in				
If applicable, identify the name	of each source and the amount(s) solic	cited or receive	ed by the donor for this g	pift:	
Name	\$Amount		Name	\$Amount	
3. Payment Information	Amount		Hamo	Tunount	
Travel Payment Information	on (Round to whole dollars) Location of	Travel Kar	nsas City, MO		
\$.	\$	\$	15 <u>\$</u>		
	ansportation Expenses Lodging Expenses			1974	
	ription of the nature and use o		ient for official age	ncy business.	
Expenses incurred in conn	ection with attending the ULC Annu-	al Forum.			
Identify the officials for	whom the payment was used:				
identity the emolate for	mom and paymont mad adda.				
Lambert	Michael	Deputy City	Librarian SF	PL	
Last Name	First Name		Title	Department/Division	
Last Name	First Name		Title	Department/Division	
. Verification					
		-: G 1 :	t for the efficial amount		
I have determined that it is in the	ne interests of the agency to accept this	giit and use ii	t for the official agency b	usiness described above.	
Man MANE				10/0/1	
MINUMAN	X // Maureen Singleton	Chie	f Financial Officer	MITIE	
Signature of Agency Head or Design	Print Name	-	Title	(month, day, year)	
Comment: (Use this space or a	/ n attachment for any additional information.)				
	, , , , , , , , , , , , , , , , , , , ,				

Payment to Agency R	eport A Publi	c Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 801
San Francisco Public Library			5000	Form OU
Division, Department, or Region (if applicable)				For Official Use Only
		414		
Street Address				
100 Larkin St., San Francis	co, CA 94102			
Area Code/Phone Number	Email		□ Amandmant/	in comment section)
415-557-4236	citylibrarian@sfpl.org		Amendment (explain	in comment section)
Agency Contact (name and title)			Date of Original Filing:	(
Luis Herrera, City Librarian				(month, day, year)
2. Donor Name and Addre				
2. Donor Name and Addre	:55		Friends of the San F	rancisco Public Library
☐ Individual	First Name		Record to the second to the se	Name
710 Van Ness Ave.	San Fran	cisco	CA	94102
Address	City		State	Zip Code
	ofit organization that advocates,	fundraises and r	provides support for S	FPL.
	's business activity (if business) or its nature			
If applicable, i	dentify the name of each source a	nd the amount(s) re	eceived by the donor for	this payment:
	\$			\$
Name	Amount		Name	Amount
3. Payment Information (C	Complete Sections 3.1 (a o	r b), 3.2, 3.3)	3	
3.1 (a) Travel Payment	Boston, Massachusetts		Octobe	r 13-15, 2016
on (a) mavor aymon	Location of Travel			Dates (month, day, year)
	□ Rail □ Air	☐ Bus ☐ Auto	o □ Other	
Transportation Provider	Check Applic		,	Name of Lodging Facility
	36.48 \$52.30		64.10	_e 152.88
Lodging Expenses	5	tion Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:		\$	
o. r (b) r aymont(s) not re	idea to traver.	Dates (month, d	lay, year)	Total Expenses
3.2 Payment Description	. Provide a specific descripti	ion of the payme	ent and its agency pu	rpose and use.
15				
	nection with the Friends' E	Board Retreat,	10/13-15/10-Alle	nded the Digital
Public Library Associa	tion Board meeting.			
3.3. Identify the officials v	who used the payment in Sec	tion 3.1 (See instruc	ctions)	
Herrera	Luis	City Libraria	n SFI	PL
Last Name	First Name	Posi	tion/Title	Department/Division
			tion (Title	Department/Division
Last Name	First Name	Posi	ition/Title	Department/Division
4. Verification	^ —			1
I authorized the acceptance	of the reported payment(s) as	in compliance wit	th FPPC regulations.	1.2/4/
I AUNULA TAD	Maureen Singleton		Financial Officer	10/28/11
Signature	Print Name		Title	(month, day, year)
) Signature)			
Comment:				
(Use this space or an attachment	for any additional information)			FPPC Form 801 (Jan/1

Clear Page