Gift to Agency Report	A Public	Document		GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 201
San Francisco Public Library (SFPL)				Form OU
Division, Department, or Region (if applicable)				For Official Use Only
City Librarian's Office				
Street Address				
100 Larkin Street, San Fran	cisco CA 94102			
Area Code/Phone Number	E-mail		Amendment (expla	ain in comment section)
415-557-4236	citylibrarian@sfpl.org		Data of Original Filing:	
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Michael Lambert, City Libra				
2. Donor Name and Address	SS			
☐ Individual	⊠ Other		Friends of San Francisco Public Library	
16370 17th Street	First Name San Francis	200	CA	Name 94107
Address	City	300	State	Zip Code
Friends of SEPI : member-s	supported nonprofit organization	that advocates	fundraises and pro	ovides support for SEDI
	business activity (if business) or its nature an		i, iuilulaises, aliu pro	ovides support for of FL.
If applicable, identify the name of	of each source and the amount(s) s	olicited or receive	ed by the donor for this	s gift
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Name	\$		Name	\$Amount
B. Payment Information	Anount		Name	Amount
Date and Amount of Paymo	ent (other than travel) 10/19/2022 (month, day, year n (Round to whole dollars) Location	ar) \$	40.00 (Round to whole dollars)	
Date(s) of Travel Tra	nsportation Expenses Lodging Expenses	\$	enses Other Exp	enses Total Expenses
	iption of the nature and use			
California Library Association	on(CLA) membership dues for M	lichael Lambert	t.	
identify the officials for	whom the payment was use	ed:		
Lambert	Michael	City Librari	an (Office of the City Librarian
Last Name	First Name	Oity Librain	Title	Department/Division
Last Name	First Name		Title	Department/Division
Verification				
	e interests of the agency to accept to	this gift and use	it for the official agence	husings described above
DocuSigned by:	Theresis of the agency to accept t	uns ynt and use	troi the official agency	Dusiness described above.
Mile Fernandes	Mur reass	12-2	250	10/20/2022
Si6F616R3FFR4BA88 Head or Designed		DEZ_	UT U	(month, day, year)
organizate or nyelicy fread of Designit	Fill Name		ilue	(month, day, year)
Comment: (Use this space or an	attachment for any additional information	on.)		