Payment to Agency I	Report A Public	Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California On4
San Francisco Public Libra	ary		**************************************	Form OU
Division, Department, or Re				For Official Use Only
Street Address				25
100 Larkin St., San Franci	SSS CA 94102			
Area Code/Phone Number	IEmail			
		1	Amendment (explain	n in comment section)
415-557-4236	citylibrarian@sfpl.org	,	Data of Original Filings	
Agency Contact (name and title		١,	Date of Original Filing:	(month, day, year)
Luis Herrera, City Libraria	n			
2. Donor Name and Addr	ess			
□ la dividual		Flother F	riends of the San F	rancisco Public Library
☐ Individual	First Name	_ Ø Other _		Name
710 Van Ness Ave.	San Francis	CO	CA	94102
Address	City		State	Zip Code
Member-supported non-pr	ofit organization that advocates, fur	ndraises and pro	vides support for S	FPL.
If "Other" is marked, describe the entit	y's business activity (if business) or its nature and	interests.	1	
If applicable,	identify the name of each source and t	the amount(s) rece	ived by the donor for	this payment:
	\$			\$
Name	Amount		Name	Amount
	Complete Sections 3.1 (a or b)	j, 3.2, 3.3j		
3.1 (a) Travel Payment	Location of Travel			Dates (month, day, year)
			,	bates (month, ady, year)
Transportation Provider		Bus ☐ Auto	Other	Name of Lodging Facility
Transportation Provider	Check Applicable	Boxes		value of Loughig Facility
\$	\$ \$Transportation B	\$	Other Francis	\$ Total Expenses
Lodging Expenses			Other Expenses	
3.1 (b) Payment(s) not re	elated to travel:	8/22-9/18/201 Dates (month, day,	Ψ	
		1 2 10	AT 1.500	Total Expenses
3.2. Payment Description	n. Provide a specific description	of the payment	and its agency pu	urpose and use.
Registration for training	g - Telling the Library Story w	vith Data		
_				
3.3 Identify the officials	who used the payment in Section	n 3 1 (See instruction	200	
₹ 0				
McClure	Randle	Analytics Mana		
Last Name	First Name	Position	/Title	Department/Division
Last Name	First Name	Position	/Title	Department/Division
	T not really	T GORGIN	71100	Dopartino no Division
	Seminary Communication of the			
I. Verification				
I authorized the acceptance	of the reported payment(s) as in o	compliance with I	FPPC regulations.	71017
11/WWW XL-80 1	Maureen Singleton	5	nancial Officer	+ 10.1+
Signature	Print Name		Title	(month, day, year)
			STREETED	· • · · · · · · · · · · · · · · · · · ·
Comment:				
(Use this space or an attachment	for any additional information)			EDDC Farm 904 / Jan /44

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Payment to Agency F	Report A Publi	c Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California Q 0 1
San Francisco Public Libra	ary		Form OUL	
Division, Department, or Re	•		9 = 1	For Official Use Only
Street Address			-	
100 Larkin St., San Franci	sco. CA 94102			
Area Code/Phone Number	Email			
415-557-4236	citylibrarian@sfpl.org		Amendment (explain	n in comment section)
Agency Contact (name and title			Date of Original Filing:	
Luis Herrera, City Librarian				(month, day, year)
2. Donor Name and Addre	229			
			Friends of the San F	rancisco Public Library
☐ Individual Last Name	First Name			Name
710 Van Ness Ave.	San Fran	cisco	CA	94102
Address	City	V. 10.	State	Zip Code
Member-supported non-pr	ofit organization that advocates,	fundraises and	provides support for S	FPL.
If "Other" is marked, describe the entity	y's business activity (if business) or its nature	and interests.		· · · · · · · · · · · · · · · · · · ·
If applicable,	identify the name of each source ar	nd the amount(s) re	eceived by the donor for	this payment:
	\$			\$
Name	Amount		Name	Amount
3. Payment Information (Complete Sections 3.1 (a or	b), 3.2, 3.3)		
3.1 (a) Travel Payment				
	Location of Travel	3		Dates (month, day, year)
Transportation Provider	Rail Air Check Applica	☐ Bus ☐ Auto	Other	Name of Lodging Facility
\$	\$ \$Transportati	ion Expenses	Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	elated to travel:	July 11, 20	Ψ	Total Expenses
3.2. Payment Description	n. Provide a specific description	on of the payme	ent and its agency p	urpose and use.
100 98 1000-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-			407 FO US	•
Lyit to SFPL in connec	ction with business lunch w	illi Talwanese	e delegation.	
3.3. Identify the officials	who used the payment in Sect	tion 3.1 (See instruc		
Herrera	Luis	City Libraria	n SF	PL
Last Name	First Name	Posit	tion/Title	Department/Division
Last Name	First Name	Posi	tion/Title	Department/Division
Edot Hamo	That Name	1 031	don/Hac	Department Division
1. Verification				,
I authorized the acceptance	of the reported payment(s) as i	in compliance wit	th FPPC regulations.	
1 Junkon to 1	// Maureen Singleton	Chief	Financial Officer	7/12/17
Signature	Print Name		Title	(month, day, year)
Comment				
Comment: (Use this space or an attachment	for any additional information)			
(Use this space of an attachment	ioi ariy additioridi iffiormation)			EDDO F 004 / I /4 /

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Agency Name San Francisco Public Library Division, Department, or Region (if applica				
			Date Stamp	California 201
Division, Department, or Region (if applica		IE I		Form OU
	able)			For Official Use Only
Street Address				
100 Larkin St., San Francisco, CA 94	102			
Area Code/Phone Number Email			☐ Amendment	(explain in comment section)
	an@sfpl.org			•••
Agency Contact (name and title)			Date of Original I	(month, day, year)
Luis Herrera, City Librarian				
Donor Name and Address				
☐ Individual		_ Ø Other	Friends of the S	San Francisco Public Library
Last Name	First Name San Francis	_		Name A 94102
710 Van Ness Ave.	City	500		ate Zip Code
Member-supported non-profit organiza		indraises and r	provides support	9908
If "Other" is marked, describe the entity's business activ		-		101 01 1 2
- 1 ° 1 ° 1 ° 1 ° 1				
If applicable, identify the n	name of each source and	the amount(s) re	eceived by the dor	or for this payment:
	\$			\$
Name	Amount	18	Name	Amount
Transportation Provider	Check Applicable		Other Expenses	Name of Lodging Facility \$ Total Expenses
Lodging Expenses Meal Expen		8/28/2017	¢ 3	75.00
		8/28/2017 Dates (month, d		75.00 Total Expenses
3.1 (b) Payment(s) not related to tra	avel:	Dates (month, d	ay, year)	Total Expenses
3.1 (b) Payment(s) not related to tra	avel: a specific description	Dates (month, d	ay, year)	Total Expenses
3.1 (b) Payment(s) not related to tra 3.2. Payment Description. Provide Membership Registration Fees: 3.3. Identify the officials who used to	avel: a specific description CLA=\$165.00; Al	Dates (month, do not the payment A=\$210.00	ay, year) ent and its agen	Total Expenses cy purpose and use.
3.1 (b) Payment(s) not related to tra 3.2. Payment Description. Provide a Membership Registration Fees: 3.3. Identify the officials who used to Lambert Michael	avel: a specific description CLA=\$165.00; Al the payment in Section	Dates (month, do not the payment) A=\$210.00 on 3.1 (See instruct Deputy City	ay, year) ent and its agen ctions) Librarian	Total Expenses cy purpose and use. SFPL
3.1 (b) Payment(s) not related to tra 3.2. Payment Description. Provide Membership Registration Fees: 3.3. Identify the officials who used to	avel: a specific description CLA=\$165.00; Al	Dates (month, do not the payment) A=\$210.00 on 3.1 (See instruct Deputy City	ay, year) ent and its agen	Total Expenses cy purpose and use.

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