Payment to Agency	Report	A Public Document	t	PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O O 4
San Francisco Public Li	brary			Form OUI
Division, Department, or	Region (if applicable)		1	For Official Use Only
Street Address				
100 Larkin St., San Fran	ncisco, CA 94102			
Area Code/Phone Numbe			1	- CO
415-557-4236	citylibrarian@sfpl.c	ora	Amendment (expla	in in comment section)
Agency Contact (name and t			Date of Original Filing	:
Luis Herrera, City Librar				(month, day, year)
8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			•	
2. Donor Name and Add	aress		Erianda of the San	Francisco Bublio Library
☐ Individual	First Na	Ø Other	Friends of the San	Francisco Public Library Name
710 Van Ness Ave.	FIRST NA	San Francisco	CA	94102
Address		City	State	Zip Code
Member-supported non-	orofit organization that	advocates, fundraises and	provides support for S	SEPL
If "Other" is marked, describe the e			promaco capponio.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,		
If applicable	e, identify the name of eac	ch source and the amount(s) re	eceived by the donor fo	r 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	Washington, D.	C.	12/5-7	7/2016
(,	Loc	cation of Travel	_	Dates (month, day, year)
Virgin America	Rail	☑ Air ☐ Bus ☐ Auto	o ☐ Other	
Transportation Provid		Check Applicable Boxes	O Dottlei	Name of Lodging Facility
•		166.50		166.50
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not	related to travel:		\$	
()		Dates (month, o	day, year)	Total Expenses
3.2. Payment Descripti	on. Provide a specific	description of the payme	ent and its agency p	ourpose and use.
	e 200 sc 200 c	100 March 100 July 100 100 100 100 100 100 100 100 100 10	1 8 8 8 8 8 8	
\$633.20; Difference:		neeting. IMLS reimbur	seu-Amare. \$400	.70, Actual Amount.
φ033.20, Difference.	\$100.50			
3.3. Identify the official	s who used the payme	ent in Section 3.1 (See instru	ctions)	
Herrera	Luis	City Libraria	an SF	PL
Last Name	First Name	Posi	ition/Title	Department/Division
Last Name			ition (Title	Danasha and/Di dalar
Last Name	First Name	Pos	ition/Title	Department/Division
4. Verification				/
authorized the acceptan	ice of the reported payn	nent(s) as in compliance wi	th FPPC regulations.	Alul.
V/ aug V/L	Maureen Sing		Financial Officer	MIGH
Signature	V W	int Name	Title	(month, day, year)
)			
Comment:				
(Use this space or an attachme	nt for any additional information	on)		EDDC Form 904 (1/44)

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Payment to Agency R	Report	A Public Do	cument		PA	YMENT TO AGENCY REPORT
1. Agency Name				Date Stam	пр	California Q 0 1
San Francisco Public Libra	300,000		Form OUI			
Division, Department, or Re			For Official Use Only			
Street Address						
100 Larkin St., San Francis	sco, CA 94102					
Area Code/Phone Number	Email			□ Amendmen	t (evalain in c	omment section)
415-557-4236	citylibrarian@sfpl	.org		Amendmen	(explain in c	offillent section)
Agency Contact (name and title)		-		Date of Original	Filing:	(month, day, year)
Luis Herrera, City Librarian	ı		-			(month, day, year)
2. Donor Name and Addre	ess					
	P		- Oth	Friends of the	San Fran	icisco Public Library
☐ Individual Last Name	First	Name	☑ Other	-	Nan	ne
710 Van Ness Avenue		San Francisco			CA	94102
Address		City			State	Zip Code
Friends of SFPL: Member	-supported non-prof	it organization tha	t advocate:	s, fundraises ar	nd provide	es support for SFPL.
If "Other" is marked, describe the entity	's business activity (if busine	ess) or its nature and inte	rests.			
If applicable	identify the name of ea	ach source and the	amount(s) re	eceived by the do	nor for this	s payment:
п аррисано,	deriting the name of o		a(0) 10			, , , , , , , , , , , , , , , , , , , ,
Name	\$	Amount		Name		\$
3. Payment Information (Complete Section	s 3 1 (a or b) 3	2 3 3)			THE CONTRACT OF THE CONTRACT O
	Somplete Section	15 J.1 (a O1 b), c	, 0.0)			
3.1 (a) Travel Payment		ocation of Travel		-	Date	es (month, day, year)
		5 Air 5 B.		□ Other:		
Transportation Provider	Rail	☐ Air ☐ Bus Check Applicable Box	_	Other _	Nam	e of Lodging Facility
\$S Lodging Expenses	Meal Expenses	\$ Transportation Expe	\$_	Other Expenses	\$	Total Expenses
	•	Transportation Exp	allin	1	33.64	7
3.1 (b) Payment(s) not re	iated to travei.	9	Dates (month, d	ay, year)		Total Expenses
3.2. Payment Description	. Provide a specif	ic description of	the payme	ent and its age	ncy purp	ose and use.
Expense incurred in co	onnection with lu	nch/meeting w	ith Meliss	a Lau of Har	vard Bu	siness School re:
Future of the Library F	orum. \$16.82/pe	erson				
3.3. Identify the officials	who used the payn	nent in Section 3	.1 (See instruc	ctions)		
Lambert	Michael		Deputy City	Librarian	SFPL	
Last Name	First Name			tion/Title		Department/Division
0.22						
Jeffers	Michelle		Chief-CPP		SFPL	
Last Name	First Nam	е	Posi	tion/Title		Department/Division
4. Verification						
I authorized the acceptance	of the reported pay	ment(s) as in con	npliance wit	th FPPC regula	tions.	
Maureen Singleton Chi		Chief	Financial Office	er	27/4	
Signature	100	Print Name		Title		(month, day, year)
Commont						
Comment: (Use this space or an attachment	for any additional informa	ation)				
, see and space of all allacimon	,	W.				FPPC Form 801 (Jan/14) advice@fppc.ca.gov

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1. Agency Name San Francisco Public Library (SFPL) Division, Department, or Region (if applicable) Street Address 100 Larkin St., San Francisco, CA 94102 Area Code/Phone Number Email	Form 801 For Official Use Only
Division, Department, or Region (if applicable) Street Address 100 Larkin St., San Francisco, CA 94102 Area Code/Phone Number Email	
Street Address 100 Larkin St., San Francisco, CA 94102 Area Code/Phone Number Email	For Official Use Only
100 Larkin St., San Francisco, CA 94102 Area Code/Phone Number Email	
Area Code/Phone Number Email	
Area Code/Phone Number Email	
415-557-4236 citylibrarian@sfpl.org	explain in comment section)
Agency Contact (name and title) Date of Original F	
Luis Herrera, City Librarian	(month, day, year)
2. Donor Name and Address	
Friends of the S	an Francisco Public Library
Individual	Name
710 Van Ness Avenue San Francisco Ca	A 94102
Address City Sta	te Zip Code
Member-supported non-profit organization that advocates, fundraises and provides support	for SFPL.
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.	
No continue to the state of each course and the consumt(a) received by the dom	or for this navement
If applicable, identify the name of each source and the amount(s) received by the done	or for this payment.
Name \$Name Name	\$Amount
to the state of th	Allouit
3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)	20. 22/2017
3.1 (a) Haver Fayment Thanks, 330 gas	20-23/2017
Location of Travel	Dates (month, day, year)
Rail Air Bus Auto Other	Name of Lodging Facility
Check Applicable Boxes	Name of States of
\$\frac{212.64}{\text{Lodging Expenses}} \frac{\\$51.98}{\text{Meal Expenses}} \frac{\\$-\text{Transportation Expenses}}{\text{Transportation Expenses}} \frac{\\$-\text{Other Expenses}}{\text{Other Expenses}} \frac{\}{\text{Other Expenses}} \frac{\}{Ot	\$
Tavel Pavi	Total Expenses
3.1 (b) Payment(s) not related to travel: Dates (month, day, year)	Total Expenses
3.2. Payment Description. Provide a specific description of the payment and its agend	cy purpose and use.
Attended the ALA Midwinter 2017 for SFPL. One night's lodging and meals-	1/22/2017.
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)	
Herrera Luis City Librarian	SFPL
Last Name First Name Position/Title	Department/Division
East Name 1 os North Nac	
Last Name First Name Position/Title	Department/Division
. Verification	
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulation	ons / /
Maureen Singleton Chief Financial Officer	0 10 0//
Signature Print Name Title	(m/nonth,/day, year)
Comment:	
(Use this space or an attachment for any additional information)	FPPC Form 801 (Jan/1
	advice@fppc.ca.go

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