ayment to Agency Re	eport A Public	Document	PAYMENT TO AGENCY REPOR
. Agency Name		Date St	California 201
San Francisco Public Library			Form OUI
Division, Department, or Region (if applicable)		-	For Official Use Only
To I			
Street Address			
100 Larkin St., San Francisc	CO. CA 94102		
Area Code/Phone Number	IEmail		
415-557-4236	citylibrarian@sfpl.org	Amendme	ent (explain in comment section)
Agency Contact (name and title)	Citylibrarian@sipi.org	Date of Origin	nal Filing:
Michael Lambert, Acting Cit	. Library		(month, day, year)
. Donor Name and Addres	SS		
☐ Individual		Other	
Last Name	First Name	_	Name
Address	City		State Zip Code
Address	Oily		
****		1:	
ir "Other" is marked, describe the entity's	s business activity (if business) or its nature a	nd interests.	
If applicable, ic	dentify the name of each source an	d the amount(s) received by the	donor for this payment:
	•		¢
Name	Amount	Name	Amount
Payment Information (C	omplete Sections 3.1 (a or	b), 3,2, 3,3)	
	New Orleans, LA	2,, 0.2, 0.0,	6/21-26/2018
3.1 (a) Travel Payment	Location of Travel		Dates (month, day, year)
Transportation Provider		☐ Bus ☐ Auto ☐ Other	Name of Lodging Facility
	Спеск Арріісаі	420.00	420.00
\$ \$. Lodging Expenses	Meal Expenses \$Transportation	on Expenses Other Expenses	\$
		9	
3.1 (b) Payment(s) not rela	ated to travel:	Dates (month, day, year)	Total Expenses
2.2 Bournant Decemention	Provide a specific description		rency nurnose and use
		of the payment and its at	gency purpose and use.
Registration - ALA Con	ference		
3.3. Identify the officials w	who used the payment in Sect	ion 3.1 (See instructions)	
Blackman	Sue	Lib. Comm. Secretary	SFPL
Last Name	First Name	Position/Title	Department/Division
			<u> </u>
Last Name	First Name	Position/Title	Department/Division
. Verification			
and the second of the second o	~ ·	::	ulations / 1
l authorized the acceptance	of the reported payment(s) as in		(5/1/3/1/
		01-1-5 [1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VIMMUM	Maureen Singleton	Chief Financial Off	
Signature	Maureen Singleton Print Name	Title	(month, day, year)
Signature Comment:	V/		

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Payment to Agency R	Report A Public I	Document	PAYMENT TO AGENCY REPORT
1. Agency Name		Date Stamp	California Q01
San Francisco Public Libra	ary (SFPL)		Form OUI
Division, Department, or Re	gion (if applicable)		For Official Use Only
Street Address			
100 Larkin St., San Francis	sco, CA 94102	1	
Area Code/Phone Number	Email	Amendment (explain in comment section)
415-557-4236	citylibrarian@sfpl.org	Amendment	sxpiani in comment section)
Agency Contact (name and title)		Date of Original Fi	(month, day, year)
Michael Lambert, Acting C	ity Librarian		(month, day, year)
2. Donor Name and Addre	288		
E. Donor Name and Addit	,33	Friends of the S	an Francisco Public Library
☐ Individual	First Name	Other	Name
710 Van Ness Avenue	San Francisc	co CA	94102
Address	City	Stat	te Zip Code
Member-supported non-pro-	ofit organization that advocates, fur	ndraises and provides support	for SFPL.
	y's business activity (if business) or its nature and		- 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	,		
If applicable,	identify the name of each source and the	he amount(s) received by the done	or 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			
orr (u) reavors aymone	Location of Travel	-	Dates (month, day, year)
	Rail Air D	Bus ☐ Auto ☐ Other	
Transportation Provider	Check Applicable	THE PROPERTY OF THE PROPERTY O	Name of Lodging Facility
\$ Lodging Expenses	Meal Expenses Transportation E	\$Other Expenses	\$ Total Expenses
			60.56
3.1 (b) Payment(s) not re	lated to travel.	Dates (month, day, year)	Total Expenses
2.2 Doument Description	n. Provide a specific description		cy nurnose and use
-50 (a)			
Refreshments for M-T	eam Retreat. \$20.07/person;	; Officials who used the p	ayment:
M. Lambert, M. Jeffers	s, R. Lombardi, M. Singleton,	M. Liang, R. McClure, T.	Fortin and S. Cocking
3.3. Identify the officials	who used the payment in Section	n 3.1 (See instructions)	
Ž			
Last Name	First Name	Position/Title	Department/Division
Last Hallie			submiss • Propagation submiss and an annual members.
Last Name	First Name	Position/Title	Department/Division
1. Verification			
i authorized the acceptance	e of the reported payment(s) as in o		Total Co.
₩. M	Lovely Lindsley	Accounting Operations	3 Mgr. 3 12 20 18
Signature	Print Name	Title	(month, day, year)
Comment			
Comment: (Use this space or an attachment	for any additional information		
(Ose this space of all attachment	ioi arry additional information		FPPC Form 801 (Jan/1 advice@fppc.ca.go

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