Gift to Agency Report  
A Public Document

1. Agency Name
San Francisco Public Library (SFPL)
City Librarian's Office
Street Address
100 Larkin Street, San Francisco CA 94102
Area Code/Phone Number 415-557-4236
E-mail citylibrarian@sfpl.org
Agency Contact (name and title) Michael Lambert, City Librarian

2. Donor Name and Address
Friends of San Francisco Public Library
710 Van Ness Ave. San Francisco CA 94102
Friends of SFPL: member-supported nonprofit 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.
If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

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<th>Name</th>
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3. Payment Information
Date and Amount of Payment (other than travel) 9/23/2021 $35.00
Travel Payment Information (Round to whole dollars) Location of Travel
Date(s) of Travel Transportation Expenses $ Meal Expenses $ Other Expenses $ Total Expenses $ Provide a specific description of the nature and use of the payment for official agency business:
Membership Renewal Fee for Asian Pacific American Librarians Association = $35

Identify the officials for whom the payment was used:
Lambert Michael City Librarian SFPL
Last Name First Name Title Department/Division

4. Verification
I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Heather Green CFO
Signature of Agency Head or Designee Print Name Title (month, day, year)
Comment: (Use this space or an attachment for any additional information.)