San Francisco Public Library (SFPL) Division, Department, or Region (if applicable) City Librarian s Office Street Address 100 Larkin Street, San Francisco CA 94102 Area Code/Phone Number   E-mail   citylibrarian@sfpl.org   Date of Original Filing:   Date of Original Filing:   (morth, day, year)  Michael Lambert, City Librarian  Donor Name and Address   Individual   Sast Name   First Name   Other   Friends of San Francisco Public Library   Name   Address   Did to Cap   Sate   Zo Code   Friends of SFPL: member-supported nonprofit organization that advocates, fundraises, and provides support for SFPL	Gift to Agency Report	A Public I	Document		GIFT TO AGENCY REPOR
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Address  City  State  Zip Code  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.  Name  SAMOUNT  Name  Name  Payment Information  Date and Amount of Payment (other than travel)  Date and Amount of Payment (other than travel)  Date (s) of Travel  Date(s) of Travel  STransportation Expenses  Loaging Expenses  Meal Expenses  Meal Expenses  Meal Expenses  Total Expenses:  Membership fee for SPUR (San Francisco Bay Area Planning and Urban Research Association)  Identify the officials for whom the payment was used:  Lambert  Michael  Last Name  First Name  First Name  First Name  Tide  Department/Division  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 pocusigned by:  Mike Fernandez  Mike Fernandez  CFO  9/12/23					Name
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