G	Sift to Agency Report	A Public Do	ocument		GIFT TO AGENCY REPORT	
1	. Agency Name			Date Stamp	California QQ4	
	San Francisco Public Library (SFPL)				Form OUI	
	Division, Department, or Region (if applicable) City Librarian's Office Street Address				For Official Use Only	
	100 Larkin Street, San Francisco CA 94102					
	Area Code/Phone Number	E-mail		Amendment (explain in	n comment section)	
	415-557-4236	citylibrarian@sfpl.org				
	Agency Contact (name and title)		Date of Original Filing:			
	Michael Lambert, City Libra	lichael Lambert, City Librarian				
2	Donor Name and Address					
	☐ Individual	Individual Other			Friends of San Francisco Public Library	
	Last Name	First Name	<u> </u>	N	ame	
	16370 17th Street	San Francisco City		CA State	94107 Zip Code	
		Friends of SFPL: member-supported nonprofit organization that advocates, fundraises, and provides support for SFPL. Other" is marked, describe the entity's business activity (if business) or its nature and interests.				
	If applicable, identify the name	applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:				
	Name	\$		Name	\$	
2	Payment Information	, who said		Hamo	Amount	
	Date and Amount of Paymo	(month, day, year)	- \$ Travel	(Round to whole dollars)		
	9/15-17/23	s 540.48	\$	\$	\$ 540.48	
	9/15-17/23 Date(s) of Travel Stransportation Expenses Standard S					
	Hotel costs for the on-site Co-Active 3-day coaching training.					
	Identify the officials for	whom the payment was used:				
	Singleton	Maureen	COO	City	Librarian	
	Last Name	First Name		Title	Department/Division	
	Last Name	First Name		Title	Department/Division	
4.	Verification					
		e interests of the agency to accept this	gift and use i	t for the official agency bu	isiness described above.	
	1 / /				1 . /	
	will I	Mike Fernandez	CFO		11/6/23	
	Signature of Agency Head or Designe	ee Print Name		Title	(month, day, year)	
	Comment: (Use this space or an	n attachment for any additional information.)				