Payment to Agency	Report	A Public	Document		P	AYMENT TO AGENCY REPOR	
1. Agency Name				Date Star	mp	California 201	
San Francisco Public Libr			Form OU				
Division, Department, or Re			For Official Use Only				
Street Address		*					
100 Larkin Street, San Fr							
Area Code/Phone Number 415-557-4236	Email oitulibrarian@sfol.org			Amendment (explain in comment section)			
Agency Contact (name and title		citylibrarian@sfpl.org			Date of Original Filing:		
Luis Herrera, City Libraria	(month, day, year)						
2. Donor Name and Add							
	1633			Friends of the	San Fra	ncisco Public Library	
☐ Individual	First	Name	_ ☑ Other			me	
710 Van Ness Avenue		San Francis	со		CA	94102	
Address		City	100 860 100		State	Zip Code	
Member-supported non-p				provides suppo	rt for SFI	PL.	
If "Other" is marked, describe the ent	ity's business activity (if busin	ness) or its nature and	interests.				
	, identify the name of e	each source and	the amount(s) re	eceived by the d	onor for th	is payment:	
	¢					\$	
Name	Ψ	Amount	7	Name		Amount	
3. Payment Information	Complete Section	ns 3.1 (a or b), 3.2, 3.3)				
3.1 (a) Travel Payment							
011 (u) 1141011 u) 111011		Location of Travel			Da	tes (month, day, year)	
	Rail	□ Air □	Bus ☐ Aut	o 🔲 Other			
Transportation Provide		Check Applicable	Boxes		Na	me of Lodging Facility	
\$	\$	\$	\$.			\$	
Lodging Expenses	Meal Expenses	Transportation	08/29/2016	Other Expenses	209.00	Total Expenses	
3.1 (b) Payment(s) not r	elated to travel:		Dates (month, o	Ψ	209.00	Total Expenses	
3.2. Payment Description	n Drovido o onoci	fic description			ancy nur	**************************************	
and the second s				ent and its ag	ency pur	pose and use.	
American Library Ass	sociation Member	ship Renewa	al Fee				
3.3. Identify the officials		ment in Sectio					
Lambert	Michael		Deputy City		SFPI		
Last Name	First Nan	ne	Pos	ition/Title		Department/Division	
Last Name	First Nar	me	Pos	ition/Title	-	Department/Division	
4. Verification						/	
I authorized the acceptant	ce of the reported pa	vment(s) as in	compliance wi	ith FPPC regula	ations.		
// an sold	Maureen S			f Financial Offic		XIAB	
Signature	Wadreen o	Print Name		Title		(month, day, year)	
)						
Comment:							

(Use this space or an attachment for any additional information)

Payment to Agency Re	port A	Public Document		PAYMENT TO AGENCY REPORT	
1. Agency Name			Date Stamp	California 201	
San Francisco Public Library	(SFPL)		Form OUI		
Division, Department, or Regi	on (if applicable)			For Official Use Only	
Street Address		1			
100 Larkin Street, San Franc	cisco, CA 94102				
Area Code/Phone Number	Email		Amendment (exp	ain in comment section)	
415-557-4236 citylibrarian@sfpl.org			Date of Original Filing:		
Agency Contact (name and title)		Date of Original Filing: (month, day, year)			
Luis Herrera, City Librarian	1				
2. Donor Name and Addres	S		Friands of the Con	Eronoisco Bublio Library	
☐ Individual	First Name	Other	Friends of the Sar	Francisco Public Library	
710 Van Ness Avenue		n Francisco	CA	94102	
Address	City		State	Zip Code	
Member-supported non-prof	it organization that advo	ocates, 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, id	entify the name of each so	ource and the amount(s) re	eceived by the donor t	for this payment:	
п аррисаыс, к	chary the name of each of	sured and and amount(e)			
Name	\$Amou	nt	Name	\$Amount	
Transportation Provider		Air Bus Auto	o □ Other	Name of Lodging Facility	
\$\$_ Lodging Expenses	Meal Expenses Tr	ransportation Expenses	Other Expenses	Total Expenses	
3.1 (b) Payment(s) not rela	ited to travel:	8/2/2016 Dates (month, or	\$ 165. day, year)	Total Expenses	
3.2. Payment Description.	Provide a specific de	scription of the payme	ent and its agency	purpose and use.	
CLA (California Libraria	n Association) Men	nbership Registratio	n Fee for FY201	6-17.	
3.3. Identify the officials w	ho used the payment	in Section 3.1 (See instru	ections)		
Lambert	Michael	Deputy City	Librarian	SFPL	
Last Name	First Name	Pos	ition/Title	Department/Division	
Last Name	First Name	Pos	ition/Title	Department/Division	
4. Verification					
I authorized the acceptance	of the reported paymen	t(s) as in compliance w	ith FPPC regulation	s. / /	
	Christine Murdoo		jet Manager	8/2/2016	
Signature	Print N		Title	(month, day, year)	
Comment:					
(Use this space or an attachment for	r any additional information)			EPPC Form 801 (Jan	

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