**Gift to Agency Report**

**1. Agency Name**
San Francisco Public Library (SFPL)

**Division, Department, or Region (if applicable)**
City Librarian's Office

**2. Donor Name and Address**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Friends of San Francisco Public Library</td>
</tr>
<tr>
<td>Last Name</td>
<td>710 Van Ness Ave.</td>
</tr>
<tr>
<td>First Name</td>
<td>CA</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Amount</th>
</tr>
</thead>
</table>

**3. Payment Information**

<table>
<thead>
<tr>
<th>Date and Amount of Payment (other than travel)</th>
<th>Various</th>
<th>$29.19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Travel Payment Information (Round to whole dollars)</th>
<th>Location of Travel</th>
</tr>
</thead>
</table>

| Date(s) of Travel | Transportation Expenses | $ | Lodging Expenses | $ | Meal Expenses | $ | Other Expenses | $ | Total Expenses | $ |

Provide a specific description of the nature and use of the payment for official agency business:

10/18/18-Team Building Lunch; 12/10/18-Attended the GARE Forum at Pier 15.

Identify the officials for whom the payment was used:

<table>
<thead>
<tr>
<th>McClure</th>
<th>Randle</th>
<th>Chief - RSA</th>
<th>SFPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Title</td>
<td>Department/Division</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

**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.

Signature of Agency Head or Designee: Maureen Singleton  
Print Name: Acting COO  
Title: (month, day, year)

Comment: (Use this space or an attachment for any additional information.)
**Gift to Agency Report**

1. **Agency Name**
   - San Francisco Public Library (SFPL)
   - City Librarian's Office

2. **Donor Name and Address**
   - Friends of San Francisco Public Library
   - 710 Van Ness Ave.
   - San Francisco, CA 94102

3. **Payment Information**
   - Date and Amount of Payment: 12/5-7/2018, $41.65
   - Travel Payment Information:
     - Transportation Expenses: $33.94
     - Lodging Expenses: $114.00
     - Total Expenses: $189.59

4. **Verification**
   - Signature of Agency Head or Designee: Maureen Singleton
   - Acting COO: 10/11/18

---

**Comments:** (Use this space or an attachment for any additional information.)
Gift to Agency Report

1. Agency Name
   San Francisco Public Library (SFPL)
   Division, Department, or Region (if applicable)
   City Librarians 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, Acting City Librarian

   Date Stamp
   California Form 801
   For Official Use Only
   Amendment (explain in comment section)
   Date of Original Filing: (month, day, year)

2. Donor Name and Address

   □ Individual
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>710 Van Ness Ave.</td>
<td>San Francisco</td>
<td>CA</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

   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:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Amount</th>
</tr>
</thead>
</table>

3. Payment Information

   Date and Amount of Payment (other than travel) 12/10/18 515.34 (Round to whole dollars)
   (month, day, year)

   Travel Payment Information (Round to whole dollars)

<table>
<thead>
<tr>
<th>Date(s) of Travel</th>
<th>Transportation Expenses</th>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

   Location of Travel

   Provide a specific description of the nature and use of the payment for official agency business:

   EYO Appreciation Luncheon; Attendees @ $57.26/each: Michelle Jeffers, Maureen Singleton, Roberto Lombardi, Michael Liang, Cathy Deineo, Shellie Cocking, Randle McClure, Tom Fortin and Sue Blackman

   Identify the officials for whom the payment was used:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Department/Division</th>
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</tbody>
</table>

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.

   Signature of Agency Head or Designee
   Lovely Lindsley
   Accounting Operations Mgr.
   (month, day, year)

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