Gift to Agency Report

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

2. Donor Name and Address
☐ Individual  Other
Friends of San Francisco Public Library
710 Van Ness Ave. San Francisco CA 94102
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:

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

3. Payment Information
Date and Amount of Payment: Feb.13, 2019 $80.00
(Round to whole dollars)
Travel Payment Information: Location of Travel

<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>
<tbody>
<tr>
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<td>$</td>
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<td>$</td>
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</tbody>
</table>

Provide a specific description of the nature and use of the payment for official agency business:
Represented SFPL at the 15th Annual Celebration of Black American History (CBAH) Luncheon; $40/person

Identify the officials for whom the payment was used:

<table>
<thead>
<tr>
<th>Lambert</th>
<th>Michael</th>
<th>Acting City Librarian</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>Singleton</td>
<td>Maureen</td>
<td>Acting COO</td>
<td>SFPL</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: Lovely Lindsley
Print Name: 
Title: Acctng. Operations Mgr.
(month, day, year)

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

FPPC Form 801 (June/08)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### 1. Agency Name

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
415-557-4236
Email
citylibrarian@sfpl.org

### 2. Donor Name and Address

- **Individual**
  - **Last Name**
  - **First Name**

- **Other**
  - **Name**
  - **Friends of San Francisco Public Library**
    - **Address**
      - 710 Van Ness Ave.
    - **City**
      - San Francisco
    - **State**
      - CA
    - **Zip Code**
      - 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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</tbody>
</table>

### 3. Payment Information

- **Date and Amount of Payment (other than travel)**
  - 2/22/2019
  - $213.00

- **Travel Payment Information**
  - **Location of Travel**

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

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

Represented SFPL at CAAFE (Coalition of Asian American Government Employees) Lunar New Year Luncheon. Attendees: Michael Liang-SFPL IT Chief, Teresa Ono and John Lee-Commissioner; plus two more attendees listed below. $42.60/attendee

Identify the officials for whom the payment was used:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Lambert</td>
<td>Michael</td>
</tr>
<tr>
<td>Blackman</td>
<td>Sue</td>
</tr>
</tbody>
</table>

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### 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.)