**Gift to Agency Report**

1. **Agency Name**
   - San Francisco Public Library (SFPL)
   - City Librarian’s Office
   - 100 Larkin Street, San Francisco CA 94102
   - E-mail: citylibrarian@sfpl.org
   - Michael Lambert, Acting City Librarian

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

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

3. **Payment Information**

   **Date and Amount of Payment (other than travel):** 7/27/2018

   **Travel Payment Information (Round to whole dollars):** 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>
</table>

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

   Registration - 2018 CEDAW Women’s Human Rights Awards Luncheon

   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/CL Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Title</td>
<td>Department/Division</td>
</tr>
<tr>
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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
   - Acting COO

   **Date (month, day, year):** 7/27/18

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