Gift to Agency Report

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
E-mail
citylibrarian@sfpl.org

Agency Contact (name and title)
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>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Payment Information

Date and Amount of Payment (other than travel)
Various
(month, day, year)
32.00 (Round to whole dollars)

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>

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

Parking in connection with attending the following events: 9/25-Cal Academy of Sciences 10th Year Celebration; 9/29-Giving Pitch for Good; 10/24-8th Annual Awards Luncheon-SF Museum and Historical Society

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></td>
<td></td>
<td></td>
<td></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 Chief Operating Officer

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