Gift to Agency Report	t A Public D	ocument)		GIFT TO AGENCY REPORT
. Agency Name			Date Stamp	California 801
San Francisco Public Library (SFPL)				Form OUI
Division, Department, or Reg	jion (if applicable)			For Official Use Only
City Librarian's Office				
Street Address				
100 Larkin Street, San Fra	ncisco CA 94102			ď
Area Code/Phone Number	E-mail		Amendment (explain	n in comment coation)
415-557-4236	citylibrarian@sfpl.org		Amendment (explain	Thi comment section)
Agency Contact (name and title	9)		Date of Original Filing:	
Michael Lambert, Acting C	ity Librarian			(month, day, year)
Donor Name and Addre	ess			
The allocation and		Othor	Friends of San Fran	icisco Public Library
Individual	First Name	. X Other		Name
710 Van Ness Ave.	San Francisco	5	CA	94102
Address	City		State	Zip Code
	supported nonprofit organization the 's business activity (if business) or its nature and in		fundraises, and prov	rides support for SFPL.
If applicable, identify the name	of each source and the amount(s) solid	cited or receive	ed by the donor for this	gift:
Name	\$		Name	\$Amount
Payment Information			0 1	
Date and Amount of Paym Travel Payment Information	(month, day, year)	Travel	(Round to whole dollars)	
Date(s) of Travel Tr	ransportation Expenses Lodging Expenses	\$Meal Expe	enses S Other Exper	ses Total Expenses
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	and Historical Society Annual Award			
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Identify the officials for	whom the payment was used	:		
Lambert	Michael	Acting City L		PL Department/Division
Last Name	First Name		Title	Department/Division
Last Name	First Name	1	Title	Department/Division
Verification				
I have determined that it is in the	ne interests of the agency to accept this	s gift and use it	for the official agency b	usiness described above,
1/ multiple				alul
NIUMIANA	Maureen Singleton	Actino	g COO	1111
Signature of Agency Head or Design		700110	Title	(month, day, year)
	1			
Comment: (Use this space or a	n attachment for any additional information.))		

Gift to Agency Report	A Public Document	t	GIFT TO AGENCY REPORT		
1. Agency Name		Date Stamp	California 201		
San Francisco Public Libra	ry (SFPL)		Form OUT		
Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
City Librarian's Office					
Street Address					
100 Larkin Street, San Fran	ncisco CA 94102				
Area Code/Phone Number	E-mail	Amendment (explain	in comment section)		
415-557-4236	citylibrarian@sfpl.org	Bets of Original Filings			
Agency Contact (name and title	Agency Contact (name and title)		Date of Original Filing: (month, day, year)		
Michael Lambert, Acting Ci	ty Librarian				
2. Donor Name and Addres					
☐ Individual	□ Individual ☑ Other		Friends of San Francisco Public Library		
Last Name	First Name	CA	Name 94102		
710 Van Ness Ave.	San Francisco City	State	Zip Code		
		fundraises and prov	ides support for SEDI		
If "Other" is marked, describe the entity's	supported nonprofit organization that advocates business activity (if business) or its nature and interests.	s, lundraises, and prov	ides support for SFFL.		
If applicable, identify the name	of each source and the amount(s) solicited or receiv	ed by the donor for this g	ift:		
Name	\$Amount	Name	\$		
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3. Payment Information	0/11/19	213.00			
Date and Amount of Paym	ent (other than travel)(month, day, year) \$	(Round to whole dollars))		
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Provide a specific descr	iption of the nature and use of the payn	nent for official age	ncy business:		
ALA Membership dues					
Identify the officials for	whom the payment was used:				
identity the officials for	whom the payment was used.				
Lambert	Michael Acting City	Librarian SF	PL		
Last Name	First Name	Title	Department/Division		
Last Name	First Name	Title	Department/Division		
4. Verification					
	e interests of the agency to accept this gift and use	it for the official agency b	usiness described above.		
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Signature of Agency Head of Design		ng COO Title	(month, day, year)		
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Comment: (Use this space or ar	attachment for any additional information.)				

Gift to Agency Report	A Public	Document	t	GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 201
San Francisco Public Library (SFPL)				Form OUI
Division, Department, or Region (if applicable)			1	For Official Use Only
City Librarian's Office				
Street Address			1	9.
100 Larkin Street, San Fran	ncisco CA 94102			
Area Code/Phone Number	E-mail		Amendment (expl	lain in comment section)
415-557-4236	citylibrarian@sfpl.org		Bata of Ocioinal Filin	
Agency Contact (name and title	,)		Date of Original Filing:	
Michael Lambert, Acting Ci	ty Librarian			
2. Donor Name and Addre	SS			
☐ Individual		_ ⊠ Other	Friends of San Fra	ancisco Public Library
Last Name	First Name San Francis	200	CA	Name 94102
710 Van Ness Ave.	City	500	State	Zip Code
	supported nonprofit organization	that advocates	fundraises and no	ovides support for SEPL
If "Other" is marked, describe the entity	s business activity (if business) or its nature an	d interests.	s, tariaraiscs, and pr	ovidoo dapport for OT 1 2.
	of each source and the amount(s) so		ed by the donor for this	s gift:
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	\$		Name	\$Amount
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Date and Amount of Paym	nent (other than travel) 9/10/18	\$	200.00 (Round to whole dollars)	
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Travel Payment Information	n (Round to whole dollars) Location	of Travel	7.0	
Date(s) of Travel Travel	ansportation Expenses \$ Lodging Expenses	S Meal Exp	penses S Other Exp	penses S Total Expenses
Provide a specific desc	ription of the nature and use	e of the payn	nent for official ag	gency business:
	V Women's Human Rights Award			
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Identify the officials for	whom the payment was use	ed:		
	A CONTRACTOR OF			OFDI
Singleton	Maureen First Name	Acting CO	Title 3	SFPL Department/Division
Last Name	First Name		Tido	
			Title	Department/Division
Last Name	First Name		Title	Department/Division
4. Verification				
I have petermined that it is in the	ne interests of the agency to accept t	this gift and use	it for the official agenc	y business described above.
1/1/				1.1
X	Lovely Lindsley	Acct	tng. Operations Man	ager 9 11 2018
Signature of Agency Head or Design			Title	(month, day, year)
Comment: (Use this space or a	n attachment for any additional information	on.)		