Payment to Agency R	eport A Public I	Document		PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California 201
San Francisco Public Libra	ry (SFPL)			Form OU
Division, Department, or Reg	Jion (if applicable)			For Official Use Only
Street Address				
100 Larkin St., S.F., CA 94	102			
Area Code/Phone Number	Email		—	
415-557-4236	citylibrarian@sfpl.org	1	Amendment (explai	n in comment section)
Agency Contact (name and title)			Date of Original Filing:	
Luis Herrera, City Librarian		9		(month, day, year)
2. Donor Name and Addre	ess			
□ Individual		_ 🖸 Other	Friends of the San F	Francisco Public Library
☐ Individual	First Name			Name
710 Van Ness Ave.	San Francisc	CO	CA	94102
Address	City		State	Zip Code
Member-supported non-pro	fit organization that advocates, fun	ndraises and p	rovides support for S	SFPL.
If "Other" is marked, describe the entity	s business activity (if business) or its nature and i	interests.		
If applicable, i	dentify the name of each source and th	he amount(s) re	ceived by the donor for	r this payment:
			•	
Name	\$		Name	\$Amount
Payment Information (C	Complete Sections 3.1 (a or b)	3 2 3 3)		
	omplete Sections 3.1 (a of b)	, 3.2, 3.3)		
3.1 (a) Travel Payment	Location of Travel			Dates (month, day, year)
				,,
Transportation Provider	Rail Air E		Other	Name of Lodging Facility
\$\$	\$ Meal Expenses Transportation E	\$_	Other Expenses	\$ Total Expenses
		April 5, 201	300	Total Exponde
3.1 (b) Payment(s) not rel	ated to travel:	Dates (month, da		Total Expenses
3.2. Payment Description	. Provide a specific description			
Lunch in connection wi	th Innovation Fellowships Pre	oposals 201	7 presentations.	
\$6.78/person				
т				
3.3 Identify the officials y	who used the payment in Section	1 3 1 (See instruct	tions)	
				·DI
Herrera	Luis	City Librarian	on/Title SF	PL
Last Name	First Name	Position	on/ little	Department/Division
Lambert	Michael	Deputy City	Librarian SF	PL
Last Name	First Name	Positi	on/Title	Department/Division
. Verification				
^	of the remeded normant/o) on in o	amalianaa witi	- EDDC regulations	
i authorized the acceptance	of the reported payment(s) as in co		200 April 1990 April 1	
L. No	Lovely Lindsley	Accou	nts Operations Mana	
Signature	Print Name		Title	(month, day, year)
Comment:	· ·			
(Use this space or an attachment for	or any additional information)			EDDO F. 20111 ''
	<u> </u>			FPPC Form 801 (Jan/ advice@fppc.ca.g

Clear Page

Agency Contact (name and title) Luis Herrera, City Librarian Donor Name and Address Individual Last Name First Name 710 Van Ness Ave. San Francisco City Member-supported non-profit organization that advocates, fundraises and provider San Francisco Tother' 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) received Name Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Transportation Provider Rail Air Bus Auto Check Applicable Boxes 75.50	
Street Address 100 Larkin St., San Francisco, CA 94102 Area Code/Phone Number Email citylibrarian@sfpl.org Date Alfs-557-4236 City Librarian Donor Name and Address City Luis Herrera, City Librarian Donor Name and Address City Individual Last Name First Name San Francisco City Member-supported non-profit organization that advocates, fundraises and provide Tother' 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) received Name Amount Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) Tucson, Arizona Check Applicable Boxes Auto Transportation Provider Rail Air Bus Auto Transportation Provider Check Applicable Boxes Applicable Boxes Stoding Expenses Meal Expenses Transportation Expenses Auto Dates (month, day, year and the applicable Month) Stoding Expenses City Check Applicable Boxes Auto Transportation Provider Auto Transportation Provider Auto Auto Transportation Provider	For Official Use Only Immendment (explain in comment section) Of Original Filing: (month, day, year) Ods of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Area Code/Phone Number Email citylibrarian@sfpl.org Date	ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Area Code/Phone Number Email citylibrarian@sfpl.org Date	ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Area Code/Phone Number Email citylibrarian@sfpl.org Date	ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Area Code/Phone Number Email citylibrarian@sfpl.org Date	ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Area Code/Phone Number (att) Code	ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Agency Contact (name and title) Luis Herrera, City Librarian Donor Name and Address Individual Last Name First Name San Francisco City Member-supported non-profit organization that advocates, fundraises and provide Tother 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) received Name Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) Tucson, Arizona Location of Travel Rail Air Bus Auto Check Applicable Boxes Lodging Expenses Meal Expenses Transportation Provider Meal Expenses San Francisco City Member-supported non-profit organization that advocates, fundraises and provide and interests. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) Tucson, Arizona Location of Travel Date Meal Expenses San Francisco City Date Memonth, 3.2, 3.3 Tucson, Arizona Fransportation Provider San Francisco City Check Applicable Boxes Transportation Expenses Transportation Expenses San Francisco City Check Applicable Boxes Transportation Expenses Transportation Expens	ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Agency Contact (name and title) Luis Herrera, City Librarian Donor Name and Address Individual Last Name San Francisco City Member-supported non-profit organization that advocates, fundraises and provided frother 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) received have a supported non-profit organization that advocates, fundraises and provided frother 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) received have a support of the payment frame fr	(month, day, year) ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Luis Herrera, City Librarian Donor Name and Address	(month, day, year) ds of the San Francisco Public Library Name CA 94102 State Zip Code es support for SFPL.
Donor Name and Address ☐ Individual ☐ Last Name First Name 710 Van Ness Ave. San Francisco ☐ City Member-supported non-profit organization that advocates, fundraises and provider ☐ 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) received Amount ☐ Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) ☐ Travel Payment ☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Check Applicable Boxes ☐ Air ☐ Bus ☐ Auto ☐ Check Applicable Boxes ☐ Air (b) Payment(s) not related to travel: ☐ Dates (month, day, year as a specific description of the payment are Expenses incurred in connection with attending the University of Are Meeting on 4/14/2017 in Tucson, AZ. ☐ Air ☐ Last Name ☐ City Librarian ☐ City Librarian ☐ Position/Title ☐ Position/Title ☐ Position/Title ☐ City Librarian ☐ Position/Title ☐ Position/Title ☐ Position/Title ☐ City Librarian ☐ City Libra	Name CA 94102 State Zip Code es support for SFPL.
Individual Last Name San Francisco	Name CA 94102 State Zip Code es support for SFPL.
Individual Last Name Last Name Last Name San Francisco	Name CA 94102 State Zip Code es support for SFPL.
Last Name 710 Van Ness Ave. San Francisco City Member-supported non-profit organization that advocates, fundraises and provid Tother 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) receives Name Amount Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) Tucson, Arizona Location of Travel Rail Air Bus Auto Auto Check Applicable Boxes Rail Air Bus Auto Check Applicable Boxes Lodging Expenses Meal Expenses Transportation Expenses Transportation Expenses 3.1 (b) Payment(s) not related to travel: Dates (month, day, year Expenses incurred in connection with attending the University of Ar Meeting on 4/14/2017 in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Position/Title	CA 94102 State Zip Code es support for SFPL.
Member-supported non-profit organization that advocates, fundraises and provided frother 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) received the payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Transportation Provider Rail	State Zip Code es support for SFPL.
Member-supported non-profit organization that advocates, fundraises and provided frother 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) received the payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Transportation Provider Transportation Provider Rail	es support for SFPL.
If applicable, identify the name of each source and the amount(s) received the amount source and the amount source source source and the amount (s) receives and the amount source source source source and the amount (s) receives source and the amount (s) receives source and the amount (s) receives source and the amount (s) receives source so	
Name Samount	by the donor for this payment:
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Transportation Provider Rail Air Bus Auto Check Applicable Boxes Lodging Expenses Meal Expenses Meal Expenses Transportation Expenses Transportation Expenses Lodging Expenses Meal Expenses Transportation Expenses Transportation Expenses Transportation Expenses Auto Dates (Month, day, year) Dates (month, day, year) Active Transportation Expenses Transportation Expenses Active Transportation Expenses Transportation Expenses Active Transportation Expenses Active Transportation Expenses Active Transportation Expenses Transportation Expenses Active Transportation Provider Active Transportation Fravel Active Transport	by the donor for this payment:
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Transportation Provider Rail Air Bus Auto Check Applicable Boxes Lodging Expenses Meal Expenses Meal Expenses Transportation Expenses Transportation Expenses Lodging Expenses Meal Expenses Transportation Expenses Transportation Expenses Transportation Expenses Auto Dates (Month, day, year) Dates (month, day, year) Active Transportation Expenses Transportation Expenses Active Transportation Expenses Transportation Expenses Active Transportation Expenses Active Transportation Expenses Active Transportation Expenses Transportation Expenses Active Transportation Provider Active Transportation Fravel Active Transport	5 A ST. 5
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Tucson, Arizona Rail Air Bus Auto Check Applicable Boxes Lodging Expenses Meal Expenses Transportation Expenses Transportation Expenses Air Bus Auto Check Applicable Boxes Transportation Expenses Transportation Expenses Transportation Expenses Dates (month, day, year of the payment are expenses incurred in connection with attending the University of Area of the payment are expenses incurred in Connection with attending the University of Area of the payment in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	
Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3) 3.1 (a) Travel Payment Tucson, Arizona Rail	Name \$Amount
Tucson, Arizona Rail	
Rail	April 14, 2017
Transportation Provider Rail	Dates (month, day, year)
Transportation Provider Check Applicable Boxes Lodging Expenses Meal Expenses Transportation Expenses Transportation Expenses Transportation Expenses Dates (month, day, year and a specific description of the payment are expenses incurred in connection with attending the University of Are Meeting on 4/14/2017 in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Position/Title	Dates (month, day, year)
\$\frac{1}{\text{Lodging Expenses}} \frac{1}{\text{Meal Expenses}} \frac{1}{\text{Transportation Expenses}} \frac{1}{\text{Transportation Expenses}} \frac{1}{\text{Transportation Expenses}} \frac{1}{\text{Transportation Expenses}} \frac{1}{\text{Dates (month, day, year)}} \frac{1}{\text{Dates (month, day, year)}} \frac{1}{\text{Expenses incurred in connection with attending the University of Ar Meeting on 4/14/2017 in Tucson, AZ.} \frac{1}{\text{Sa.3. Identify the officials who used the payment in Section 3.1 (See instructions)}} \frac{1}{\text{Herrera}} \frac{1}{\text{Luis}} \frac{1}{\text{City Librarian}} \frac{1}{\text{Position/Titles}} \frac{1}{\text{City Librarian}} \frac{1}{\text{City Librarian}}} \frac{1}{\text{City Librarian}} \frac{1}{\text{City Librarian}} \frac{1}{Cit	Other Name of Lodging Facility
Sac Payment Description. Provide a specific description of the payment are Expenses incurred in connection with attending the University of Are Meeting on 4/14/2017 in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	. 75.50
3.1 (b) Payment(s) not related to travel: B.2. Payment Description. Provide a specific description of the payment are Expenses incurred in connection with attending the University of Are Meeting on 4/14/2017 in Tucson, AZ. B.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	Expenses Total Expenses
Dates (month, day, year 3.2. Payment Description. Provide a specific description of the payment ar Expenses incurred in connection with attending the University of Ar Meeting on 4/14/2017 in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	The ises
Expenses incurred in connection with attending the University of Ar Meeting on 4/14/2017 in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	Total Expenses
Expenses incurred in connection with attending the University of Ar Meeting on 4/14/2017 in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	
Meeting on 4/14/2017 in Tucson, AZ. 3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	a its agency purpose and use.
3.3. Identify the officials who used the payment in Section 3.1 (See instructions) Herrera Luis City Librarian Last Name First Name Position/Title	zona's Knowledge River Annual
Herrera Luis City Librarian Last Name First Name Position/Title	
Herrera Luis City Librarian Last Name First Name Position/Title	
Herrera Luis City Librarian Last Name First Name Position/Title	
Last Name First Name Position/Title	
	SEPI
Last Name First Name Position/Title	SFPL Department/Division
Last Name First Name Position/Title	SFPL Department/Division
In the continue of the continu	Department/Division
/erification	Department/Division
authorized the acceptance of the reported payment(s) as in compliance with FPI	Department/Division Department/Division
Maureen Singleton Chief Finar	Department/Division Department/Division PC regulations.
Signature Print Name	Department/Division Department/Division PC regulations.
O	Department/Division Department/Division PC regulations.
Comment: Use this space or an attachment for any additional information)	Department/Division Department/Division PC regulations. cial Officer

Clear Page

Gift to Agency Report	A Public Docu	ument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California 801
San Francisco Public Librar	y (SFPL)			Form OUI
Division, Department, or Regi	on (if applicable)			For Official Use Only
Street Address				
100 Larkin Street, San Fran				
Area Code/Phone Number	E-mail	1	Amendment (explain in	n comment section)
415-557-4236	citylibrarian@sfpl.org		Date of Original Filing: _	
Agency Contact (name and title)	1			(month, day, year)
Luis Herrera City Librarian				
2. Donor Name and Addres			Triangle of Con Franci	ana Dublia Library
☐ Individual	First Name	Other _	Friends of San Franci	ame SCO PUBLIC LIBRARY
710 Van Ness Ave.	San Francisco		CA	94102
Address	City		State	Zip Code
	supported nonprofit organization that ad		undraises, and provid	les support for SFPL.
	of each source and the amount(s) solicited		by the donor for this aif	t·
ii applicable, identity the name (y each source and the amount(s) solicited t	01 10001100	by the deficition time gi	<u></u>
Name	\$	0	Name	\$
3. Payment Information				
Date and Amount of Payme	ent (other than travel) (month, day, year)	\$	Round to whole dollars)	
Travel Payment Information	n (Round to whole dollars) Location of Trav	/el San J	ose Public Library, C	A 95112
6/7/2017 Date(s) of Travel Train	nsportation Expenses \$_Lodging Expenses \$_	Meal Expens	ses Ses Other Expense	s Total Expenses
	iption of the nature and use of the			
Library Journals LLC - Design	gning The Future: A Design Thinking W	orkshop -	· Registrati	`M
			(a eyes) real !	
11				
identity the officials for v	whom the payment was used:			
Lombardi	Roberto Mai	nager IV	Faci	ilities
Last Name	First Name	Title		Department/Division
35				
Last Name	First Name	Title	е	Department/Division
4. Verification				
I have determined that it is in the	e interests of the agency to accept this gift a	and use it fo	or the official agency but	siness described above.
Maurin X	h			1//27/2
// /Wallan W	Maureen Singleton	Chief F	inancial Officer	_ HJH1-
Signature of Agency Head or Designe	ee Print Name	9 Arasana (1985) (1986)	Title	(mgnth, day, year)
Comment: (Use this space or an	attachment for any additional information.)			

Agency Name				
			Date Stamp	California 201
San Francisco Public Libra	ry (SFPL)			Form OUI
Division, Department, or Reg	ion (if applicable)			For Official Use Only
	*			
Street Address				
100 Larkin Street, San Fran	ncisco CA 94102	2		
Area Code/Phone Number	E-mail		Amendment (explain	in comment section)
415-557-4236	citylibrarian@sfpl.org		_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agency Contact (name and title)	7,14	Date of Original Filing:	(month, day, year)
Luis Herrera City Librarian				- 1
Donor Name and Addre	SS			
□ Individual		Other	Friends of San Fran	cisco Public Library
Individual	First Name			Name
710 Van Ness Ave.	San Francisco)	CA	94102
Address	City		State	Zip Code
	supported nonprofit organization tha		fundraises, and prov	ides support for SFPL.
	s business activity (if business) or its nature and in			
If applicable, identify the name	of each source and the amount(s) solic	ited or receive	ed by the donor for this g	ift:
	•			¢.
Name	Amount		Name	Amount
Payment Information	ont culture transfer	•		
Date and Amount of Paym	(month, day, year)	_ \$	(Round to whole dollars)	
		San	Jose Public Library,	CA 95112
Travel Payment Information	on (Round to whole dollars) Location of	Travel	TOOSE T USING EISTUTY,	0/100112
6/7/2017	•	¢.	_c 269	_© 269
6/7/2017 Date(s) of Travel	ansportation Expenses Lodging Expenses	\$Meal Exp	\$ 269 Other Expen	ses \$\frac{269}{\text{Total Expenses}}\$
Provide a specific desc	ansportation Expenses Lodging Expenses ription of the nature and use of	of the paym	ent for official age	ncy business:
Provide a specific desc	ription of the nature and use o	of the paym	ent for official age	ncy business:
Provide a specific desc	ansportation Expenses ription of the nature and use of igning The Future: A Design Thinking	of the paym	ent for official age	ncy business:
Provide a specific desc Library Journals LLC - Des	ription of the nature and use o	of the paym	ent for official age	ncy business:
Provide a specific desc Library Journals LLC - Des	ription of the nature and use o	of the paym	ent for official age	ncy business:
Provide a specific desc Library Journals LLC - Des Identify the officials for	ription of the nature and use of igning The Future: A Design Thinking whom the payment was used:	of the paym	ent for official age - Regui Ine	ncy business:
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo	ription of the nature and use of igning The Future: A Design Thinkin whom the payment was used: Cathy	ng Workshop	ent for official age Regulative	DB
Provide a specific desc Library Journals LLC - Des Identify the officials for	ription of the nature and use of igning The Future: A Design Thinking whom the payment was used:	ng Workshop	ent for official age - Regui Ine	ncy business:
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo	ription of the nature and use of igning The Future: A Design Thinking whom the payment was used: Cathy First Name	ng Workshop Deputy Dire	ector II CO	DB Department/Division
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo	ription of the nature and use of igning The Future: A Design Thinkin whom the payment was used: Cathy	ng Workshop Deputy Dire	ent for official age Regulative	DB
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo Last Name Verification	ription of the nature and use of igning The Future: A Design Thinking whom the payment was used: Cathy First Name First Name	Deputy Dire	ector II CO	DB Department/Division
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo Last Name Verification	ription of the nature and use of igning The Future: A Design Thinking whom the payment was used: Cathy First Name	Deputy Dire	ector II CO	DB Department/Division
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo Last Name Verification	ription of the nature and use of igning The Future: A Design Thinking whom the payment was used: Cathy First Name First Name	Deputy Dire	ector II CO	DB Department/Division
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo Last Name Verification	igning The Future: A Design Thinking whom the payment was used: Cathy First Name First Name	Deputy Dire	ector II CO	DB Department/Division Department/Division
Provide a specific desc Library Journals LLC - Des Identify the officials for Delneo Last Name Verification	igning The Future: A Design Thinking whom the payment was used: Cathy First Name First Name Maureen Singleton	Deputy Dire	ector II CO	DB Department/Division
Library Journals LLC - Des Identify the officials for Delneo Last Name Verification I have determined that it is in the Signature of Algebray Head or Designation	igning The Future: A Design Thinking whom the payment was used: Cathy First Name First Name Maureen Singleton	Deputy Dire	ector II CO	DB Department/Division Department/Division Department/Division Department/Division

Gift to Agency Report	A Public D	ocument		GIFT TO AGENCY REPORT
I. Agency Name			Date Stamp	California OO1
San Francisco Public Librar	y (SFPL)			Form OUI
Division, Department, or Regi	on (if applicable)			For Official Use Only
Street Address				
100 Larkin Street, San Fran	cisco CA 94102			
Area Code/Phone Number	E-mail		Amendment (expla	in in comment section)
415-557-4236	citylibrarian@sfpl.org		-	
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Luis Herrera City Librarian				
. Donor Name and Addres	S			
☐ Individual		✓ Other	Friends of San Fra	ncisco Public Library
710 Van Ness Ave.	First Name San Francisco		CA	Name 94102
Address	City	li.	State	Zip Code
Friends of SEDI: member s	upported nonprofit organization tha	at advanatos		vides support for SEDI
	business activity (if business) or its nature and int	The state of the s	iuridiaises, and pro	vides support for SFPL.
If applicable, identify the name of	of each source and the amount(s) solici	ited or receive	d by the donor for this	nift:
in applicable, rachtily the rathe c	a cach source and the amount(s) sonot	ited of receives	a by the deficition this	gitt
Name	\$		News	\$
	Amount		Name	Amount
. Payment Information				
Date and Amount of Payme	ent (other than travel) (month, day, year)	_ \$	(Round to whole dollars)	
	28 SPACE (1914 1915 1915 1915 1915 1915 1915 1915	•		04.05440
Travel Payment Information	1 (Round to whole dollars) Location of	Travel San	Jose Public Library	CA 95112
6/7/2017	•	•	269	269
6/7/2017 \$	sportation Expenses Lodging Expenses	\$Meal Expe	nses \$ 269 Other Expe	\$ 269 Total Expenses
Date(s) of Travel	nsportation Expenses \$ Lodging Expenses iption of the nature and use or			nses Total Expenses
Provide a specific descri	ption of the nature and use of	f the payme	ent for official ag	nses Total Expenses
Provide a specific descri		f the payme	ent for official ag	nses Total Expenses
Provide a specific descri Library Journals LLC - Desig	iption of the nature and use or gning The Future: A Design Thinkin	of the payme ng Workshop	ent for official ag	nses Total Expenses
Provide a specific descri Library Journals LLC - Desig	ption of the nature and use of	of the payme ng Workshop	ent for official ag	nses Total Expenses
Provide a specific descri Library Journals LLC - Desig	iption of the nature and use or gning The Future: A Design Thinking whom the payment was used:	If the payme	ent for official ag - Reguistro	ency business:
Provide a specific descri Library Journals LLC - Desig	iption of the nature and use or gning The Future: A Design Thinkin	of the payment of the	ent for official ag - Reguistro	ency business:
Provide a specific descri Library Journals LLC - Design Identify the officials for when the specific description is a specific description of the sp	ption of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas	of the payment of the	ent for official ag - Reguets (ency business:
Provide a specific descri Library Journals LLC - Desig Identify the officials for w Fortin Last Name	ption of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas First Name	of the payment of the	ent for official ag Reguerts (Total Expenses ency business: OM Department/Division
Date(s) of Travel Provide a specific descri Library Journals LLC - Desig Identify the officials for v Fortin Last Name Last Name	ption of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas	of the payment of the	ent for official ag - Reguets (ency business:
Provide a specific descri Library Journals LLC - Desig Identify the officials for w Fortin Last Name Last Name Verification	ption of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas First Name	of the payment of the	ent for official ag Reguerts ctor II Ctor II Ctor II	OM Department/Division
Provide a specific descri Library Journals LLC - Desig Identify the officials for w Fortin Last Name Last Name Verification	ption of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas First Name	of the payment of the	ent for official ag Reguerts ctor II Ctor II Ctor II	OM Department/Division
Date(s) of Travel Provide a specific descri Library Journals LLC - Desig Identify the officials for w Fortin Last Name Last Name Last Name	ption of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas First Name	of the payment of the	ent for official ag Reguerts ctor II Ctor II Ctor II	OM Department/Division
Date(s) of Travel Provide a specific descri Library Journals LLC - Desig Identify the officials for w Fortin Last Name Last Name Last Name	ption of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas First Name	Deputy Direct	ent for official ag Reguerts ctor II Ctor II Ctor II	OM Department/Division
Date(s) of Travel Provide a specific descri Library Journals LLC - Desig Identify the officials for w Fortin Last Name Last Name Last Name	phion of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas First Name First Name	Deputy Direct	ent for official ag Reguests (OM Department/Division
Provide a specific descri Library Journals LLC - Designature of Agency Head or Designation Provide a specific descri Library Journals LLC - Designature of Agency Head or Designation Transport of Agen	phion of the nature and use or gning The Future: A Design Thinking whom the payment was used: Thomas First Name First Name Maureen Singleton	Deputy Direct	ent for official ag Regular (Total Expenses ency business: OM Department/Division Department/Division business described above.