Gift to Agency Report	A Public D	ocument	:	GIFT TO AGENCY REPOR
1. Agency Name			Date Stamp	California OO4
San Francisco Public Library (SFPL)				Form 601
Division, Department, or Regi	on (if applicable)			For Official Use Only
City Librarian's Office				1 11 200 1
Street Address				
100 Larkin Street, San Fran	icisco CA 94102	2 HH11		8
Area Code/Phone Number	E-mail		☐ Amendment (e	xplain in comment section)
415-557-4236	citylibrarian@sfpl.org		Amenament	xplain in comment section,
Agency Contact (name and title)	1.		Date of Original Filing:(month, day, year)	
Michael Lambert, Acting Cit	y Librarian			, , , , , , , , , , , , , , ,
2. Donor Name and Addres	SS			
☐ Individual		☑ Other	Friends of San F	Francisco Public Library
Last Name	First Name			Name
710 Van Ness Ave.	San Francisco	·	CA State	
		v v v		
	upported nonprofit organization that business activity (if business) or its nature and int		, fundraises, and p	provides support for SFPL.
if applicable, identify the name of	of each source and the amount(s) solici	ited or receive	ed by the donor for the	his gift:
	\$			\$
Name	Amount		Name	Amount
3. Payment Information	Verieus		\$40 FF	
Date and Amount of Payme	ent (other than travel) Various (month, day, year)	_ \$	\$19.55 (Round to whole dollars	N
			(Nouria to whole dollars	
Travel Payment Information	(Round to whole dollars) Location of	Travel		
14/2				
Date(s) of Travel	nsportation Expenses Lodging Expenses	SMeal Expe	enses SOther E	xpenses
Provide a specific descri	ption of the nature and use of	f the paym	ent for official a	agency business:
12/18/18- R/T MUNI fare from	m Main to West Portal for branch to	our: 12/20/1	8 - Business mee	ting lunch with team.
				•
Identify the officials for v	whom the payment was used:			
MaChina	Develle	OF: (D	1. / A . I . ('	OFFI
McClure Last Name	Randle First Name		arch/Analytics	SFPL Department/Division
Last Name	First Name		Fitle	0-1-15::::
	i iist Name		ille	Department/Division
. Verification				
I have determined that it is in the	interests of the agency to accept this	gift and use it	for the official agend	cy business described above.
11 011 1000				1/10/101
NVW/W/	Maureen Singleton	Acting	g COO	11011
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)
Comment: (Use this enece or an	attachment for any additional information.)			
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Division, Department, or Regi	on (if applicable)		For Official Use Only	
City Librarian's Office			1	
Street Address				
100 Larkin Street, San Fran	icisco CA 94102			
Area Code/Phone Number	E-mail	D Amondmont (curto)		
415-557-4236	citylibrarian@sfpl.org	Amendment (explain	n in comment section)	
Agency Contact (name and title)		Date of Original Filing:	Date of Original Filing:	
Michael Lambert, Acting Cit	y Librarian		(month, day, year)	
2. Donor Name and Addres	SS			
□ Individual	[D] (Other Friends of San Fran	ncisco Public Library	
☐ Individual Last Name	First Name	other	Name	
710 Van Ness Ave.	San Francisco	CA	94102	
Address	City	State	Zip Code	
	upported nonprofit organization that advo	cates, fundraises, and prov	vides support for SFPL.	
If "Other" is marked, describe the entity's	business activity (if business) or its nature and interests.	The second of the second		
If applicable, identify the name of	of each source and the amount(s) solicited or i	received by the donor for this	gift:	
and the second	•		Φ.	
Name	Amount —	Name	Amount	
Provide a specific descri Represented SFPL at the La Ticket=\$131.50/person	nsportation Expenses \$_Lodging Expenses \$_M iption of the nature and use of the pabor and Community MLK Breakfast at the		ency business:	
Lambert Last Name	Michael Acting First Name	City Librarian SF	PL Department/Division	
Last Name	riist Name	Title	Department/Division	
Last Name	First Name	Title	Department/Division	
I. Verification				
	e interests of the agency to accept this gift and	luse it for the official agency h	usiness described above	
That's determined that it is in the	Threfests of the agency to accept this gift and	use it for the official agency t	t /	
Signature of Agency Head of Designe	Maureen Singleton Print Name	Acting COO	(month, day, year)	
Comment: (Use this space or an	attachment for any additional information.)			

Gift to Agency Repor	t A Public	Document		GIFT TO AGENCY REPORT	
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San Francisco Public Library (SFPL)				Form OUI	
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City Librarian's Office					
Street Address			9		
100 Larkin Street, San Fra	ancisco CA 94102				
Area Code/Phone Number	E-mail		☐ Amendment (expla	in in comment section)	
415-557-4236	citylibrarian@sfpl.org	1 1	Amendment (oxpid	in in common socion,	
Agency Contact (name and title	Agency Contact (name and title)		Date of Original Filing:		
Michael Lambert, Acting C	city Librarian	1 1 1		, , , , , ,	
2. Donor Name and Addre	ess				
□ Individual		☑ Other	Friends of San Fran	ncisco Public Library	
☐ Individual	First Name			Name	
710 Van Ness Ave.	San Francis	sco	CA	94102	
Address	City		State	Zip Code	
	-supported nonprofit organization		fundraises, and pro	vides support for SFPL.	
If "Other" is marked, describe the entity	's business activity (if business) or its nature ar	nd interests.			
If applicable, identify the name	e of each source and the amount(s) s	solicited or receive	ed by the donor for this	gift:	
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Name	Amount		Name	Amount	
3. Payment Information		W. L. S.			
-	and the second second	Φ.			
Date and Amount of Payn	nent (other than travel) (month, day, yea	ar) \$\Phi = \ldots \text{ar}	(Round to whole dollars)		
Travel Payment Informati	on (Payed to whate dellars) Location	of Travel Sea	ttle, Washington		
				A .	
Jan. 23-25, 2019	ransportation Expenses \$ 545.00 Lodging Expense	s &	\$ 90.0	D <u>\$ 9/7.89</u>	
Provide a specific desc	cription of the nature and use	e of the paym	ent for official ag	ency business:	
	nection with attending "Equity Wor	rk at the Library	" at Seattle Public Lil	brary on	
January 24, 2019.					
I double the officials for		- d.			
identify the officials for	whom the payment was use	ea:			
Lambert	Michael	Acting City I	ihrarian S	FPL	
Last Name	First Name		Title	Department/Division	
Last Name	First Name	-	Title	Department/Division	
The state of the s	Filst Name		Title	Department/Division	
4. Verification					
I have determined that it is in t	he interests of the agency to accept t	this gift and use it	for the official agency	business described above.	
Mallow	MA			1/20/10	
MINNIMANA	Maureen Singleton	Actin	g COO	100110	
Signature of Agency Head or Desig		7.03.11	Title	(month, day, year)	
V					
Comment: (Use this space or a	an attachment for any additional information	on.)			