Payment to Agency Re	eport	A Public D	ocument		PAYMENT TO AGENCY REPORT
1. Agency Name				Date Stamp	California 801
San Francisco Public Librar	y (SFPL)		Form For Official Use Only		
Division, Department, or Reg	ion (if applicable)		For Official Use Offity		
Street Address					
100 Larkin St., San Francis					
Area Code/Phone Number	Email			Amendment (e	explain in comment section)
415-557-4236	citylibrarian@sfpl.org			Date of Original Filing:	
Agency Contact (name and title)		Date of Original 1	(month, day, year)		
Luis Herrera, City Librarian					
2. Donor Name and Addre	ss			Friends of the C	on Francisco Bublic Library
☐ Individual	-	N	☑ Other	Friends of the S	an Francisco Public Library
710 Van Ness Ave.	FIRST	Name San Francisc	co	CA	
Address		City		Sta	te Zip Code
Member-supported non-pro	ofit organization tha	it advocates, fun	draises and	provides support	for SFPL.
If "Other" is marked, describe the entity					
100000000000000000000000000000000000000	1-12-11	ماه اسم محسده ما ا	a amount(a) r	assived by the den	or for this navment:
If applicable, i	dentify the name of e	each source and tr	ie amouni(s) ie	eceived by the done	of for this payment.
Name	\$	Amount		Name	\$Amount
3. Payment Information (C	Complete Section		3 2 3 3)		
	Sacramento,		, 3.2, 3.3)	No	ovember 3-6, 2016
3.1 (a) Travel Payment		Location of Travel			Dates (month, day, year)
	El Deil		Que 🖂 Aut	o □ Other	
Transportation Provider	Rail	☐ Air ☐ E		o Domei —	Name of Lodging Facility
		•		220.00	s 220.00
S S	Meal Expenses	Transportation E	xpenses $\Phi$	Other Expenses	Total Expenses
3.1 (b) Payment(s) not re	lated to travel:			\$	
			Dates (month,		Total Expenses
3.2. Payment Description	. Provide a speci	fic description	of the paym	ent and its agen	cy purpose and use.
Registration to attend	the California Li	brary Associa	tion 2016 (	Conference.	
3		-			
3.3. Identify the officials	who used the pay	ment in Section	1 3.1 (See instru	uctions)	
Lambert	Michael		Deputy City	/ Librarian	Public Library
Last Name	First Nar	me	Pos	sition/Title	Department/Division
Last Name	First Na	me .	Pos	sition/Title	Department/Division
Last Name	Hatra	110			Action - action and action action action
4. Verification I authorized the acceptance Signature	of the reported pa			ith FPPC regulati f Financial Officer Title	
Comment:	$\cup$				

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

Payment to Agency Rep	ort A Pub	olic Document	t	PAYMENT TO AGENCY REPORT	
1. Agency Name			Date Stamp	California Q 0 4	
San Francisco Public Library (	(SFPL)	1000000000 00000000000 <del>0</del>	Form OUI		
Division, Department, or Region	1 (if applicable)	1	For Official Use Only		
Street Address			1		
100 Larkin St., San Francisco,	. CA 94102				
	mail				
415-557-4236 citylibrarian@sfpl.org			Amendment (explain in comment section)		
Agency Contact (name and title)	<del>, , , , , , , , , , , , , , , , , , , </del>		Date of Original Fili		
Luis Herrera, City Librarian				(month, day, year)	
2. Donor Name and Address			Eriends of the Sa	n Francisco Public Library	
☐ Individual	First Name	Other	Therius of the Sa	Name	
710 Van Ness Ave.		ancisco	CA	94102	
Address	City	41101000	State		
Member-supported non-profit	organization that advocate	es, fundraises and	provides support fo	or SFPL.	
If "Other" is marked, describe the entity's bu	•	1 172	provided dapport is		
ii otici is marked, describe the entry o be	ionicas dourny (ii baciness) or no nati				
If applicable, ider	ntify the name of each source	e and the amount(s) re	eceived by the donor	for this payment:	
	¢			•	
Name	Amount		Name	Amount	
\$\frac{1}{\text{Lodging Expenses}}\$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$	Meal Expenses \$		ent and its agenc	Name of Lodging Facility  \$\frac{220.00}{\text{Total Expenses}}\$  Total Expenses  y purpose and use.	
3.3. Identify the officials who Herrera	o used the payment in S  Luis  First Name	City Libraria		SF Public Library  Department/Division	
Eust Hame	, not reame	, 03			
Last Name	First Name	Pos	sition/Title	Department/Division	
I authorized the acceptance of	the reported payment(s) a  Maureen Singleton  Print Name		ith FPPC regulation f Financial Officer Title	7.2.16 (month, day, year)	
Comment:					
(Use this space or an attachment for a	any additional information)			EDDC Form 801 / Jan/14	

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