| Payment to Agency | Report | A Public Docume | ent | | PAYMENT TO AGENCY REPORT |
|---|---|--|--------------------|----------------|--|
| 1. Agency Name | | | Date St | amp | California 201 |
| San Francisco Public Library | | | | | Form OUI |
| Division, Department, or Region (if applicable) | | | | | For Official Use Only |
| Street Address | | | \dashv | | |
| 100 Larkin Street, San Fr | ancisco, CA 94102 | | | | |
| Area Code/Phone Number | Email | | ☐ Amendme | ant (evolain i | n comment section) |
| 415-557-4232 | citylibrarian@sfpl. | org | Amendia | oxpiam i | ar comment occurs, |
| Agency Contact (name and title | e) | | Date of Origin | al Filing: _ | (month, day, year) |
| Luis Herrera, City Libraria | n | | | | (, 42), 502.7 |
| 2. Donor Name and Add | ress | | | | |
| ☐ Individual | | | Friends of th | e San Fr | ancisco Public Library |
| Last Name | First I | Name — | | | lame |
| 710 Van Ness Avenue | | San Francisco | | CA | 94102 |
| Address | | City | | State | Zip Code |
| Member-supported non-p | | | nd provides supp | ort for SF | PL. |
| If "Other" is marked, describe the ent | ity's business activity (if busine | ess) or its nature and interests. | | | |
| | identify the name of ea | ach source and the amount(| s) received by the | donor for t | his payment: |
| | , | ************************************** | | | • |
| Name | \$ | Amount | Name | | Amount |
| 3. Payment Information | Complete Section | s 3.1 (a or b), 3.2, 3.3 |) | | |
| 3.1 (a) Travel Payment | Chicago, Illinoi | | , | 6/22-26 | /2017 |
| 3.1 (a) Haver Fayment | | ocation of Travel | _ | | ates (month, day, year) |
| Virgin America; Cabs | □ Deil | | Auto El Othor | Hyatt R | egency |
| Transportation Provide | Rail | ☐ Air ☐ Bus ☐ A Check Applicable Boxes | Auto 🖸 Other | | ame of Lodging Facility |
| \$ ^{244.17} | 2. | 64.25 | 60.00 | | 368.42 |
| Lodging Expenses | \$ Meal Expenses | \$ Transportation Expenses | SOther Expenses | _ | Total Expenses |
| 3.1 (b) Payment(s) not r | elated to travel: | | 9 | | |
| or (a) raymont(o) not | | Dates (mor | nth, day, year) | | Total Expenses |
| 3.2. Payment Descriptio | n. Provide a specifi | c description of the pay | ment and its ag | ency pu | rpose and use. |
| | | | | | |
| Expenses incurred in | connection with a | illeriding the ALA Co | merence. | | |
| | | | | | |
| | | | | | |
| 3.3. Identify the officials | who used the payn | | | | |
| Lambert | Michael | Deputy (| City Librarian | SFP | Jan 14 |
| Last Name | First Name | | Position/Title | | Department/Division |
| | | | | | |
| Last Name | First Name | <u> </u> | Position/Title | _ | Department/Division |
| | | | | | |
| A Value - C | | | | | |
| 4. Verification | | | | | |
| I authorized the acceptant | | | | | 10 M/t |
| / / / MANKU/ N/ XX | Maureen Sir | ngleton Cl | hief Financial Off | icer | 0,000 |
| Signature | V | Print Name | Title | | (month, day, year) |
| Comment: | | | | | |
| (Use this space or an attachmen | t for any additional informa | ation) | | | EDDO F 004 (1/14) |
| | | | | | FPPC Form 801 (Jan/14) advice@fppc.ca.gov |

| Payment to Agency Re | eport A Pu | blic Document | | PAYMENT TO AGENCY REPOR |
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| 1. Agency Name | | | Date Stamp | California O 0 4 |
| San Francisco Public Library Division, Department, or Region (if applicable) | | | | Form OU |
| | | | | For Official Use Only |
| 1 1 | | | | |
| Street Address | | | | |
| | since CA 04400 | | | |
| 100 Larkin Street, San Fran | The second secon | | | <u> </u> |
| Area Code/Phone Number | Email | | Amendment (explain | in comment section) |
| 415-557-4232 | citylibrarian@sfpl.org | | Data of Ocioinal Filings | |
| Agency Contact (name and title) | | | Date of Original Filing: | (month, day, year) |
| Luis Herrera, City Librarian | | | 2 | |
| 2. Donor Name and Addres | SS | | | |
| □ In dividual | | CT Other | Friends of the San F | rancisco Public Library |
| ☐ Individual | First Name | | | Name |
| 710 Van Ness Avenue | San F | rancisco | CA | 94102 |
| Address | City | | State | Zip Code |
| Member-supported non-pro- | fit organization that advocat | tes, fundraises and | provides support for S | FPL. |
| If "Other" is marked, describe the entity's | | | | |
| | | | | |
| If applicable, ic | lentify the name of each source | e and the amount(s) re | eceived by the donor for | this payment: |
| | \$ | | | \$ |
| Name | Amount | | Name | Amount |
| 3. Payment Information (C | omplete Sections 3.1 (a | or b), 3.2, 3.3) | | |
| 3.1 (a) Travel Payment | | ,, , | | |
| o.i (a) maveri ayment | Location of Tr | avel | | Dates (month, day, year) |
| | | | - 0" | |
| Transportation Provider | Rail Air | ☐ Bus ☐ Auto | | Name of Lodging Facility |
| | Check Ap | oplicable Boxes | | , |
| \$ \$_ Lodging Expenses | Meal Expenses \$Transpo | ortation Expenses \$_ | Other Expenses | \$ Total Expenses |
| | | 6/26/2017 | \$ 12.99 | Total Expenses |
| 3.1 (b) Payment(s) not rela | ited to travel: | Dates (month, d | | Total Expenses |
| | | | | ** |
| 3.2. Payment Description. | | | | urpose and use. |
| Purchase of & | Phone 65 case of | or oblige 10 | Le. | |
| 1 xx 1 cm and w | / will do ober of | or your | | |
| V | | | | |
| 2.2 Identify the officials w | ha used the neumant in C | ention 2.4 vo | | |
| 3.3. Identify the officials w | | ection 3.1 (See instruc | | |
| McClure | Randle | Analytics Ma | anager SFF | PL |
| Last Name | First Name | Posit | tion/Title | Department/Division |
| | | | | |
| Last Name | = | | | |
| Last Name | First Name | Posi | tion/Title | Department/Division |
| | | | | |
| . Verification | 1 | | | |
| I authorized the acceptance | of the reported navment(s) | as in compliance wit | th EPPC regulations | 1 100 - |
| MINITED | | 13 | (77) | (2) 11 |
| ///WINY ~ WO// | Maureen Singleton | Cnier | Financial Officer | 0.0 (.17 |
| Signature | Print Name | | Title | (month, day, y ear) |
| Comment: | | | | |
| (Use this space or an attachment fo | r any additional information) | Volle 11 - Volle 10 - | | EDDO E CC4 / 1 |
| | *** | | | FPPC Form 801 (Jan/14 advice@fppc.ca.go |
| | | | | -arioc@ippo.oa.ge |

| Payment to Agency | Report | A Public Docu | ıment | | PAYMENT TO AGENCY RE |
|---|-----------------------------|------------------------------------|--|-----------------------|------------------------------|
| 1. Agency Name | | | A Comment of the Comm | Date Stamp | California Q |
| San Francisco Public Library | | | 30000 300000 A Santara (10000 A Santara | Form OU | |
| Division, Department, or Region (if applicable) | | | | For Official Use Only | |
| Street Address | | | | | |
| 100 Larkin St., San Franc | isco, CA 94102 | | | | |
| Area Code/Phone Number | Email | | | | |
| 415-557-4236 | citylibrarian@sfp | l.org | | _ | (explain in comment section) |
| Agency Contact (name and titl | e) | | | Date of Original F | filing:(month, day, year) |
| Luis Herrera, City Libraria | in | | | | |
| 2. Donor Name and Add | ress | | | V | |
| ☐ Individual | | |] Other | Friends of the S | San Francisco Public Libra |
| 710 Van Ness Avenue | First | Name San Francisco | | | Name CA 94102 |
| Address | | City | | | ate Zip Code |
| Member-supported non-p | rofit organization tha | t advocates, fundrais | es and p | provides support | for SFPL. |
| If "Other" is marked, describe the ent | | | | | 100 |
| > If applicable | identify the name of a | ach course and the con- | | animad by the den | or for this navment: |
| | , identify the name of e | each source and the amo | ount(s) re | eceived by the don | for for this payment: |
| Name | \$ | Amount | | Name | \$Amount |
| 0 D | (O - 4 - O 4' | 0.4 / | 2.0) | | |
| 3. Payment Information | | *** | 3.3) | 16 | uno 7 14 2017 |
| 3.1 (a) Travel Payment | Shanghai, Chi | INA Location of Travel | | | Dates (month, day, year) |
| | | | | | Dates (Month, ad), year) |
| Transportation Provide | Rail | ☐ Air ☐ Bus Check Applicable Boxes | ☐ Auto | Other | Name of Lodging Facility |
| | | 69.84 | | | 69.84 |
| Lodging Expenses | Meal Expenses | Transportation Expenses | \$_ | Other Expenses | Total Expenses |
| 3.1 (b) Payment(s) not r | elated to travel: | | | \$ | |
| | | Date | s (month, d | ay, year) | Total Expenses |
| 3.2. Payment Description | n. Provide a specif | fic description of the | payme | ent and its agen | cy purpose and use. |
| Expenses incurred in | connection with | trip to Shanghai, C | China fo | or Pudong Lib | orary Conference, as th |
| keynote speaker. | | , | | • | |
| | | | | | |
| 3.3. Identify the officials | who used the payr | ment in Section 3.1 | See instruc | ctions) | |
| Herrera | Luis | City | Libraria | n | SFPL |
| Last Name | First Nam | | | ion/Title | Department/Division |
| | | | | | |
| Last Name | First No. | | Desi | tion/Title | Department/Division |
| Last Name | First Nam | ie | Posi | tion/Title | Department/Division |
| | | *** | Appropriate Laboratoria | | |
| 4. Verification | | | | | |
| I authorized the acceptance | | | | | 1/10/11/- |
| 1 maes of | Maureen Si | | Chief | Financial Officer | y Wast |
| Signature | 110 | Print Name | | Title | (month, day, yea |
| Comment: | | | | | |
| | t for any additional inform | ation) | | | |

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| Payment to Agency Re | port A Publ | ic Document | | PAYMENT TO AGENCY REPORT |
|---|---|-----------------------|-------------------------|--|
| 1. Agency Name | | | Date Stamp | California 201 |
| San Francisco Public Library | (SFPL) | | * | Form OUI |
| Division, Department, or Regi | on (if applicable) | | | For Official Use Only |
| Street Address | | | | |
| 100 Larkin St., San Francisc | o, CA 94102 | | * | |
| Area Code/Phone Number | Email | | Amendment (expla | ain 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 | | | | |
| 2. Donor Name and Addres | s | | | |
| ☐ Individual | | | Friends of the San | Francisco Public Library |
| Tast Name 710 Van Ness Ave. | First Name San Fran | ncisco | CA | Name 94102 |
| Address | City | TCISCO | State | Zip Code |
| Member-supported non-prof | it organization that advocates | s. fundraises and | provides support for | SFPL. |
| 1 18.05 | business activity (if business) or its nature | | | |
| | | | | |
| If applicable, id | entify the name of each source a | and the amount(s) re | eceived by the donor fo | or this payment: |
| 9 | \$Amount | _ | Name | \$ |
| Name 3. Payment Information (Co | | 1, 00 00, | Name | Amount |
| 3.1 (a) Travel Payment Transportation Provider | Location of Trave | ☐ Bus ☐ Auto | Other | Dates (month, day, year) Name of Lodging Facility |
| \$ \$_ | | \$. ation Expenses | Other Expenses | \$ Total Expenses |
| Lodging Expenses | | June 15, 2 | | 1000 million (1000 million (10 |
| 3.1 (b) Payment(s) not rela | ted to travel: | Dates (month, o | Ψ | Total Expenses |
| 3.2 Payment Description | Provide a specific descript | | | nurpose and use. |
| Cable and case for new | | non or the payme | one una no agono, | pu. po o o u |
| Cable and case for new | Work mobile priorie. | | | |
| | | | | |
| 3.3. Identify the officials w | ho used the navment in Sec | ction 3.1 (See instru | ctions) | |
| 50 W | Michael | CIO | | FPL |
| Liang Last Name | First Name | _ | ition/Title | Department/Division |
| Last Name | T HSL Hamo | | | |
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| Last Name | First Name | Pos | ition/Title | Department/Division |
| | | | | |
| 4. Verification | 1 | | | |
| I authorized the acceptance | of the reported payment(s) as | in compliance wi | th FPPC regulations | 101717 |
| MINNICA N | Maureen Singleton | CFO | | V. L. 14 |
| Signature | Print Name | | Title | (month, day, year) |
| Comment: | / | | | |
| (Use this space or an attachment for | any additional information) | | | FPPC Form 801 (Jan/14) |

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| Payment to Agency Re | eport | A Public Docu | ıment | | PAYMENT TO AGENCY REPO |
|---|---------------------------|------------------------------------|--------------|---------------------|---|
| 1. Agency Name | | | | Date Stamp | California QO |
| San Francisco Public Librar | y (SFPL) | | | (0) | Form OU |
| Division, Department, or Reg | ion (if applicable) | | | | For Official Use Only |
| Street Address | | | | | |
| 100 Larkin St., San Francisc | co. CA 94102 | | | | |
| Area Code/Phone Number | Email | | | | |
| 415-557-4236 | citylibrarian@sfpl. | org | | Amendment (e | explain in comment section) |
| Agency Contact (name and title) | | | | Date of Original Fi | iling: |
| Luis Herrera, City Librarian | | | | | (month, day, year) |
| 2. Donor Name and Addres | 26 | | | | |
| 2. Donor Name and Addres | 33 | | | Friends of the Sa | an Francisco Public Library |
| Individual | First N | √ lame |] Other | | Name |
| 710 Van Ness Ave. | | San Francisco | | CA | A 94102 |
| Address | 54U-11 | City | | Stat | te Zip Code |
| Member-supported non-pro- | fit organization that | advocates, fundrais | es and p | provides support f | for SFPL. |
| If "Other" is marked, describe the entity's | | | | | |
| | | | | | |
| If applicable, ic | lentify the name of ea | ach source and the amo | ount(s) re | eceived by the dono | or for this payment: |
| | \$ | | | | \$ |
| Name | | Amount | para- | Name | Amount |
| 3. Payment Information (C | omplete Section | s 3.1 (a or b), 3.2, | 3.3) | | |
| 3.1 (a) Travel Payment | | | | | |
| | Le | ocation of Travel | | | Dates (month, day, year) |
| Transportation Provider | Rail | ☐ Air ☐ Bus Check Applicable Boxes | Auto | Other | Name of Lodging Facility |
| \$\$_ Lodging Expenses | Meal Expenses | \$ Transportation Expense: | \$_ s | Other Expenses | \$ Total Expenses |
| 3.1 (b) Payment(s) not rela | ated to travel | 6/5 | /2017 | s 34 | 1.65 |
| o. r (b) r ayment(s) not ren | ated to traver. | Date | es (month, d | ay, year) | Total Expenses |
| 3.2. Payment Description. | Provide a specifi | c description of the | e payme | ent and its agend | cy purpose and use. |
| Refreshments in conne | ction with M-Te | am Retreat on 6/ | 5/2017 | I. Herrera, N | M. Singleton, M. Jeffers, |
| R. Lombardi, M. Liang, | C Delneo I Lo | ent. T. Fortin. R. I | McClur | e = \$3.19/eacl | h: M. Lambert=\$5.94 |
| rt. Lombardi, ivi. Liarig, | O. Doilloo, E. E. | 571t, 17.1 Gran, 14.1 | | | , + |
| 2.2 Islandifutha afficiala w | ha wasad tha mass | ent in Section 2.4 | | £> | |
| 3.3. Identify the officials w | no used the payn | ient in Section 3.1 | (See instruc | ctions) | |
| | | | | | |
| Last Name | First Name | n s | Posit | tion/Title | Department/Division |
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| Last Name | First Name | | Posi | tion/Title | Department/Division |
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| 4. Verification | | | | | |
| I authorized the acceptance | of the reported pay | ment(s) as in compli | | | ons. |
| · h- X- | Christine Mu | urdoch Lovely | Budge | et Manager Ach. | · Operation 6/7/17 |
| Signature | | Print Name LI WOSLEY | | Title | Mgr. (month, day, year) |
| Commont | | | | | |
| Comment: (Use this space or an attachment for | or any additional informa | ation) | | | |
| 1200 tillo opasoo oi ali attaonillotti ti | | | | | FPPC Form 801 (Jan/1 advice@fppc.ca.go |

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