Payment to Agency Re	port A	Public Docu	<u>ıment</u>		1	PAYMENT TO AGENCY REPO
1. Agency Name				Date Sta	mp	California Q 0 1
San Francisco Public Library						Form OU
Division, Department, or Regi						For Official Use Only
Street Address						20
	04 04400		1			
100 Larkin St., San Francisc						,
	Email			☐ Amendme	nt (explain ir	comment section)
415-557-4236	citylibrarian@sfpl.org					
Agency Contact (name and title)				Date of Origina	I Filing: _	(month, day, year)
Luis Herrera, City Librarian						(monal, day, year)
2. Donor Name and Addres	e					
E. Donor Name and Addres	3			Friends of the	San Fra	ancisco Public Library
☐ Individual	First Name		] Other	Therias of the		ame
710 Van Ness Ave.		an Francisco			CA	94102
Address	Ci				State	Zip Code
Member-supported non-profi			ac and a			**************************************
If "Other" is marked, describe the entity's	•			rovides suppo	ILIUI SF	Γ <b>L</b> .
If "Other" is marked, describe the entity's	business activity (if business) o	or its nature and interests				
If applicable, ide	entify the name of each	source and the amo	ount(s) re	ceived by the d	onor for th	nis payment:
у принамен, на						
Name	\$	ount		Name		\$
			0.01	Traine		7 anount
3. Payment Information (Co	The state of the s		3.3)			
3.1 (a) Travel Payment	New York City, NY			,	10/28-30	0/2016
	Location	on of Travel			Da	ates (month, day, year)
	Rail □	]Air □ Bus	☐ Auto	☐ Other		
Transportation Provider		heck Applicable Boxes			Na	me of Lodging Facility
•		•	_ 1	108.00		108.00
Lodging Expenses	Meal Expenses	Transportation Expenses	, \$_	Other Expenses	-	Total Expenses
3.1 (b) Payment(s) not rela	ted to travel:			\$		
o. r (b) r dyment(s) not rela	ica to traver.	Date	s (month, da			Total Expenses
3.2. Payment Description.	Provido a specific d	accription of the	navmo	nt and its and	ancy nur	noce and use
						W 50.7
Expense incurred in cor	nection with atten	ding the AIA C	onfere	nce, as a pa	anelist,	on October 29,
2016.						
3.3. Identify the officials wh	o used the paymen	t in Section 3.1	See instruct	tions)		
97700	A DEC				CEDI	
Herrera	Luis	City	Librariar		SFPI	
Last Name	First Name		Positi	on/Title		Department/Division
Last Name	First Name		Positi	ion/Title	-	Department/Division
	THOU THAT IS		, 0011			
	200-00-00					
l. Verification						/ .
A authorized the acceptance of	f the reported paymer	nt(s) as in complia	ance with	h FPPC regula	ations.	//
Mallavantes	Maureen Single			Financial Offic		11/2/11
Signature		Name	- Jinei I	Title		(month, day, year)
Signatule	FIIII	Tulle		Tiue		(Intoliul, day, yedl)
Comment:						
(Use this space or an attachment for	any additional information)	<u> </u>				EPPC Form 801 / Jan/14

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FPPC Form 801 (Jan/14) advice@fppc.ca.gov

Payment to Agency F	Report	A Public Docur	nent	PAYMENT TO AGENCY REPOR
1. Agency Name			Date Stamp	California
San Francisco Public Libra	ary (SFPL)			Form OU
Division, Department, or Re	Division, Department, or Region (if applicable)			For Official Use Only
Street Address				7.
100 Larkin St., San Francis	sco, CA 94102			
Area Code/Phone Number	Email		□ Amondment /	'avalain in comment coetien'
415-557-4236	citylibrarian@sfpl.	org	Amendment	explain in comment section)
Agency Contact (name and title)		40	Date of Original F	(month, day, year)
Luis Herrera, City Librariar	ı			(month, day, your)
2. Donor Name and Addre	ess			
☐ Individual		77.0	Other Friends of the S	San Francisco Public Library
Last Name	First N	lame		Name
710 Van Ness Ave.		San Francisco	C	
Address		City	Sta	90-70 • 100 0 70 0 70 0 70 0 70 0 70 0 70 0
Member-supported non-pro			and provides support	for SFPL.
If "Other" is marked, describe the entity	's business activity (if busine	ss) or its nature and interests.		
If applicable,	identify the name of ea	ach source and the amou	nt(s) received by the don	or for this payment:
				ent entre septembre de la constante
Name	\$	Amount	Name	\$Amount
3. Payment Information (	Complete Section	s 3 1 (a or b) 3 2 3	3)	
50	zompiete dection	5 0.1 (d 01 b), 0.2, 0	.0)	
3.1 (a) Travel Payment	Lc	ocation of Travel		Dates (month, day, year)
				Daiso (month, day, your)
Transportation Provider	Rail	Air Bus Check Applicable Boxes	Auto Cother	Name of Lodging Facility
\$S Lodging Expenses	Meal Expenses	\$	\$Other Expenses	\$ Total Expenses
3.1 (b) Payment(s) not re	lated to travel:	11/17	7/2016 \$ 20	00.00
on (o) 1 aj mont(o) not 10		Dates (r	month, day, year)	Total Expenses
3.2. Payment Description	. Provide a specifi	c description of the p	ayment and its agen	cy purpose and use.
			-	
San Francisco Public I		alluon's 40th Anniv	ersary Event as a	representative from the
Sali Francisco Public I	Library.			
3.3. Identify the officials v	who used the paym	ent in Section 3.1 (Se	e instructions)	
Wardell-Ghirarduzzi	Mary	PresI	Library Commission	SFPL
Last Name	First Name		Position/Title	Department/Division
Land Marrie			D 111 CT11	
Last Name	First Name		Position/Title	Department/Division
I. Verification	A			
I authorized the acceptance	of the reported payr	ment(s) as in complian	ce with FPPC regulation	ons.
VI AMMIA XT	Maureen Sin		Chief Financial Officer	11/7/1
Signature		Print Name	Title	(month, day, year)
Comment:				
(Use this space or an attachment f	or any additional informat	tion)		EDDC Form 904 / Ion/44

Payment to Agency	Report	A Public Document		PAYMENT TO AGENCY REPORT
1. Agency Name			Date Stamp	California O O 4
San Francisco Public Library (SFPL)				Form OUI
Division, Department, or I				For Official Use Only
Street Address				
100 Larkin St., San Fran	cieco CA 94102			
Area Code/Phone Number				
415-557-4236		200	Amendment (expl	ain in comment section)
per personal displayable and analysis of the second	citylibrarian@sfpl.d	org	Date of Original Filing	<b>~</b> ·
Agency Contact (name and to			Date of Original Films	(month, day, year)
Luis Herrera, City Librari	an 			
2. Donor Name and Ado	iress			
☐ Individual		Other	Friends of the San	Francisco Public Library
Last Name	First Na	ame		Name
710 Van Ness Ave.		San Francisco	CA	94102
Address		City	State	Zip Code
Member-supported non-	profit organization that	advocates, fundraises and p	provides support for	SFPL.
If "Other" is marked, describe the er	ntity's business activity (if busines	s) or its nature and interests.	SHIPS (SA	\(\frac{1}{2} \left\)
- If P				11.
If applicable	e, identity the name of each	ch source and the amount(s) re	ceived by the donor to	or this payment:
4	\$			\$
Name		Amount	Name	Amount
3. Payment Information	(Complete Sections	3.1 (a or b), 3.2, 3.3)		
3.1 (a) Travel Payment	NYC, NY and S	acramento, CA	10/28	3-30 & 11/3-5/16
	Loc	cation of Travel		Dates (month, day, year)
		∏Air ∏Bus ∏Auto	☐ Other	
Transportation Provide	er	Check Applicable Boxes		Name of Lodging Facility
¢	330.35	• •		<sub>e</sub> 330.35
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
3.1 (b) Payment(s) not	related to travel:		\$	
()(-)		Dates (month, d	ay, year)	Total Expenses
3.2. Payment Description	on. Provide a specific	description of the payme	nt and its agency	purpose and use.
	63 /			
		AIA and CLA Conf.=L. I	terrera=\$215.68	Š.
M. Lambert=\$114.67	3			
3.3. Identify the officials	s who used the paymo	ent in Section 3.1 (See instruc	tions)	
Herrera	Luis	City Libraria	n S	FPL
Last Name	First Name		ion/Title	Department/Division
Lambert	Michael	Deputy City	Librarian S	FPL
Last Name	First Name	Posit	ion/Title	Department/Division
I. Verification				
	h. A.		L EDDO	
authorized the acceptan	1 101 1/1	nent(s) as in compliance wit		11/11/11
( NYUNVIEW )	Maureen Sing	gleton Chief	Financial Officer	1110116
Signature	) / ) Pr	int Name	Title	(morth, day, year)
Comment:				
(Use this space or an attachmen	nt for any additional informati	on)		

Gift to Agency Report	A Public D	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California Q 0 4
San Francisco Public Librar	ry		50-3-300 tim 190-350 h-0-190-350 h-0-190-350 h	Form OUI
Division, Department, or Regi	ion (if applicable)		0	For Official Use Only
Street Address				
100 Larkin St., San Francis	co, CA 94102	,		
Area Code/Phone Number	E-mail		Amendment (ex	plain in comment section)
415-557-4236	citylibrarian@sfpl.org			
Agency Contact (name and title)			Date of Original Fili	ng:(month, day, year)
Luis Herrera, City Librarian				
2. Donor Name and Address	SS			
☐ Individual		✓ Other	Friends of the Sa	n Francisco Public Library
710 Van Ness Avenue	First Name San Francisco	_		Name 94102
Address	City		CA State	
Mombor cupported non pro	fit organization that advocates, fund	traigns and	aravidas support fo	App. 10 (1975)
	business activity (if business) or its nature and into		provides support ic	JI SFFL.
If applicable, identify the name of	of each source and the amount(s) solici	ted or receive	ed by the donor for th	nis aift:
ii applicable, identity the name t	of out of our or and the amount of solid	100 01 1000170	od by the denot for th	io gitti
Name	\$		Name	\$
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount		ivaille	Amount
3. Payment Information				
Date and Amount of Payme	ent (other than travel) 11/03/2016 (month, day, year)	. \$	90.00 (Round to whole dollars)	2
	8 8 8381 8			
Travel Payment Information	n (Round to whole dollars) Location of	Travel	917 331 81	
	*	_		
Date(s) of Travel	nsportation Expenses \$ Lodging Expenses	\$Meal Expe	enses S Other Ex	xpenses Total Expenses
Provide a specific descri	iption of the nature and use of	the paym	ent for official a	gency business:
Registration fees (\$45/perso	on) for Luis Herrera and Michael La	mbert to atte	end the CLA 2016	Awards Reception.
SFPL was an award recipier	nt.			*
	4			
Identify the officials for v	whom the payment was used:			
Harrana	Luia	City Libraria		CEDI
Herrera Last Name	Luis First Name	City Libraria	Title	SFPL  Department/Division
I		D	7 W	0501
Lambert  Last Name	Michael First Name	Deputy City	Librarian Title	SFPL  Department/Division
	1 list realite		Title	Department Division
4. Verification	1			
I have determined that it is in the	Interests of the agency to accept this	gift and use it	for the official agenc	y business described above.
( 1 ml on )	$\left( \left( \left$			11/00/
X///WWW///\\\	Maureen Singleton	Chief	Financial Officer	1/00/11/10
Signature of Agency Head of Designe	Print Name		Title	(month, day, year)
Comment: (Use this space or an	attachment for any additional information.)			
Jennie Ta Todo and opado of an	and the state of t			