

Gift to Agency Report

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GIFT TO AGENCY REPORT

1. Agency Name

California Form 801 For Official Use Only

San Francisco Public Library (SFPL)

Division, Department, or Region (if applicable)

City Librarian's Office

Street Address

100 Larkin Street, San Francisco CA 94102

Area Code/Phone Number

415-557-4236

E-mail

citylibrarian@sfpl.org

Agency Contact (name and title)

Michael Lambert, Acting City Librarian

Date Stamp

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual Other Friends of San Francisco Public Library

710 Van Ness Ave. San Francisco CA 94102

Friends of SFPL: member-supported nonprofit organization that advocates, fundraises, and provides support for SFPL.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name Amount Name Amount

3. Payment Information

Date and Amount of Payment April 5, 2018 \$ 16.22

Travel Payment Information Location of Travel

Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Staff appreciation lunch with the Analytics Team.

Identify the officials for whom the payment was used:

McClure Randle Chief SFPL Last Name First Name Title Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee Maureen Singleton Acting Chief Operating Officer 4/24/18

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

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name San Francisco Public Library		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 100 Larkin St., San Francisco, CA 94102		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 415-557-4236	Email citylibrarian@sfppl.org		
Agency Contact (name and title) Michael Lambert, Acting City Librarian			

2. Donor Name and Address

Individual _____ Other Friends of the San Francisco Public Library

Last Name: _____ First Name: _____ Name: _____
 710 Van Ness Ave. San Francisco CA 94102
 Address City State Zip Code

Member-supported non-profit organization that advocates, fundraises and provides support for SFPL.

If "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 by the donor for this payment:

Name	\$ Amount	Name	\$ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel: _____ Dates (month, day, year): _____

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____ Name of Lodging Facility: _____
 \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

April 20, 2018 \$ 100.00
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.


Membership Fees: APALA (Asian/Pacific American Librarians Association)=\$35.00; BayNet=\$45.00; CAAGE (Coalition of Asian American Government Employees)=\$20.00

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Lambert	Michael	Acting City Librarian	Public Library
Last Name	First Name	Position/Title	Department/Division
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.


 Maureen Singleton Acting Chief Operating Officer 4/20/18
 Signature Print Name Title (month, day, year)

Comment:

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