

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

San Francisco Public Library
Division, Department, or Region (if applicable)

Street Address
100 Larkin Street, San Francisco, CA 94102

Area Code/Phone Number 415-557-4236
Email citylibrarian@sfpl.org

Agency Contact (name and title)
Luis Herrera, City Librarian

Date Stamp

California Form 801
For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Other Friends of the San Francisco Public Library
710 Van Ness Avenue San Francisco CA 94102

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)
Transportation Provider Rail Air Bus Auto Other Name of Lodging Facility
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

10/31/17 \$ 20.26
Dates (month, day, year) Total Expenses

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

Lunch for the panelists for the HR Director position interviews. \$10.13/person; Invoice was received on 12/13/17.

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

Herrera Luis City Librarian SFPL
Last Name First Name Position/Title Department/Division
Ono Teresa Library Commissioner SFPL
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 Chief Financial Officer 12.13.17
Signature Print Name Title (month, day, year)

Comment:

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

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Division, Department, or Region (if applicable)			
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Area Code/Phone Number 415-557-4236	Email citylibrarian@sfpl.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Luis Herrera, City Librarian		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Friends of the San Francisco Public Library

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Name

710 Van Ness Avenue San Francisco CA 94102

Address City State Zip Code

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

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—————> 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 \_\_\_\_\_

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ 12/12/17 \$ 135.74

Dates (month, day, year) Total Expenses

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

Refreshments for Laura Lent's Retirement Celebration. \$12.34/person; In attendance (all chiefs): M. Singleton-Finance; R. Lombardi-Facilities; R. McClure-Analytics; M. Jeffers-CPP; M. Liang-IT; L. Lent-CTS; T. Fortin-COM; C. Delneo-COB; S. Blackman-Secretary/Library Commission

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

Herrera	Luis	City Librarian	SFPL
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
Lambert	Michael	Deputy City Librarian	SFPL
_____	_____	_____	_____
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.

\_\_\_\_\_ Lovely Lindsley Acctng. Operations Manager \_\_\_\_\_ 12/13/2017

Signature Print Name Title (month, day, year)

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

