

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 St., San Francisco, CA 94012

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

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

Date Stamp

California 801 Form

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 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)

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:

May 22, 2017 \$ 55.98
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 Public Services Team Meeting to welcome new SFPL managers. Attendees: Cathy Delneo, Maureen Singleton, Michael Liang, Michelle Jeffers, Randy McClure, Roberto Lombardi, Tom Fortin=SFPL Chiefs: Michael Lambert=Deputy City Librarian; \$7.00/person

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

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.

Signature Christine Murdoch Budget Manager Title 5/24/17 (month, day, year)

Comment:

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

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