

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

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

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 or Other Friends of San Francisco Public Library
710 Van Ness Ave. San Francisco CA 94102
Address City State Zip Code

Friends of SFPL: member-supported nonprofit 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) solicited or received by the donor for this gift:

Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) May 28, 2019 \$ 22.50
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) 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:

Parking in connection with attending Mayor Ed Lee's Book Tribute at Chinatown Branch Library.

Identify the officials for whom the payment was used:

Lambert Michael City Librarian 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 COO
52819
(month, day, year)

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