

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> San Francisco Public Library		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 100 Larkin St., S.F., CA 94102			
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 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
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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

Check Applicable Boxes

\$ \_\_\_\_\_ Lodging Expenses \$ \_\_\_\_\_ Meal Expenses \$ \_\_\_\_\_ Transportation Expenses \$ \_\_\_\_\_ Other Expenses \$ \_\_\_\_\_ Total Expenses

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

10/10/17 \$ 26.26

Dates (month, day, year) Total Expenses

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

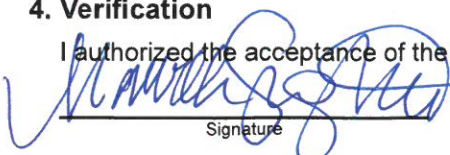
Business lunch in connection with Future of the Library Forum.

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

Lambert	Michael	Deputy City Librarian	SFPL
_____ 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 \_\_\_\_\_ Chief Financial Officer \_\_\_\_\_ 10.17.17 \_\_\_\_\_

Signature Print Name Title (month, day, year)

Comment:

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

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