Payment to Agency Report  
A Public Document

1. Agency Name
San Francisco Public Library
Division, Department, or Region (if applicable)

Street Address
100 Larkin St., San Francisco, CA 94102

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

Agency Contact (name and title)
Michael Lambert, City Librarian

2. Donor Name and Address

☐ Individual  ☐ Other

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
☐ Rail  ☐ Air  ☐ Bus  ☐ Auto  ☐ Other

Transportation Provider

$ Lodging Expenses  $ Meal Expenses  $ Transportation Expenses  $ Other Expenses  $ Total Expenses

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

May 28, 2020  $13.16

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

Virtual RSA team 3-year anniversary lunch.

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

McClure  Randy  Chief-RSA  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  COO
Signature  Print Name  Title

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

FPPC Form 801 (Jan/18)
advice@fppc.ca.gov

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