

### Gift to Agency Report

### A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> San Francisco Public Library (SFPL) Division, Department, or Region <i>(if applicable)</i> City Librarian's Office Street Address 100 Larkin Street, San Francisco CA 94102		Date Stamp	<b>California Form 801</b> For Official Use Only
Area Code/Phone Number 415-557-4236	E-mail citylibrarian@sfpl.org	<input type="checkbox"/> Amendment <i>(explain in comment section)</i>  Date of Original Filing: _____ <span style="font-size: small;">(month, day, year)</span>	
Agency Contact <i>(name and title)</i> Michael Lambert, City Librarian			

### 2. Donor Name and Address

Individual \_\_\_\_\_  Other Friends of San Francisco Public Library  
Last Name First Name Name

16370 17th Street San Francisco CA 94107  
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
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### 3. Payment Information

**Date and Amount of Payment** *(other than travel)* 6/28/22 \$ 45.02  
(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
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**Provide a specific description of the nature and use of the payment for official agency business:**

6/28/22 - EOY22 lunch for the RSA team and RSA office snacks

**Identify the officials for whom the payment was used:**

<u>McClure</u>	<u>Randle</u>	<u>Chief - RSA</u>	<u>RSA</u>
Last Name	First Name	Title	Department/Division
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.*

DocuSigned by:  
Mike Fernandez Chief Operating Officer 7/11/2022  
Print Name Title (month, day, year)

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