**Gift to Agency Report**

### 1. Agency Name
San Francisco Public Library (SFPL)
City Librarian's Office
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, City Librarian

### 2. Donor Name and Address
- **Individual**
- **Other**

Friends of San Francisco Public Library
16370 17th Street, San Francisco, CA 94107

- **Name**
- **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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Payment Information
- **Date and Amount of Payment (other than travel)**
  | Date       | Amount |
  | 9/26/22    | $346.00 |

**Travel Payment Information**

<table>
<thead>
<tr>
<th>Date(s) of Travel</th>
<th>Transportation Expenses</th>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Provide a specific description of the nature and use of the payment for official agency business:

Professional membership fees: ALA=$236; APALA=$35; SPUR=$75

Identify the officials for whom the payment was used:

<table>
<thead>
<tr>
<th>Lambert</th>
<th>Michael</th>
<th>City Librarian</th>
<th>SFPL/City Librarian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Title</td>
<td>Department/Division</td>
</tr>
<tr>
<td>Lambert</td>
<td>Michael</td>
<td>City Librarian</td>
<td>SFPL/City Librarian</td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Title</td>
<td>Department/Division</td>
</tr>
</tbody>
</table>

### 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
CFO
9/28/2022

**Print Name**

**Title**

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