### 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
citylibrarian@sfpl.org

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

**2. Donor Name and Address**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of San Francisco Public Library</td>
<td>16370 17th Street</td>
<td>San Francisco</td>
<td>CA</td>
<td>94107</td>
</tr>
</tbody>
</table>

*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>
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</tr>
</tbody>
</table>

**3. Payment Information**

**Date and Amount of Payment (other than travel)**
10/19/2022 $40.00

**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>
</table>

*Provide a specific description of the nature and use of the payment for official agency business:*  
California Library Association (CLA) membership dues for Michael Lambert.

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

<table>
<thead>
<tr>
<th>Lambert</th>
<th>Michael</th>
<th>City Librarian</th>
<th>Office of the City Librarian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael</td>
<td>City Librarian</td>
<td></td>
<td></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.

Decisigned by:  

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