

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<p>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 E-mail 415-557-4236 citylibrarian@sfpl.org Agency Contact (name and title) Michael Lambert, City Librarian</p>	<p>Date Stamp</p>	<p>California Form 801 For Official Use Only</p>
<p><input type="checkbox"/> Amendment (explain in comment section)</p> <p>Date of Original Filing: _____ (month, day, year)</p>		

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) 11/16/22 \$ 165.00
 (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:
 California Library Association (CLA) membership fee.

Identify the officials for whom the payment was used:

Shaub	Margot	Lib. Com. Affairs Analyst	SFPL/City Librarian
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 Financial Officer 11/17/2022
 Signature Print Name Title (month, day, year)

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