

**Gift to Agency Report**

**A Public Document**

GIFT TO AGENCY REPORT

<p><b>1. Agency Name</b>                  San Francisco Public Library (SFPL)  <b>Division, Department, or Region</b> (if applicable)                  City Librarian's Office  <b>Street Address</b>                  100 Larkin Street, San Francisco CA 94102  <b>Area Code/Phone Number</b>    <b>E-mail</b>                  415-557-4236                      citylibrarian@sfpl.org  <b>Agency Contact</b> (name and title)                  Michael Lambert, City Librarian</p>	<p>Date Stamp</p>	<p><b>California Form 801</b>                  For Official Use Only</p>
<p><input type="checkbox"/> <b>Amendment</b> (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) 9/25/23    \$ 35.00  
 (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:**

Membership renewal - Asian Pacific American Librarians Association

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

Lambert	Michael	City Librarian	SF Public Library
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    09/25/23  
 Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

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