

# Gift to Agency Report

# A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> San Francisco Public Library (SFPL)		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) City Librarian's Office			
Street Address 100 Larkin Street, San Francisco CA 94102		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 16370 17th Street City: San Francisco State: CA Zip Code: 94107

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

**3. Payment Information**

Date and Amount of Payment (other than travel) 11/1/2023 \$ 205.00  
 (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

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

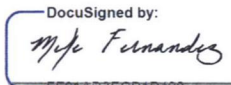
Membership fee to the California Library Association.

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

<u>Shaub</u>	<u>Margot</u>	<u>LC Affairs Analyst</u>	<u>City Librarian</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:  
  
 Signature of Agency Head or Designee Mike Fernandez CFO Title Feb 5, 2024  
 Print Name (month, day, year)

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