**Gift to Agency Report**

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

**Street Address**
- 100 Larkin Street, San Francisco CA 94102

**Area Code/Phone Number**
- 415-557-4236

**E-mail**
- citylibrarian@sfpl.org

**Agency Contact**
- Michael Lambert, City Librarian

**2. Donor Name and Address**
- **Other**
  - **Name**
  - Friends of San Francisco Public Library
  - **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:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Name</th>
<th>$</th>
</tr>
</thead>
</table>

**3. Payment Information**

**Date and Amount of Payment**
- **11/1/2023**
- **205.00**

**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:

Membership fee to the California Library Association.

**Identify the officials for whom the payment was used:**
- **Shaub Margot**
  - **Title**
  - LC Affairs Analyst

**City Librarian**
- **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**
  - **Title**
  - CFO

Signatory or Agency Head or Designee

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