

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

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|--|----------------------------------|---|---|
| 1. Agency Name | | Date Stamp | California Form 801 For Official Use Only |
| 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 | E-mail citylibrarian@sfpl.org | <input type="checkbox"/> Amendment (explain in comment section) | |
| Agency Contact (name and title) Michael Lambert, Acting City Librarian | | Date of Original Filing: _____ (month, day, year) | |

2. Donor Name and Address

Individual _____ Other Friends of San Francisco Public Library

_____ Last Name _____ First Name _____ Name

710 Van Ness Ave. San Francisco CA 94102

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 |
|------------|-----------------|------------|-----------------|

3. Payment Information

Date and Amount of Payment (other than travel) 7/272018 \$ 125.00
 (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:

Registration - 2018 CEDAW Women's Human Rights Awards Luncheon

Identify the officials for whom the payment was used:

| | | | |
|-----------------------------|------------------------------|---------------------------------------|--|
| <u>Lambert</u> Last Name | <u>Michael</u> First Name | <u>Acting City Librarian</u> Title | <u>SFPL/CL Office</u> 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.

For: [Signature] Maureen Singleton Acting COO 7/27/18
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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