Payment to Agency Report

A Public Document

1. Agency Name
San Francisco Public Library (SFPL)
Division, Department, or Region (if applicable)

Street Address
100 Larkin St., San Francisco, CA 94102

Area Code/Phone Number
415-557-4236
Email
citylibrarian@sfl.org

Agency Contact (name and title)
Luis Herrera, City Librarian

Date Stamp
California Form 801
For Official Use Only

2. Donor Name and Address

☐ Individual 
☐ Other
Friends of the San Francisco Public Library

710 Van Ness Ave.
San Francisco, CA 94102

Address City State Zip Code

Member-supported non-profit organization that advocates, raises 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) received by the donor for this payment:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
Sacramento, CA

Location of Travel

Transportation Provider
☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other

☐ Lodging Expenses $220.00 $220.00 Total Expenses
☐ Meal Expenses $220.00
☐ Transportation Expenses
☐ Other Expenses

3.1 (b) Payment(s) not related to travel:

<table>
<thead>
<tr>
<th>Dates (month, day, year)</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
Registration to attend the California Library Association 2016 Conference.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Lambert Michael
Last Name First Name
Deputy City Librarian
Position/Title

Public Library
Department/Division

4. Verification
I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Maureen Singleton
Signature
Print Name
Title

(Use this space or an attachment for any additional information)
Payment to Agency Report

1. Agency Name
   San Francisco Public Library (SFPL)
   Division, Department, or Region (if applicable)

2. Donor Name and Address
   □ Individual
   □ Other
   Last Name  First Name  Name
   710 Van Ness Ave.  San Francisco  Friends of the San Francisco Public Library
   Address  City  State  Zip Code  CA  94102

   Member-supported non-profit 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) received by the donor for this payment:

   Name  Amount
   Name  Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

   3.1 (a) Travel Payment  Sacramento, CA
   Location of Travel  November 3-6, 2016
   Dates (month, day, year)
   □ Rail  □ Air  □ Bus  □ Auto  □ Other
   Transportation Provider  Name of Lodging Facility
   $220.00  $220.00
   Lodging Expenses  Meal Expenses  Transportation Expenses  Other Expenses  Total Expenses
   Dates (month, day, year)  $  Total Expenses

   3.1 (b) Payment(s) not related to travel:

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
   Registration to attend the California Library Association 2016 Conference.

3.3. Identify the officials who used the payment in Section 3.1
   (See instructions)
   Herrera  Luis
   Last Name  First Name  City Librarian  SF Public Library
   Last Name  First Name  Position/Title  Department/Division

4. Verification
   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.
   Maureen Singleton  Chief Financial Officer
   Signature  Print Name  Title
   (month, day, year)

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