**Payment to Agency Report**

**1. Agency Name**
San Francisco Public Library

**Division, Department, or Region (if applicable)**

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

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

**Email**
citylibrarian@sfpl.org

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

**Date Stamp**

**Amendment (explain in comment section)**

**Date of Original Filing:** (month, day, year)

**2. Donor Name and Address**

**Individual**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Friends of the San Francisco Public Library</td>
</tr>
</tbody>
</table>

**Address**
710 Van Ness Ave.
San Francisco
CA 94102

**City**

**State**

**Zip Code**

**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:

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

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

**3.1 (a) Travel Payment**

**Location of Travel**

**Dates (month, day, year)**

**Transportation Provider**

- [ ] Rail
- [ ] Air
- [ ] Bus
- [ ] Auto
- [ ] Other

**Lodging Expenses**

**Meal Expenses**

**Transportation Expenses**

**Other Expenses**

**Total 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>
<td>11/1/2017</td>
<td>$165.00</td>
</tr>
</tbody>
</table>

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**

California Library Association Membership Registration Fee

**3.3. Identify the officials who used the payment in Section 3.1 (See instructions)**

<table>
<thead>
<tr>
<th>Herrera</th>
<th>Luis</th>
<th>City Librarian</th>
<th>SFPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td>Position/Title</td>
<td>Department/Division</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Maureen Singleton</th>
<th>Chief Financial Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. Verification**

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

Signature: [Signature]

Print Name: Maureen Singleton

Chief Financial Officer

Title: [Title]

(month, day, year)

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

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov
Payment to Agency Report

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  Email
415-557-4236  citylibrarian@sfpl.org

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

2. Donor Name and Address
   □ Individual  ☐ Other  
   Last Name  First Name  Name
   710 Van Ness Avenue  San Francisco  CA 94102
   Address  City  State  Zip Code
   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:

<table>
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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
   Location of Travel  
   Transportation Provider  □ Rail  □ Air  □ Bus  □ Auto  □ Other
   Lodging Expenses  Meal Expenses  Transportation Expenses  Other Expenses  Total Expenses
   11/21/17  5.00
   □ Dates (month, day, year)

3.1 (b) Payment(s) not related to travel:
   Payment(s) not related to travel:  
   Dates (month, day, year)
   □ Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
   Parking at Hotel Kabuki for 20th Annual Interfaith Thanksgiving Breakfast (SFPL=recipient of donation.)

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

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

(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)
   Street Address
   100 Larkin St., San Francisco, CA 94102
   Area Code/Phone Number
   415-557-4236
   Email
   citylibrarian@sfpl.org
   Agency Contact (name and title)
   Luis Herrera, City Librarian

2. Donor Name and Address
   □ Individual
   Last Name
   First Name
   ☑ Other
   Name
   Friends of the San Francisco Public Library
   710 Van Ness Avenue
   San Francisco
   CA 94102
   Address
   City
   State
   Zip Code
   Member-supported non-profit organization that advocates, fundraises and provides support for SFPL.
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3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment
   Location of Travel
   Transportation Provider
   □ Rail
   □ Air
   □ Bus
   □ Auto
   □ Other
   Check Applicable Boxes

<table>
<thead>
<tr>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Transportation Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

3.1 (b) Payment(s) not related to travel:
   Dates (month, day, year)
   $148.00

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Lunch/meeting with the Pudong (China) delegates @ Market St., Grill; $37.00/person; In attendance: Commissioner John Lee, City Librarian Luis Herrera, Deputy City Librarian Michael Lambert, COM Thomas Fortin.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

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4. Verification

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

Signature
Maureen Singleton
Chief Financial Officer
Title

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

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advice@fppc.ca.gov