

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			
Area Code/Phone Number 415-557-4236	E-mail citylibrarian@sfpl.org		
Agency Contact (name and title) Michael Lambert, Acting City Librarian		<input type="checkbox"/> Amendment (explain in comment section) 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: \_\_\_\_\_  
 Address: 710 Van Ness Ave. City: San Francisco State: CA Zip Code: 94102

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) Various \$ \$19.55  
 (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:

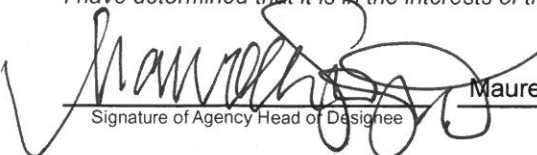
12/18/18- R/T MUNI fare from Main to West Portal for branch tour; 12/20/18 - Business meeting lunch with team.

Identify the officials for whom the payment was used:

<u>McClure</u> Last Name	<u>Randle</u> First Name	<u>Chief-Research/Analytics</u> Title	<u>SFPL</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.


Maureen Singleton Acting COO 1/10/19  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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State

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Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel)

1/21/2019

\$

131.50

(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:

Represented SFPL at the Labor and Community MLK Breakfast at the Marriott Marquis, San Francisco. Ticket=\$131.50/person

Identify the officials for whom the payment was used:

Lambert

Michael

Acting City Librarian

SFPL

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.

Handwritten signature of Maureen Singleton

Maureen Singleton

Acting COO

1/23/19

Signature of Agency Head of Designee

Print Name

Title

(month, day, year)

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

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Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Seattle, Washington

Jan. 23-25, 2019

Date(s) of Travel

\$ 282.89

Transportation Expenses

\$ 545.00

Lodging Expenses

\$ 0

Meal Expenses

\$ 90.00

Other Expenses

\$ 917.89

Total Expenses

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

Expenses incurred in connection with attending "Equity Work at the Library" at Seattle Public Library on January 24, 2019.

Identify the officials for whom the payment was used:

Lambert

Last Name

Michael

First Name

Acting City Librarian

Title

SFPL

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.

Signature of Agency Head or Designee

Maureen Singleton

Print Name

Acting COO

Title

1/28/19

(month, day, year)

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