

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name San Francisco Public Library		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
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) Luis Herrera, City Librarian		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Friends of the San Francisco Public Library

_____ 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) solicited or received by the donor for this gift:

_____ \$ _____ Name Amount _____ \$ _____ Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) October 5, 2016 \$ 40.00
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____ \$ _____ \$ _____ \$ _____ \$ 40.00
 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:
 Lunch during Harvard Business School Meeting on October 5, 2016. Beneficiaries: Luis Herrera, Michelle Jeffers, Maureen Singleton, Roberto Lombardi and Laura Lent @ \$8/each for a total of \$40.

Identify the officials for whom the payment was used:

_____ 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.

Christine Murdoch Budget Manager 10/6/16
 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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1. Agency Name San Francisco Public Library		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 100 Larkin St., S.F., CA 94102			
Area Code/Phone Number 415-557-4236	E-mail citylibrarian@sfpl.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Luis Herrera, City Librarian			

2. Donor Name and Address

Individual _____ Other Friends of the San Francisco Public Library

Last Name: _____ First Name: _____ Name: _____
 Address: 710 Van Ness Ave. City: San Francisco State: CA Zip Code: 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) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 10/5-7/2016 \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Kansas City, MO

_____	\$ _____	\$ _____	\$ <u>50.15</u>	\$ _____	\$ <u>50.15</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

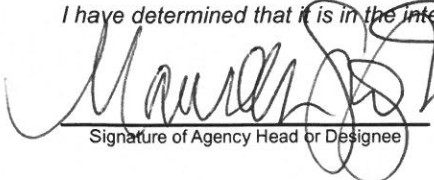
Provide a specific description of the nature and use of the payment for official agency business:
 Expenses incurred in connection with attending the ULC Annual Forum.

Identify the officials for whom the payment was used:

<u>Lambert</u>	<u>Michael</u>	<u>Deputy City Librarian</u>	<u>SFPL</u>
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.



 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name San Francisco Public Library		Date Stamp	California Form 801 For Official Use Only
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	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Luis Herrera, City Librarian		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Friends of the San Francisco Public Library

_____ Last Name _____ First Name _____ Name

710 Van Ness Ave. 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:

_____ \$ _____ Name _____ \$ _____ Amount

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

3.1 (a) Travel Payment Boston, Massachusetts October 13-15, 2016

Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ 36.48 \$ 52.30 \$ 64.10 \$ 152.88

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) 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.

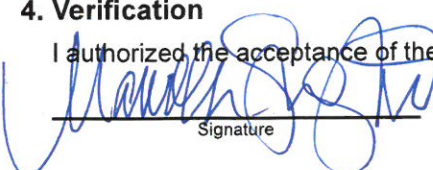
9/10/16-Parking in connection with the Friends' Board Retreat; 10/13-15/16-Attended the Digital Public Library Association Board meeting.

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

Herrera	Luis	City Librarian	SFPL
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
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 _____ 10/28/16 _____

Signature Print Name Title (month, day, year)

Comment:

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