

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

**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 | E-mail  
 415-557-4236 | citylibrarian@sfpl.org  
 Agency Contact (name and title)  
 Michael Lambert, City Librarian

Date Stamp  
 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  
 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) 8/29/19 \$ 14.05  
 (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:

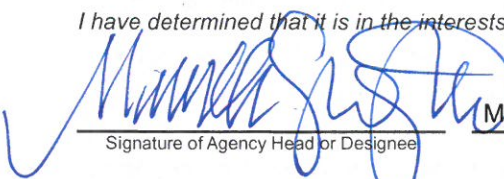
Lunch/meeting with a new staff member.

Identify the officials for whom the payment was used:

<u>McClure</u> Last Name	<u>Randle</u> First Name	<u>Chief-RSA</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 Chief Operating Officer 9.11.19  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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