

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

|   |                                 |   |   |
|---|---------------------------------|---|---|
| <b>1. Agency Name</b><br>San Francisco Public Library           |                                 | Date Stamp  | <b>California Form 801</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)                 |                                 |   |   |
| Street Address<br>100 Larkin St., San Francisco, CA 94102       |                                 |   |   |
| Area Code/Phone Number<br>415-557-4236                          | Email<br>citylibrarian@sfpl.org | <input type="checkbox"/> Amendment (explain in comment section) |   |
| Agency Contact (name and title)<br>Luis Herrera, City Librarian |                                 | Date of Original Filing: _____<br>(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   | Name  | Amount   |

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

**3.1 (a) Travel Payment** Washington, D.C. 12/5-7/2016

Location of Travel Dates (month, day, year)

Virgin America  Rail  Air  Bus  Auto  Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 166.50 \$ \_\_\_\_\_ \$ 166.50

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.

Attended the IMLS Board of Directors' meeting. IMLS reimbursed=Airfare: \$466.70; Actual Amount: \$633.20; Difference: \$166.50

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.

Signature

Maureen Singleton  
Print Name

Chief Financial Officer  
Title

2/16/17  
(month, day, year)

Comment:

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

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| Agency Contact (name and title)<br>Luis Herrera, City Librarian |                                 |   |   |

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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

Friends of SFPL: Member-supported non-profit organization that advocates, fundraises and provides support for SFPL.

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|       |          |       |          |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| Name  | Amount   | Name  | Amount   |

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): \_\_\_\_\_

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

Transportation Provider: \_\_\_\_\_ Name of Lodging Facility: \_\_\_\_\_  
 \$ \_\_\_\_\_ Lodging Expenses \$ \_\_\_\_\_ Meal Expenses  
 \$ \_\_\_\_\_ Transportation Expenses \$ \_\_\_\_\_ Other Expenses \$ \_\_\_\_\_ Total Expenses

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

01/17/17 \$ 33.64  
 Dates (month, day, year) Total Expenses

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


Expense incurred in connection with lunch/meeting with Melissa Lau of Harvard Business School re: Future of the Library Forum. \$16.82/person

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

|           |            |                       |                     |
|-----------|------------|-----------------------|---------------------|
| Lambert   | Michael    | Deputy City Librarian | SFPL                |
| Last Name | First Name | Position/Title        | Department/Division |
| Jeffers   | Michelle   | Chief-CPP             | SFPL                |
| 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

2/7/17  
(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 (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Atlanta, Georgia 1/20-23/2017

Location of Travel Dates (month, day, year)

Rail  Air  Bus  Auto  Other  
 Check Applicable Boxes

|                               |               |                         |                |                                |
|-------------------------------|---------------|-------------------------|----------------|--------------------------------|
| Transportation Provider _____ | _____         | _____                   | _____          | Name of Lodging Facility _____ |
| \$ 212.64                     | \$ 51.98      | \$ _____                | \$ _____       | \$ 264.62                      |
| 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.


Attended the ALA Midwinter 2017 for SFPL. One night's lodging and meals-1/22/2017.

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

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|  |                   |                         |                    |
|--|-------------------|-------------------------|--------------------|
|  | Maureen Singleton | Chief Financial Officer | 2/22/17            |
| Signature  | Print Name        | Title                   | (month, day, year) |

Comment:

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

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