

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Francisco Public Library		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 100 Larkin Street, San Francisco, CA 94102			
Area Code/Phone Number 415-557-4232	Email 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: _____
 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:

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

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

3.1 (a) Travel Payment Chicago, Illinois 6/22-26/2017

Location of Travel Dates (month, day, year)

Virgin America; Cabs Rail Air Bus Auto Other Hyatt Regency

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 244.17	\$ _____	\$ 64.25	\$ 60.00	\$ 368.42
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.


Expenses incurred in connection with attending the ALA Conference.

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
_____	_____	_____	_____
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 _____ 6.29.17
 Signature Print Name Title (month, day, year)

Comment:

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

Payment to Agency Report

A Public Document

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 Street, San Francisco, CA 94102			
Area Code/Phone Number 415-557-4232	Email 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: _____
 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:

_____	\$ _____	_____	\$ _____
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
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ _____ Other Expenses \$ _____ Total Expenses

3.1 (b) Payment(s) not related to travel: 6/26/2017 \$ 12.99
 Dates (month, day, year) Total Expenses

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

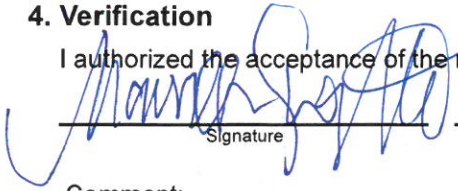
Purchase of iPhone 6S case for office use.

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

McClure	Randle	Analytics Manager	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 Print Name Title (month, day, year)

Maureen Singleton Chief Financial Officer 6.29.17

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

Clear Page

Payment to Agency Report

A Public Document

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) 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

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:

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

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

3.1 (a) Travel Payment Shanghai, China June 7-14, 2017

Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 69.84 \$ _____ \$ 69.84

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.

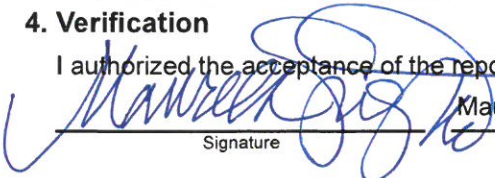
Expenses incurred in connection with trip to Shanghai, China for Pudong Library Conference, as the keynote speaker.

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 _____ 6/23/17 _____

Signature Print Name Title (month, day, year)

Comment:

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

Clear Page

Payment to Agency Report

A Public Document

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

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

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

2. Donor Name and Address

Individual

Last Name

First Name

Other

Friends of the San Francisco Public Library

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

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

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

June 15, 2017
Dates (month, day, year)

\$ 25.73
Total Expenses

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

Cable and case for new work mobile phone.

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

Liang

Michael

CIO

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

CFO

Title

6.22.17
(month, day, year)

Comment:

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

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name San Francisco Public Library (SFPL)		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) 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: _____
 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

Location of Travel _____ Dates (month, day, year) _____

Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: _____ 6/5/2017 \$ 34.65

Dates (month, day, year) Total Expenses

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

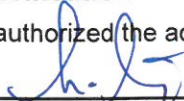
Refreshments in connection with M-Team Retreat on 6/5/2017. L. Herrera, M. Singleton, M. Jeffers, R. Lombardi, M. Liang, C. Delneo, L. Lent, T. Fortin, R. McClure = \$3.19/each; M. Lambert=\$5.94

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

_____	_____	_____	_____
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:  _____
 Print Name: Christine Murdoch LOVELY _____
 Title: Budget Manager Act. Operations Mgr. _____
 Date: 6/7/17 (month, day, year)

Comment:

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