

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)	
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	Name	Amount

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

3.1 (a) Travel Payment New York City, NY 10/28-30/2016

Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 108.00 \$ 108.00

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.

Expense incurred in connection with attending the AIA Conference, as a panelist, on October 29, 2016.

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 _____ 11/2/16

Signature Print Name Title (month, day, year)

Comment:

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

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San Francisco Public Library (SFPL)

Division, Department, or Region (if applicable)

Street Address

100 Larkin St., San Francisco, CA 94102

Area Code/Phone Number

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Email

citylibrarian@sfpl.org

Agency Contact (name and title)

Luis Herrera, City Librarian

Date Stamp

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2. Donor Name and Address

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710 Van Ness Ave. San Francisco CA 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) 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

Name of Lodging Facility

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

11/17/2016 \$ 200.00

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

Ticket to attend the Bay Area Video Coalition's 40th Anniversary Event as a representative from the San Francisco Public Library.

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

Wardell-Ghirarduzzi Mary Pres.-Library Commission 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.

Signature Maureen Singleton Chief Financial Officer 11/7/16

Comment:

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PAYMENT TO AGENCY REPORT

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San Francisco Public Library (SFPL)

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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

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Amendment (explain in comment section)

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

2. Donor Name and Address

Individual Other Friends of the San Francisco Public Library

710 Van Ness Ave. San Francisco CA 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) 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 NYC, NY and Sacramento, CA 10/28-30 & 11/3-5/16

Transportation Provider Rail Air Bus Auto Other Name of Lodging Facility

\$ 330.35 \$ 330.35 \$ 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.

Meals in connection with attending the AIA and CLA Conf.=L. Herrera=\$215.68 M. Lambert=\$114.67

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

Herrera Luis City Librarian SFPL

Lambert Michael Deputy City Librarian SFPL

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature Maureen Singleton Chief Financial Officer 11/16/16

Comment:

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

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Gift to Agency Report

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GIFT TO AGENCY REPORT

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Division, Department, or Region (if applicable)			
Street Address 100 Larkin St., San Francisco, 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 Avenue 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) 11/03/2016 \$ 90.00
 (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

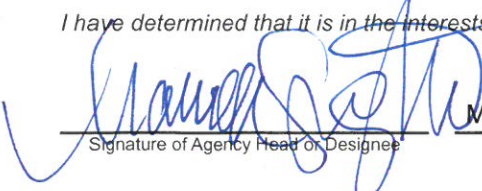
Provide a specific description of the nature and use of the payment for official agency business:
 Registration fees (\$45/person) for Luis Herrera and Michael Lambert to attend the CLA 2016 Awards Reception. SFPL was an award recipient.

Identify the officials for whom the payment was used:

<u>Herrera</u> Last Name	<u>Luis</u> First Name	<u>City Librarian</u> Title	<u>SFPL</u> Department/Division
<u>Lambert</u> Last Name	<u>Michael</u> First Name	<u>Deputy City Librarian</u> Title	<u>SFPL</u> 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: Maureen Singleton Title: Chief Financial Officer Date: 11/29/16
 (month, day, year)

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