

Gift to Agency Report

A Public Document

GIFT 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) City Librarian's Office			
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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Michael Lambert, Acting City Librarian			

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 _____ \$ _____
 Name Amount Name Amount

3. Payment Information

Date and Amount of Payment (other than travel) Various \$ 32.00
 (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:

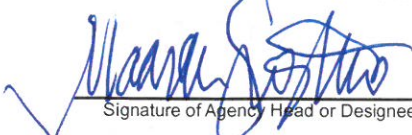
Parking in connection with attending the following events: 9/25-Cal Academy of Sciences 10th Year Celebration; 9/29-Giving Pitch for Good; 10/24-8th Annual Awards Luncheon-SF Museum and Historical Society

Identify the officials for whom the payment was used:

<u>Lambert</u>	<u>Michael</u>	<u>Acting 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.


Maureen Singleton Acting Chief Operating Officer 10.24.18
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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