

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., S.F., 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 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)
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:

April 5, 2017 \$ 13.56
Dates (month, day, year) Total Expenses

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

Lunch in connection with Innovation Fellowships Proposals 2017 presentations.
\$6.78/person

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
Lambert Michael Deputy City Librarian 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 Print Name Title (month, day, year)
Lovely Lindsley Accounts Operations Manager 4/5/2017

Comment:

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

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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 Tucson, Arizona April 14, 2017

Location of Travel Dates (month, day, year)

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ 75.50 \$ 75.50

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.


Expenses incurred in connection with attending the University of Arizona's Knowledge River Annual Meeting on 4/14/2017 in Tucson, AZ.

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.

 _____ 4/18/17

Signature Print Name Title (month, day, year)

Comment:

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

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Gift to Agency Report

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Agency Contact (name and title) Luis Herrera 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

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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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____

(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Jose Public Library, CA 95112

<u>6/7/2017</u>	\$ _____	\$ _____	\$ _____	\$ <u>269</u>	\$ <u>269</u>
<small>Date(s) of Travel</small>	<small>Transportation Expenses</small>	<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

Provide a specific description of the nature and use of the payment for official agency business:


Library Journals LLC - Designing The Future: A Design Thinking Workshop - *Registration*

Identify the officials for whom the payment was used:

<u>Lombardi</u>	<u>Roberto</u>	<u>Manager IV</u>	<u>Facilities</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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.

	<u>Maureen Singleton</u>	<u>Chief Financial Officer</u>	<u>4/27/17</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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Provide a specific description of the nature and use of the payment for official agency business:

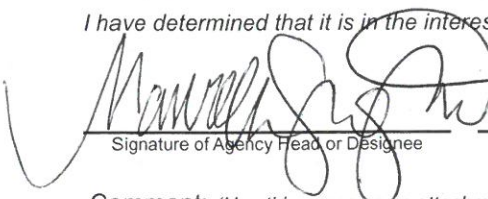
Library Journals LLC - Designing The Future: A Design Thinking Workshop - *Registration*

Identify the officials for whom the payment was used:

<u>Delneo</u>	<u>Cathy</u>	<u>Deputy Director II</u>	<u>COB</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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	<u>Maureen Singleton</u>	<u>Chief Financial Officer</u>	<u>4/27/17</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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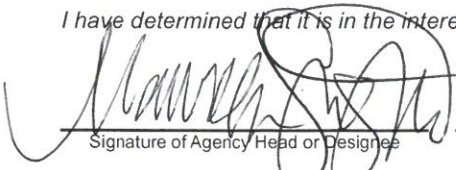
Library Journals LLC - Designing The Future: A Design Thinking Workshop - *Registration*

Identify the officials for whom the payment was used:

<u>Fortin</u>	<u>Thomas</u>	<u>Deputy Director II</u>	<u>COM</u>
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

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 _____ Maureen Singleton _____ Chief Financial Officer _____ 4/27/17

Signature of Agency Head or Designee Print Name Title (month, day, year)

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