

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 Street, 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

_____ 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:

08/29/2016 \$ 209.00
 Dates (month, day, year) Total Expenses

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

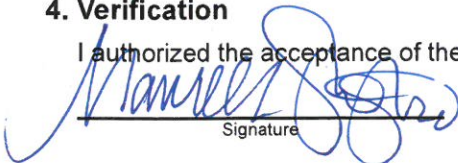
American Library Association Membership Renewal Fee

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

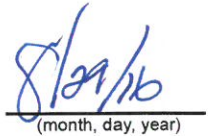
4. Verification

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



Maureen Singleton
Print Name

Chief Financial Officer
Title


(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

_____ 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:

_____ 8/2/2016 \$ 165.00
 Dates (month, day, year) Total Expenses

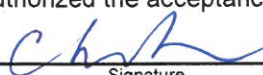
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 CLA (California Librarian Association) Membership Registration Fee for FY2016-17.

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.


 Christine Murdoch Budget Manager 8/2/2016
 Signature Print Name Title (month, day, year)

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