

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

San Francisco Public Library
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)

Michael Lambert, Acting City Library

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 Name

Address City State Zip Code

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 Orleans, LA

6/21-26/2018

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:

Dates (month, day, year) Total Expenses

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

Registration - ALA Conference

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

Blackman Sue Lib. Comm. Secretary 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

Chief Financial Officer

Title

3/13/18 (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)		Date Stamp	California 801 Form 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) Michael Lambert, Acting 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: _____ March 26, 2018 \$ 160.56
 Dates (month, day, year) Total Expenses

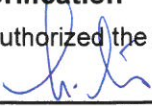
3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Refreshments for M-Team Retreat. \$20.07/person; Officials who used the payment:
 M. Lambert, M. Jeffers, R. Lombardi, M. Singleton, M. Liang, R. McClure, T. Fortin and S. Cocking

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 Title (month, day, year)

 Accounting Operations Mgr. 3/27/2018
 Title (month, day, year)

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

Clear Page