

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

FILED

ETHICS COMMISSION

City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: Better World Advertising, Inc.	BY _____
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.	
1) Les Pappas, President: John Leonard, member 2) Les Pappas, CEO, CFO, COO 3) Les Pappas, owner 4) n/a 5) n/a	
Contractor address: 732 Market Street, Suite 220, San Francisco, CA 94114	
Date that contract was approved: 6/8/10	Amount of contract: \$599,417
Describe the nature of the contract that was approved: Contract to develop and implement a one-time social marketing campaign to raise awareness in the general public about the importance and impact of vaccinations. Activities will include research, development and testing of	
Comments: messages and designs, creation and reproduction of materials, development, implementation and management of a media plan and development of an evaluation of the campaign.	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
- _____
Print Name of Board

Filer Information (Please print clearly.)	
Name of filer: Clerk of the San Francisco Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: bos.legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of _____ Board Secretary or Clerk)

Date Signed

JUNE 10, 2010