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

| City Elective Officer Information (Please prin | | 7 | OHAR O ALIDES |
|--|----------------------------------|--|---|
| Name of City elective officer(s): | | cuve office(s) field: | on that U Arrive 3 |
| Board of Supervisors | Board o | f Supervisors | 1707 E. 2 Not John |
| | | EVALUE OF Supervisors | |
| | | | |
| Contractor Information (Please print clearly.) | | BY | 0.000400000000000000000000000000000000 |
| Name of contractor: | • | | |
| | 110 1 D | | |
| Kaiser Foundation Health Plan, Inc. Northern C | | | |
| Kaiser Foundation Health Plan, Inc. Southern C | alifornia Region | | • |
| Please list the names of (1) members of the contr | gaton's haged of divastors (2 | the contractor's chi | of avacutive officer chief |
| financial officer and chief operating officer; (3) a | serior's bourd of directors, (2, | the contractor's chi | ej executive ojjicet, citiej mora in tha contractor: (A |
| any subcontractor listed in the bid or contract; a | nd (5) any political committee | amp oj 20 percem or . | llad by the contractor Ile |
| any succomractor tisted in the old or comract, at additional pages as necessary. | ia (3) any pointeat committee | e sponsored or comro | nea by the contractor. One |
| Please see attached. | | | |
| | | | |
| Contractor address: | Voicer Foundatio | n Haalth Dlan Inc | |
| Kaiser Foundation Health Plan, Inc. Northern California Region Kaiser Foundation Health Plan, Inc. Southern California Region | | | |
| Northern California Region | Southern Camor | inia Region | |
| Oakland, CA 94612 | Pasadena, CA 9 | 1188 | © ∼ |
| Outlind, CA 94012 | a usuatin, ora | 1100 | TTT CONTRACTOR OF THE PARTY OF |
| Date of approval: 2/1/2011 | Amoun | nt of contract: | |
| 3/1/2011 | 1 | million | 8 3 T |
| Describe the nature of the contract that was approved: | | | Party March |
| Describe the nature of the contract that was appre | , vou. | | ANCIS AN |
| Kaiser Permanente Traditional Plan, HMO and Senior Advantage with Part D Comments: | | | |
| | | | 86 E |
| | | | 00 |
| | | | z |
| 1' (alask gralied | .1 | | |
| his contract was approved by (check applicat | | | |
| I the City elective officer(s) identified on this | form | | |
| a board on which the City elective officer(s) | serves SF Board of S | <u>Supervisors</u> | |
| | Print Name of | Board | |
| the board of a state agency (Health Authorit | y, Housing Authority Com | mission, Industrial | Development Authority |
| Board, Parking Authority, Redevelopment Ag | zency Commission, Reloca | ition Appeals Board | , Treasure Island |
| Development Authority) on which an appoint | ee of the City elective office | cer(s) identified on | this form sits |
| | • | , , | |
| Print Name | of Board | | |
| | | | |
| Filer Information (Please print clearly.) | | | |
| Name of filer: Angela Calvillo, Clerk of the Board | | Contact telephone number: | |
| | | 415-554-5184 | |
| Address: City Hall, Room 244 | | E-mail: Board.of.Supervisors@sfgov.org | |
| 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA | 94102 | | • |
| | | | |
| | | | |
| Signature of City Elective Officer (if submitted by | City elective officer | Date S | Signed |
| arguature of City Elective Officer (If submitted by | Ony elective childer) | Dait | 21Pitori |
| | | 3/7/1 | |
| Gia di Caracteria di Caracteri | ed by Board Secretary or Cler | | Signed |
| Sig (if submitte | a by board Secretary or Cler | r) Date : | orguen |

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