

## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

FILED

(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information (Please print clearly.)	12 JUN 25 AM 9: 2
Name of City elective officer(s):	City elective office(s) held:
Edwin M. Lee	Mayor, City and County of San Francisco Maission
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Contractor Information (Please print clearly.)	
Name of contractor: West Portal Monthly	
Please list the names of (1) members of the contractor's board of diffinancial officer and chief operating officer; (3) any person who has any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary.  (1)n/a	s an ownership of 20 percent or more in the contractor; (4)
(2)Glenn Gulmes, Editor and Publisher	
(3)Glenn Gulmes	
(4)(5) n/a	
Contractor address: San Francisco, CA 9	94127
Details that a substant was a susual.	
Date that contract was approved:	Amount of contract: Besed on formula for an especial of 50,000
9 00 1	Advertising
Describe the nature of the contract that was approved. Outreach	Advertising
Comments:	
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	
	rint Name of Board
☐ the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of a state agency (Health Authority, Housing Authority)  — The board of the board o	
Development Authority) on which an appointee of the City ele	ctive officer(s) identified on this form sits
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Jasun Ellist, Mayon's Ligison to the Board of Sc	
Address: City Hull Roum 200	E-mail: Jacon, elliott@ sfgov.on
	6/25/12
Signature of City Elective Officer (11 submitted by City elective officer	er) Date Signed
<b>V</b>	
Signature of Board Secretary or Clerk (if submitted by Board Secreta	ry or Clerk) Date Signed