

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

<b>City Elective Officer Information</b> (Please print clearly.)	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

SAN FRANCISCO  
 ETHICS COMMISSION  
 BY

<b>Contractor Information</b> (Please print clearly.)	
Name of contractor: Cort Family Living Trust	
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. Robert J. Cort Martial Trust 2. Vera Cort, Sole Trustee 3. NA 4. NA 5. NA	
Contractor address: [Redacted] San Francisco CA 94118	
Date that contract was approved: 12/4/2012	Amount of contracts: \$ \$25,350 per month for 60 months
Describe the nature of the contract that was approved: Renewal of an existing Lease at 1380 Howard St. for the Department of Public Health	
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: 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

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

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

[Redacted Signature]

Date Signed

12/7/12

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed