File No. 140746

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

etive Officer Information (Please print clearly.)

2014 AUG -4 PM 2: 26

City Elective Officer Information (Please print clearly.)			20111100 Y 111 to to
Name of City elective officer(s):	City electiv	e office(s) held:	SAN FRANCISCO ETHICS COMMISSION
Members, SF Board of Supervisors Members, SF Board of Supervisors			ors
			BY expression in the first control of the second control of the se
Contractor Information (Please print clearly.)			
Name of contractor:MedImpact Healthcare Systems, Inc.			
Please list the names of (1) members of the contractor's board of a financial officer and chief operating officer; (3) any person who has subcontractor listed in the bid or contract; and (5) any political conditional pages as necessary.	s an ownership o	f 20 percent or more in t	the contractor; (4) any
 Frederick Howe, Dave Wheeler, George Goldstein, Anand G Frederick Howe, CEO / Dave Wheeler, EVP and CFO / Gre Frederick Howe. None. None. 			
			22-0-28-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
Contractor address: San Diego, C	A 92131-2446		
Date that contract was approved: 7/29/14		Amount of contract:	\$23,455,376
Describe the nature of the contract that was approved: Third Party Pharmacy Administrator and 340B Program Spec Comments:	cialized Services		
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 Francisc the board of a state agency (Health Authority, Housing Authority Authority, Redevelopment Agency Commission, Relocation Appapointee of the City elective officer(s) identified on this form si	Print Name of Box y Commission, I peals Board, Trea	ard ndustrial Development	
Print Name of Board		VI VIII AAA AA	
Filer Information (Please print clearly.)			
Name of filer: Angela Calvillo, Clerk of the Board		Contact telephone nur (415) 554-5184	nber:
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco	co, CA 94102	E-mail: Board.of.Supervisors@	Øsfgov.org
Signature of City Elective Officer (if submitted by City elective off	ficer)	Date Signed	•
		Kliliy	
Signature of Board Secretary or Clerk (if submitted by Board Secre	etary or Clerk)	Date Signed	