

San Francisco Department of Public Health

City and County of San Francisco Mayor Daniel L. Lurie



Epic Systems Corporation

To Whom it may Concern,

Thank you for your generous contribution to the San Francisco Department of Public Health (DPH). In order to help DPH comply with the San Francisco Sunshine Ordinance,* we ask that you please complete this form and return it as soon as possible to: Department of Public Health, 101 Grove St #110, San Francisco CA 94102.

Contributor & Contribution Information:		Date:		
Name: Epic Systems Corporation	Address:	Dute.		
Phone:	Address.			_
Money, Goods, or Services (description):	Estimated Val	ue:	\$37,000	_
The above address is a: Business Resider	nce			
Financial Interest: The San Francisco Sunshine Ordinance requires that a de \$100 in the aggregate to report any financial interest the City). Please check the appropriate box or boxes that de	at the contributor ha	as involving	the City and County of San F	vorth more than rancisco (the
X Contract with City			ic, through its subsidiary, licenses so	oftware to the city

*San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:

No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The

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disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

Signature	Date