

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:

Contractor Information <i>(Please print clearly.)</i>
Name of contractor: Vision Service Plan (VSP)
<i>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.</i>
<p>1) <i>Randy D. Lee, O.D., Dan Mannen, O.D., F.A.A.O., Jim Winnick, O.D., F.A.A.O., Ryan Wineinger, O.D., Stuart J. Thomas, O.D., Matthew Alpert, O.D., Mark Bronstein, M.D., Walter Grubbs, Fred Howard, Gordon W. Jennings, O.D., Rob Lynch, President & CEO, Leslie A. Murphy, CPA, Ron Reynolds, O.D., Gary Sheppard, J.D.,</i></p> <p>2) <i>Rob Lynch, CEO, Jim McGrann, VSP Vision Care President, Don Ball, CFO/Global, Les Passuello, CFO/Vision Care, Chief Operating Officer is not applicable.</i></p> <p>3) <i>not applicable, as VSP is a nonprofit corporation</i></p> <p>4) <i>not applicable</i></p> <p>5) <i>not applicable</i></p>

Contractor address: 3333 Quality Drive, Rancho Cordova, CA 95670

Date that contract was approved: June 11, 2015 by the Health Service Board	Amount of contract:(estimated for CY 2016) \$5,031,738
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Describe the nature of the contract that was approved:
Vision insurance

Comments:
*The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.

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 _____
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

Filer Information *(Please print clearly.)*

Name of filer:

Contact telephone number:

Address:

E-mail:

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

Date Signed

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

Date Signed