



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On: 08-04-2025 | 11:32:00 PDT

File #: 250689

Bid/RFP #: L-9170 & L-9175

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Don Kavanagh	415.274.0501
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
PRT Port of San Francisco	don.kavanagh@sfport.com

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b>  Scoma's Restaurant, Incorporated	<b>TELEPHONE NUMBER</b>  415.771.4383
<b>STREET ADDRESS (including City, State and Zip Code)</b>  1965 Al Scoma Way, San Francisco, CA 94133	<b>EMAIL</b>  mcostello@scomas.com

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  7/29/2025	<b>ORIGINAL BID/RFP NUMBER</b>  L-9170 & L-9175	<b>FILE NUMBER (If applicable)</b>  250689
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b>  \$0 - Mutual Termination Agreement		
<b>NATURE OF THE CONTRACT (Please describe)</b>  Mutual Termination of two leases representing the "Smokehouse" on Al Scoma way held by Scoma's Restaurant Incorporated, to pave the way for the demolition of the red-tagged Smokehouse. Both leases expire on April 30, 2036 and the early termination will result in the loss of potential rent of approximately \$480,000.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES  Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Creedon	Thomas	CEO
2	Costello	Mariann	Other Principal Officer
3	Creedon	Cheryl	Other Principal Officer
4	Creedon	Thomas	Board of Directors
5	Creedon	Cheryl	Board of Directors
6	Scoma	Cheryl	Board of Directors
7	Scoma	Sancia	Board of Directors
8	Scoma II	A.J.	Board of Directors
9	Creedon	Cheryl	Shareholder
10	Creedon QSST	Cheryl	Shareholder
11	Creedon QSST	Thomas	Shareholder
12	Scoma QSST	Sancia	Shareholder
13	Scoma	Cheryl	Shareholder
14	Scoma II QSST	A.J.	Shareholder
15	Scoma II	A.J.	Shareholder
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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### 9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

### 10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

Signed by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

08-04-2025 | 11:32:00 PDT