

San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102 Phone: 415.252.3100 . Fax: 415.252.3112 <u>ethics.commission@sfgov.org</u> . <u>www.sfethics.org</u> Received On:

File #:

Bid/RFP #:

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: <u>https://sfethics.org/compliance/city-officers/contract-approval-city-officers</u>

1. FILING INFORMATION	2
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	S.
AMENDMENT DESCRIPTION – Explain reason for amendment	NO.
	°Q x
	Sec. 1

2. CITY ELECTIVE OFFICE OR BOARD		
OFFICE OR BOARD NAME OF CITY ELECTIVE OFFICER		
Board of Supervisors	Members	

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

4. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
American Express Travel Related Services Company, Inc.	646-276-4569
STREET ADDRESS (including City, State and Zip Code)	EMAIL
200 Vesey St, New York, NY 10285	anand.s.gadgil@aexp.com
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6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
↓ ∧		250627
DESCRIPTION OF AMOUNT OF CONTRACT		
Annual Rent: \$2,025,827.70 and Promotional Char	rge: \$9,035.00	
NATURE OF THE CONTRACT (Please describe)		
American Express Travel Related Services Compar Centurion Lounge (Lounge) on the post-security Airport has a Capital Improvement Program (Terr which necessitates closure of the Lounge for a relocation of the Lounge entrance. To preserve Tenant employees, and revenue to the Airport de Amendment No. 3 to the Lease (Amendment) which the Lounge in a vacant former airline lounge in Amendment also commits the Airport, at its sole part of the T3 West Modernization Program and p of Tenant's lease as a result of the closure.	y mezzanine level of T ninal 3 West Moderniza period of approximate service for the users uring the closure, Sta n will provide for the n Terminal 2 at no cos e cost, to relocating	erminal 3 (T3 West). The tion Program) underway ly two years due to the of the Lounge, jobs for ff recommends approval of temporary operation of t to the Airport. The the Lounge entrance as

7. COMMENTS

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
M	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
	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	ТҮРЕ
1	Squeri	Stephen	CEO
2	Christophe	Le Caillec	CFO
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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	Check this box if you need to include add Select "Supplemental" for filing type.	litional names. Please submit a separate	form with complete information.

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	DATE SIGNED
BOS Clerk of the Board	