

### 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 . www.sfethics.org Received On: 11-07-2022 | 15:15:55 PST

File #: 220989

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: <a href="https://sfethics.org/compliance/city-officers/contract-approval-city-officers">https://sfethics.org/compliance/city-officers</a>

1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
Original				
AMENDMENT DESCRIPTION – Explain reason for amendment				

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. CONTRACT	ING DEPARTMENT CONTACT		
NAME OF DEPA	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Cathy Widener		650-821-5184	
FULL DEPARTM	IENT NAME	DEPARTMENT CONTACT EMAIL	
AIR	San Francisco International Airport	cathy.widener@flysfo.com	

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
SFO Hotel Shuttle, Inc.	415-915-9777	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
615 Dado Street, San Jose, CA 95131	jsingh@hallcon.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
11/01/2022		220989
DESCRIPTION OF AMOUNT OF CONTRACT		
\$72,612,418		
NATURE OF THE CONTRACT (Please describe)		
SFO Hotel Shuttle, Inc. will provide managemen services at San Francisco International Airpor serving the terminal complex, long-term parkin	t for air passengers	and Airport employees,

# 7. COMMENTS

8. C0	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
	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	DiMola/SFO Hotel Shuttle	James	Board of Directors
2	kogler/SFO Hotel Shuttle	Jeremy	Board of Directors
3	Ramirez/SFO Hotel Shuttle	Jorge	Board of Directors
4	Rinklin/SFO Hotel Shuttle	Matt	Board of Directors
5	Stoiber/SFO Hotel Shuttle	John	Board of Directors
6	Trivelli/SFO Hotel Shuttle	Mike	Board of Directors
7	Stoiber/SFO Hotel Shuttle	John	CEO
8	Balon/SFO Hotel Shuttle	Rob	Other Principal Officer
9	Kirk/SFO Hotel Shuttle	Brian	Other Principal Officer
10	Blue Wolf Capital		Shareholder
11	GCM Grosvenor		Shareholder
12	Optibus		Subcontractor
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## 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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
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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	DATE SIGNED
CLERK DocuSigned by: Alise Somere	11-07-2022   15:15:55 PST
Alisa Somera	