



## 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: 02-01-2024 | 14:05:47 PST

File #: 231278

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: <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>
Burt Hirschfeld	415-554-9850
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
ADM                      RED	realstateadmin@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> ARE-SAN FRANCISCO NO. 15 OWNER, LLC	<b>TELEPHONE NUMBER</b> 626-578-0777
<b>STREET ADDRESS (including City, State and Zip Code)</b> 26 N Euclid Ave, Pasadena CA 91101	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 01/30/2024	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 231278
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> Payments to City \$72,000 1st year, increasing by 3% annually thereafter.		
<b>NATURE OF THE CONTRACT (Please describe)</b> Declaration of Restrictions. Duration is in perpetuity unless terminated by City.		

7. COMMENTS
Sponsorship by Supervisor Dorsey, Staff contact:  Madison Tam madison.r.tam@sfgov.org 415-554-7973 (voice) 415-554-5163 (fax)

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	Hash	Steven	Other Principal Officer
2	Cain	James	Other Principal Officer
3	Feldmann	Cynthia	Other Principal Officer
4	Freire	Maria	Other Principal Officer
5	Klein	Richard	Other Principal Officer
6	Woronoff	Michael	Other Principal Officer
7	Marcus	Joel	Other Principal Officer
8	Moglia	Peter	CEO
9	Ryan	Daniel	Board of Directors
10	Kass	Hunter	Board of Directors
11	Binda	Marc	CFO
12	Ciruzzi	Vincent	Other Principal Officer
13	Diamond	Lawrence	COO
14	Hakman	Joseph	COO
15	Cunningham	John	Board of Directors
16	Clem	Jacki	Other Principal Officer
17	Gavinet	Andres	Other Principal Officer
18	Dean	Gary	Board of Directors
19	Lee	Onn	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Carlson	Kristina	Board of Directors
21	Alsbrook	Madeleine	Board of Directors
22			
23			
24			
25			
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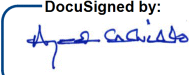
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>02-01-2024   14:05:47 PST</p>
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