

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:04-08-2024 | 17:30:56 PDT

File #: 240049

Bid/RFP #: 03-0183

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Bayport Concessions, LLC	650-348-0556
STREET ADDRESS (including City, State and Zip Code)	EMAIL
533 Airport Blvd., Suite 523, Burlingame, CA 94010	jp@wsegroup.com

533 Airport Bivd., Suite 523, Burlingame, CA 94010		Jpwwsegroup.com	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		FILE NUMBER (If applicable) 240049
4/2/2024	03-0183		240043
DESCRIPTION OF AMOUNT OF CONTRACT			
\$62,763.25			
NATURE OF THE CONTRACT (Please describe)			
One location in Terminal 3 Koi Palace Express			
7. COMMENTS			
Description of Amount calculated from base Min as defined in 4.2 in the original lease, sinc		arantee	with adjustments yearly,

8. C	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
	THE BOARD OF A STATE AGENCT ON WHICH AN AFFORMED OF THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORM SITS

con	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Romero	Romero	Shareholder			
2	Placencia	Jose	Shareholder			
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:30:56 PDT	



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: 04-08-2024 | 16:57:24 PDT

File #: 240049

Bid/RFP #: 03-0184

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	lashir	650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Elevate Gourmet Brands	415-515-2303
STREET ADDRESS (including City, State and Zip Code)	EMAIL
4300 Redwood Hwy. #100 San Rafael, CA 94903	brian@elevategoumetbrands.com

4300 Redwood Hwy. #100 San Rafael, CA 94903		brian@el	evategoumetbrands.com
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240049
4/2/2024	03-0184		240043
DESCRIPTION OF AMOUNT OF CONTRACT			
\$53,948 MAG			
NATURE OF THE CONTRACT (Please describe)			
Pronto - Boarding F post-security			
7. COMMENTS Description of Amount calculated from base Mir as defined in 4.2 in the original lease, since		Guarantee	with adjustments yearly,
C CONTRACT ADDROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

		contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Araghi	Jason	Other Principal Officer		
2	Stewart	Apryl	Other Principal Officer		
3	Laliberte	Brian	Other Principal Officer		
4	Araghi	Jon	Shareholder		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS		
exec	the names of (A) members of the contractor the officer, chief financial officer, chief of has an ownership interest of 10 percent o	perating officer, or other persons with s	imilar titles; (C) any individual or entity
contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ

	tract.	FIDCT NAME	TVDF
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	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 con	nplete.	
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: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:57:24 PDT	



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: 04-05-2024 | 09:17:24 PDT

File #: 240049

Bid/RFP #: L03-0187

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650.821.4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Urban Tortilla, Inc.	415-990-0160	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
2169 Harbor Bay Parkway, Alameda, CA 94502	jonathan.leong9@gmail.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	, , , , ,
4/2/2024	L03-0187	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$56,064.25		
NATURE OF THE CONTRACT (Please describe)		
Lease was originally awarded to L $\&$ H, LLC on September 29, 2003 under A/C Resolution 03-0187. A/C Resolution 05-0042 on March 22, 2005 assigned the Lease to Luna Azul Corporation. A/C Resolution 13-0258 assigned the Lease to Urban Tortilla, Inc. on December 3, 2013.		
One location in Terminal 3, post-security, Boarding Area E, approximately 703 square feet.		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$20,240 with adjustments yearly, as defined in 4.2 in the original lease, since 2003.

8. C	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

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Leong	Jonathan	Other Principal Officer
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. AFFILIATES AND SUBCONTRACTORS				
List to	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	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	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.				

50				
	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.				
SIG	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLEI	DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 0	9:17:24 PDT	
		·		



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: 04-08-2024 | 16:38:52 PDT

1

File #: 240049

Bid/RFP #: L03-0191

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysf.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Guava & Java (SFO), Inc.	703-501-4800
STREET ADDRESS (including City, State and Zip Code)	EMAIL
10726 Falls Pointe Drive, Great Falls, Virginia 22066	rita@freshairportconcepts.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	L03-0191	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$119,260.32		
NATURE OF THE CONTRACT (Please describe)		
A total of 2 facilities, comprising approximat located in Terminal 1 (800 sq ft) & Terminal 3		of concession space

_		-	_	_
7.4	NV/	VA.I		ITS

Description of Amount calculated from base Minimum Annual Guarantee \$48,000 with adjustments yearly, as defined in 4.2 in the original lease, since 2003.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Bhasker,	Rita	Board of Directors
2	Sterling	David	Board of Directors
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

		JBCONTR <i>i</i>	

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	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 con	nplete.	
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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:38:52 PDT	



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: 04-05-2024 | 09:23:54 PDT

File #: 240049

Bid/RFP #: 03-0192

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Tastes on The Fly, Inc	628-300-7185
STREET ADDRESS (including City, State and Zip Code)	EMAIL
P.O.Box 1539, San Mateo CA 94401	luke.torres@tastesonthefly.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	, , , , ,	
4/2/2024	03-0192	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$158,862			
NATURE OF THE CONTRACT (Please describe)			
Lease was originally awarded to J.Avery Enterprises on September 29,2003, then assigned to Tastes on the Fly San Francisco, LLC on October 16, 2015 by A/C Resolution 15-0212.			
Klein's Deli has two locations at Terminal 1, Boarding Area B, Post Security and Terminal 3, Boarding Area E, Post Security.			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$46,400 with adjustments yearly, as defined in 4.2 in the original lease, since 2003.

0 0	ONTRACT ARREOVAL			
8. C	8. CONTRACT 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			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1	
2 Ames Edie CEO 3 Torres Luke CFO 4 5 6 7 8 9 10	
3 Torres Luke CFO 4 5 6 7 8 9 10	of Directors
4 5 6 7 8 9 10	
5 6 7 8 9 10	
6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	
7 8 9	
8 9 10	
9 10	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	nplete.		
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		
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 09:23:54 PDT		



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: 04-08-2024 | 16:40:30 PDT

File #: 240049

Bid/RFP #: L03-0193

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Gotham Enterprises, LLC.,SFO Coffee IV-VI Series	415-706-8171
STREET ADDRESS (including City, State and Zip Code)	EMAIL
123 Second St., Sausalito, CA	glenn.meyers@highflyingfoods.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L03-0193	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$59,873.88		
NATURE OF THE CONTRACT (Please describe)		
One location in Terminal 3 East, post-security	, B/A E approximately	737 square feet.

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$41,480 with adjustments yearly, as defined in 4.2 in the original lease, since 2003.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Meyers	Glenn	Other Principal Officer		
2	Meyers	Garrett	Other Principal Officer		
3	Meyers	Dayna	Other Principal Officer		
4	Meyers	Gerald	Shareholder		
5	Limited Partner		Shareholder		
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

46

47

48

49

50

DocuSign Envelope ID: 3D0A3884-2EAA-4A38-88B5-4A4CB23D711B 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 39 40 41 42 43 44 45

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 cor	mplete.		
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		
CLERKDocuSigned by:			
Docusigned by:	04-08-2024 16:40:30 PDT		
Angela Calvillo			

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.



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:04-08-2024 | 17:18:11 PDT

File #: 240049

Bid/RFP #: 03-0199

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Burger Joint, Inc.	415-255-8186
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2491 Mission Street, San Francisco, CA 94110	info@sbfinancialservices.com

6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1		
4/2/2024	03-0199	240049		
DESCRIPTION OF AMOUNT OF CONTRACT				
Minimum Annual Guarantee \$226,630				
NATURE OF THE CONTRACT (Please describe)				
Mission Bar & Grill - Boarding Area E post-security				

co		

Description of Amount calculated from base Minimum Annual Guarantee \$78,680 with adjustments yearly, as defined in 4.2 in the original lease, since 2003.

8. C	8. CONTRACT 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		
	THE BOARD OF A STATE AGENCT ON WHICH AN AFFORMED OF THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORM SITS		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Nazzal	Nidal	CEO
2	Nazzal	Sami	Shareholder
3	Daibis	Deanna	Shareholder
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

	LIATES		

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	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 o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:18:11 PDT	



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: 04-05-2024 | 08:49:56 PDT

1

File #: 240049

Bid/RFP #: 03-0200

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	SFO Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SSP America, Inc.	202-321-7028
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20408 Bashan Drive, Suite 300, Ashburn, VA 20147	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1,5
4/2/2024	03-0200	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$246,951.18		
NATURE OF THE CONTRACT (Please describe)		
One location, Terminal 3, post-security, Boarding Area E. approximately 3111 square feet. (Replacement premises due to Terminal T3 East expansion and renovation. Email: Patrick.murray@foodtravelexperts.com		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$104,720 with adjustments yearly, as defined in 4.2 in the original lease, since 2003.

8. C	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
	Board of Supervisors
l	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Svagdis	Michael	CEO
2	Murray	Patrick	Other Principal Officer
3	Mboya	George	Other Principal Officer
4	Levy	Sarah	Shareholder
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES AND SUBCONTRACTORS		
exec who	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

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	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.			
SIGN	NATURE OF CITY ELECTIVE OFFICER OR BOARD	SECRETARY OR DATE SIGNED	

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 o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 08:49:56 PDT	



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: 04-08-2024 | 15:34:19 PDT

File #: 240049

Bid/RFP #: 10-0029

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ishir	650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Tastes On The Fly	628-300-7185
STREET ADDRESS (including City, State and Zip Code)	EMAIL
P.O.Box 1539, San Mateo, CA 94401	luke.torres@tastesonthefly.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	10-0029	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$401,048.55			
NATURE OF THE CONTRACT (Please describe)			
Lease was originally awarded to D-Lew Enterprises, LLC on June 30, 2010, then assigned to Tastes on the Fly San Francisco, LLC on November 15,2011 by A/C Resolution 11-0268.			
Two adjaent Locations: 1. Napa Farms Market - Terminal 2, Boarding Area D, Post Security. 2. Vino Volo- Terminal 2, Boarding Area D, Post Security.			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$239,760 with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

8. C	ONTRACT APPROVAL			
This	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			

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1	contract.				
2 Ames Edie CEO 3 Torres Luke CFO 4 5 6 7 8 9 10					
3 Torres Luke CFO 4 5 6 7 8 9 10	of Directors				
4 5 6 7 8 9 10					
5 6 7 8 9 10					
6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10					
7 8 9					
8 9 10					
9 10					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

46

47

48

49

50

DocuSign Envelope ID: 4101CB78-B372-4A8A-86B8-529AF9D9BACE 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 39 40 41 42 43 44 45

		<u>I</u>
Check this box if you need to include addi Select "Supplemental" for filing type.	itional 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	DATE SIGNED		
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 15:34:19 PDT		



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: 04-08-2024 | 16:42:21 PDT

File #: 240049

Bid/RFP #: L10-0030

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Gotham Enterprises, LLC	415-243-8908
STREET ADDRESS (including City, State and Zip Code)	EMAIL
133 Stillman Street, San Francisco, CA 94107	

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		
4/2/2024	L10-0030	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$43,680			
NATURE OF THE CONTRACT (Please describe)			
Two Locations:			
Peet's Coffee $\&$ Tea (1) - Boarding Area D - Post-security Peet's Coffee $\&$ Tea (2) - Boarding Area D - Post security			

_		-	_	_
7.4	NV/	VA.I		ITS

Description of Amount calculated from base Minimum Annual Guarantee with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

con	tract.		1
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Meyers	Glenn	Other Principal Officer
2	Meyers	Garrett	Other Principal Officer
3	Meyers	Dayna	Other Principal Officer
4	Meyers	Gerald	Shareholder
5	Limited Partner		Shareholder
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		
10	VEDICATION		

	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.			
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLE	Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:42:21 PDT	



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: 04-08-2024 | 16:37:02 PDT

File #: 240049

Bid/RFP #: 10-0031

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL 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
HBF Soto JV, LLC	404-344-7905
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2849 Paces Ferry Rd., 4th Floor, Atlanta, GA 30339	gregg.paradies@paradies-na.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	10-0031	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$158,572.75 MAG		
NATURE OF THE CONTRACT (Please describe)		
One location in Terminal 2 Cat Cora Lounge		

CO		

Description of Amount calculated from base Minimum Annual Guarantee \$94,800 with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

8. C	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

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Paradies	Gregg	CEO
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

50					
	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.					
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECR	TARY OR DA	TE SIGNED		
CLE	Docusigned by: 988C8F42C3084B5 Angela Calvillo	C	14-08-2024 1	L6:37:02 PDT	
,					



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: 04-05-2024 | 10:00:24 PDT

File #: 240049

Bid/RFP #: 10-0032

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Tastes On The Fly	628-300-7185
STREET ADDRESS (including City, State and Zip Code)	EMAIL
P.O.Box 1539, san Mateo CA 94401	luke.torres@tastesonthefly.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	10-0032	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$317,787.82			
NATURE OF THE CONTRACT (Please describe)			
Lease was originally awarded to D-Lew Enterprises on June 30,2010 then assigned to Tastes on the Fly San Francisco on October 6, 2011 by A/C Resolution 11-0267.			
One Location, Terminal 2, Boarding Area D, Pos	t Security.		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$189,984 with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

8. C	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

	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Levine	Michael	Board of Directors
2	Ames	Edie	CEO
3	Torres	Luke	CFO
4	Garnik	Larry	Other Principal Officer
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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

40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
	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.						
	NATURE OF CITY ELECTIVE OFFICER OR BOARD	SECRETARY OR	DATE SIGNED			
CLEI	DocuSigned by:		04-05-2024 1	L0:00:24 PDT		

SAN FRANCISCO	ETHICS C	COMMISSION	SFEC Form	126(f)4 v.12	.7.18

988C8F42C3084B5 Angela Calvillo



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:04-08-2024 | 15:55:26 PDT

File #: 240049

Bid/RFP #: 10-0033

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Cheryl Na	ashir	650-821-4500	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
AIR	Airport Commission	Cheryl.Nashir@flysfo.com	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Sankaku, Inc	415-331-8910		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
36 Willow lane, Sausalito, CA 94965	hiro@sankakuusa.com		

6. CONTRACT					
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)			
4/2/2024	10-0033	240049			
DESCRIPTION OF AMOUNT OF CONTRACT					
Minimum Annual Guarantee \$73,144.19					
NATURE OF THE CONTRACT (Please describe)					
NATURE OF THE CONTRACT (Please describe) Wakaba - Located at Terminal 2, Boarding Area D, Post security.					

		NTS

Description of Amount calculated from base Minimum Annual Guarantee \$43,728 with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

0.0	ONED A CT ADDROVAL
8. C	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

#		Í	contract.				
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ				
1	Hattori	Kimiko	Other Principal Officer				
2	Hattori	ніго	Other Principal Officer				
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

	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 ha	ve used all reasonable diligence in preparing this statemen	t. I have reviewed this s	tatement and to the best of my	
	wledge the information I have provided here is true and co		,	
knowledge the information mave provided here is true and complete.				
l ce	rtify under penalty of perjury under the laws of the State	of California that the fo	regoing is true and correct.	
	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the fo	regoing is true and correct.	
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	T	regoing is true and correct.	
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	T		
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK DocuSigned by: 988C8F42C308485	DATE SIGNED		
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK DocuSigned by:	DATE SIGNED		
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK DocuSigned by: 988C8F42C308485	DATE SIGNED		



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:04-08-2024 | 17:39:00 PDT

1

File #: 240049

Bid/RFP #: 10-0034

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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	TING DEPARTMENT CONTACT	
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Andale Management Group, Inc.	415-632-9919		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
2323 Polk St., San Francisco, CA 94109	alvarez_pedro@sbcglobal.net		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	10-0034	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$85,589.14 MAG		
NATURE OF THE CONTRACT (Please describe)		
One location in Terminal 2 Andale		

		-	_	
7/	W	WI	ш	ITS
	N 4 I	N/A	-	112

Description of Amount calculated from base Minimum Annual Guarantee \$51,168 with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Alvarez Jr.	Pedro	Shareholder		
2	Alvarez Sr.	Pedro	Shareholder		
3	Sanchez	Luis	Shareholder		
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my			
nplete.			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
DATE SIGNED			
04-08-2024 17:39:00 PDT			
r			



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: 04-08-2024 | 17:28:32 PDT

File #: 240049

Bid/RFP #: 10-0035

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
BJ Annex LLC	415-255-8186		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
3676 19th Street, San Francisco, CA 94110	info@sbfinancialservices.com		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	10-0035	240049
DESCRIPTION OF AMOUNT OF CONTRACT	<u> </u>	
Minium Annual Guarantee \$86,071		
NATURE OF THE CONTRACT (Please describe)		
Burger Joint - Boarding Area D Post-security		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$51,456 with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

0.0	CALTD A CT ADDDOL/AL			
8. C	8. CONTRACT APPROVAL			
This	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			

con	tract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Nazzal	Nidal	CE0
2	Nazzal	Sami	Shareholder
3	Nazzal	Jamal	Shareholder
4	Daibis	Jamal	Shareholder
5	Rizik	Michael	Shareholder
6	Gateside LLC		Shareholder
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES AND SUBCONTRACTORS			
exec who	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	
39				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
39				
40				
41	[
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
	VERIFICATION			
	ve used all reasonable diligence in prepari wledge the information I have provided he		tatement and to the best of my	
KIIO	wieuge the information i have provided he	ere is true and complete.		
I ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			

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:	04-08-2024 17:28:32 PDT		



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:04-08-2024 | 16:35:35 PDT

File #: 240049

Bid/RFP #: 10-0036

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL 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		
HBF Soto JV, LLC	404-344-7905		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
2849 Paces Ferry Rd., 4th Floor, Atlanta, GA 30339	gregg.paradies@paradies-na.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	10-0036	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$72,742.74 MAG			
NATURE OF THE CONTRACT (Please describe)			
One location in Terminal 2 The Plant Organic Cafe/Pinkberry			

co		

Description of Amount calculated from base Minimum Annual Guarantee \$43,488 with adjustments yearly, as defined in 4.3 in the original lease, since 2010.

0 0	ONTRACT ARREOVAL				
8. C	8. CONTRACT 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				
ш	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				
1					

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Paradies	Gregg	CEO
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

46

47

48

49

50

DocuSign Envelope ID: C4B23F22-FBCF-4F60-8FC9-B82A612A53DE 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 39 40 41 42 43 44 45

	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

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				
CLERKDocuSigned by:				
DocuSigned by:	04-08-2024 16:35:35 PDT			
000005430300405				
Angela Calvillo				



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: 04-08-2024 | 16:13:31 PDT

File #: 240049

Bid/RFP #: 11-0210

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER	
Cheryl Na	ashir	650-821-4500	
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL	
AIR	Airport Commission	Cheryl.Nashir@flysfo.com	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Hudson Group (HG) Retail, LLC	201-939-5050		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
One Meadowland Plaza East Rutherford NJ 07073	cthornton@hudsongroup.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240049	
4/2/2024	11-0210		
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$718,475			
NATURE OF THE CONTRACT (Please describe)			
Three (3) locations: 1. SF Magazine News - Boarding Area F post-sec 2. Tumi - Boarding Area F post-security 3. Hudson Newsstand - Boarding Area F post-sec	-		

		-	_	
7/	W	WI	ш	ITS
	N 4 I	N/A	-	112

Description of Amount calculated from base Minimum Annual Guarantee \$554,926 with adjustments yearly, as defined in 4.3 in the original lease, since 2011.

0 0	ONTRACT ARREOVAL
8. C	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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Rossinyol	Xavier	CEO
2	Gerster	Yves	CF0
3	Johnson	Steve	Other Principal Officer
4	Duclos	Pascal	Other Principal Officer
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

		UBCONTI	

COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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	DATE SIGNED		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:13:31 PDT		



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: 04-05-2024 | 09:14:33 PDT

1

File #: 240049

Bid/RFP #: L12-0085

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Cheryl Nashir		650-821-4500	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
AIR	Airport Commission	Cheryl.Nashir@flysfo.com	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
World Duty Free Group North America, LLC	201-939-5050		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
One Meadowlands Plaza, 11th Floor, East Rutherford, NJ	cthornton@hudsongroup.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	L12-0085	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$843,683.03 MAG			
NATURE OF THE CONTRACT (Please describe)			
Four (4) locations: 1. SF Chronicle News - International Terminal 2. Green Beans Coffee - International Terminal 3. Hudson News - International Terminal Main F 4. SF Travel News - Boarding Area E post-secur	G pre-security Hall pre-security		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$669,616.05 (Per Amendment No. 1) with adjustments yearly, as defined in 4.3 in the original lease, since 2012.

0.00	ONTD ACT ADDROVAL
8. C	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

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.

	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Rossinyol	Xavier	CEO
2	Gerster	Yves	CF0
3	Johnson	Steve	Other Principal Officer
4	Duclos	Pascal	Other Principal Officer
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

3

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS				
exec who	the names of (A) members of the contractor utive officer, chief financial officer, chief o has an ownership interest of 10 percent o ract.	perating officer, or other persons with s	imilar titles; (C) any individual or entity		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		

cont	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.			
10.	VERIFICATION					

10. VERIFICATION			
I have used all reasonable diligence in preparing this statement.	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		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 09:14:33 PDT		



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: 04-08-2024 | 15:51:08 PDT

File #: 240049

Bid/RFP #: 12-0089

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL 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		
SF Uncork'd, LLC	415-850-1005		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
1977 O'Farrell St., San Mateo, CA 94403	rillag1@earthlink.net		

1977 O'Farrell St., San Mateo, CA 94403		rillag1@earthlink.net	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER 12-0089		FILE NUMBER (If applicable) 240049
4/2/2024			
DESCRIPTION OF AMOUNT OF CONTRACT	.		
\$49,968 MAG			
NATURE OF THE CONTRACT (Please describe)			
On location in Terminal 3 SF Uncork'd Wine Bar			
7. COMMENTS			
Description of Amount as defined in the origin	nal lease.		
8. CONTRACT 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 ELECTIV	/E OFFICER(S) I	DENTIFIED ON THIS FORM SITS

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Ginsberg	Rilla	CEO
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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

#	ract.	FIRST NAME	ТУРЕ
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST IVAIVIE	TIFE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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	DATE SIGNED	
DocuSigned by:	04-08-2024 15:51:08 PDT	



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: 04-08-2024 | 17:04:32 PDT

1

File #: 240049

Bid/RFP #: 12-0231

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Clear Channel Outdoor, LLC	610-395-8002
STREET ADDRESS (including City, State and Zip Code)	EMAIL
7450 Tilghman Street, Suite 104,Allentown, PA 18106	johnmoyer@clearchannel.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	12	
4/2/2024	12-0231	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$12,737,715.25 MAG			
NATURE OF THE CONTRACT (Please describe)			
Commercial advertising in all domestic termina Center.	ls, international ter	minal, and the Rental Car	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$10,000,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2012.

0 0	9. CONTRACT ADDROVAL			
8. C	8. CONTRACT 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			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Aaselund	Christian	Other Principal Officer		
2	Coleman	Brian D	Other Principal Officer		
3	Costa	Michelle	Other Principal Officer		
4	Feldman	Lynn A.	Other Principal Officer		
5	Goldberg	Erika	Other Principal Officer		
6	Gotterup	Morten	Other Principal Officer		
7	Heintz	Kim	Other Principal Officer		
8	Johnson	Jasper	Other Principal Officer		
9	Leehan	Gene	Other Principal Officer		
10	Levi	Dan	Other Principal Officer		
11	McCuin	вор	Other Principal Officer		
12	Parker	Bryan A.	Other Principal Officer		
13	Rifkin	Wade	Other Principal Officer		
14	Sailer	David	Other Principal Officer		
15	Wells	Scott R.	Other Principal Officer		
16					
17					
18					
19					

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS				
List to	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		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
10.	10. VERIFICATION				
	I have used all reasonable diligence in propaging this statement. I have reviewed this statement and to the host of my				

50					
	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.					
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				
CLE	DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 1	.7:04:32 PDT		



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: 04-08-2024 | 15:44:21 PDT

1

File #: 240049

Bid/RFP #: L13-0136

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Skyline Concessions, Inc.	650-743-6199		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
746 Laurel Avenue, Burlingame, CA 94010	manuel.iv.skyline@gmail.com		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L13-0136	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$244,427.97 MAG		
NATURE OF THE CONTRACT (Please describe)		
One (1) location: Skyline News and Gifts - Boarding Area E post-	security	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$192,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2013.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Soto IV	Manuel	CEO
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES 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	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.	
10.	10. VERIFICATION			

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 o	f California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 15:44:21 PDT		



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: 04-08-2024 | 17:46:08 PDT

File #: 240049

Bid/RFP #: L13-0202

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Airport Travel Agency, Inc.	510-697-0396		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
1746 Truman Street, Richmond, CA 94801	linardmdavis@yahoo.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.2	
4/2/2024	L13-0202	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$243,257.97 MAG			
NATURE OF THE CONTRACT (Please describe)			
Airport Amenities and Business Services in International Terminal.			
L			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$180,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2013.

9 CONTRACT ARREDOVAL				
8. C	8. CONTRACT APPROVAL			
This	This contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Davis	Linard	Other Principal Officer
2	Feiner	Carol	Other Principal Officer
3	Sanchez	Luis	Other Principal Officer
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	nplete.	
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		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:46:08 PDT	



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: 04-05-2024 | 09:12:40 PDT

File #: 240049

Bid/RFP #: L15-0039

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

1. FILING INFORMATION				
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)			
Original				
AMENDMENT DESCRIPTION – Explain reason for amendment	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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
World Duty Free Group North America, LLC	201-939-5050	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
One Meadowlands Plaza, 11th Floor, East Rutherford, NJ	cthornton@hudsongroup.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L15-0039	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$193,889.42 MAG		
NATURE OF THE CONTRACT (Please describe)		
One (1) location: Jo Malone and Tom Ford - Boarding Area E post-	security	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$162,642 with adjustments yearly, as defined in 4.3 in the original lease, since 2015.

0 0	ONTRACT ARREOVAL			
8. C	8. CONTRACT 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			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

1 2	Rossinyol Constan	Xavier	СЕО
		Xavier	CEO
2	Constan		- CL0
	Gerster	Yves	CFO
3	Johnson	Steve	Other Principal Officer
4	Duclos	Pascal	Other Principal Officer
5	Stewart	Apryl	Other Principal Officer
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

50					
	Check this box if you need to include additional r Select "Supplemental" for filing type.	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.					
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRET	ARY OR DA	TE SIGNED		
CLE	DocuSigned by:		04-05-2024 0	9:12:40 PDT	
		1			



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:04-08-2024 | 16:12:16 PDT

1

File #: 240049

Bid/RFP #: 15-0227

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Hudson Group (HG) Retail, LLC	201-939-5050
STREET ADDRESS (including City, State and Zip Code)	EMAIL
One Meadowland Plaza East Rutherford NJ 07073	cthornton@hudsongroup.com

One Meadowland Plaza East Rutherford NJ 07073		cthornton@hudsongroup.com			
6. CONTRACT	ODICINAL DID/DI	D MUMBED	FUE NUMBER (If applicable)		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RI	P NUIVIDER	FILE NUMBER (If applicable) 240049		
4/2/2024	15-0227				
DESCRIPTION OF AMOUNT OF CONTRACT	1				
Minimum Annual Guarantee \$125,000					
NATURE OF THE CONTRACT (Please describe)					
One location:					
Brookstone - International Terminal Building M	Main Hall pre-	security			
3					
7. COMMENTS					
Description of Amount as defined in the original lease.					
8. CONTRACT APPROVAL This contract was approved by:					
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM					
A DOADD ON WHICH THE CITY ELECTIVE OFFICED(C) CEDVEC					
	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) II	DENTIFIED ON THIS FORM SITS		

1	AST NAME/ENTITY/SUBCONTRACTOR Rossinyol Gerster Johnson	Xavier Yves	TYPE CEO CFO
2	Gerster	Yves	
			CF0
3	Johnson		
		Steve	Other Principal Officer
4	Duclos	Pascal	Other Principal Officer
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9.	AFFIL	IATES	AND	SUE	BCON	ITRA	CTO	ORS

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	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 con	nplete.		
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
DocuSigned by:	04-08-2024 16:12:16 PDT		



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: 04-08-2024 | 17:40:41 PDT

File #: 240049

Bid/RFP #: 16-0012

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Andale Management Group, Inc.	415-632-9919	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
2323 Polk St., San Francisco, CA 94109	alvarez_pedro@sbcglobal.net	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	16-0012	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$761,052.54 MAG		
NATURE OF THE CONTRACT (Please describe)		
Two location in the International Terminal 24th & Mission Taco House (pre-security, North Valencia Street Station (post-security, Boardi		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$560,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	ONTRACT APPROVAL		
This	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		
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO		

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Alvarez Jr.	Pedro	Shareholder	
2	Alvarez Sr.	Pedro	Shareholder	
3	Sanchez	Luis	Shareholder	
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

30			
	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		
kno	eve used all reasonable diligence in preparing this statement owledge the information I have provided here is true and coordinate rtify under penalty of perjury under the laws of the State of	mplete.	
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLE	PK		
	988C8F42C3084B5 Angela Calvillo	04-08-2024 17:40:41 PDT	



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: 04-08-2024 | 16:18:08 PDT

1

File #: 240049

Bid/RFP #: L16-0013

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
High Flying Foods, Inc.	415-706-8171
STREET ADDRESS (including City, State and Zip Code)	EMAIL
123 Second Street, Sausalito, CA 94965	glenn.meyers@highflyingfoods.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.2
4/2/2024	L16-0013	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$395,107.47		
NATURE OF THE CONTRACT (Please describe)		
One location located in the International Term approximately 3820 square feet.	inal, Post-Security,	B/A A, comprised of

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$250,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Meyers	Glenn	Other Principal Officer
2	Meyers	Garrett	Other Principal Officer
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

Ħ	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAIVIE	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.

Serest Suppremental ter ming types	
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 o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:18:08 PDT



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:⁰⁴⁻⁰⁵⁻²⁰²⁴ | 09:28:11 PDT

File #: 240049

Bid/RFP #: 16-0014

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ishir	650-821-1500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Tastes On The Fly	628-300-7185	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
P.O.Box 1539, San Mateo CA 94401	luke.torres@tastesonthefly.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	16-0014	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$1,177,995.15		
NATURE OF THE CONTRACT (Please describe)		
Two (2) Locations: 1. Napa Farms Market - Boarding Area G, Post S 2. Mustards Bar & Grill - Boarding Area G, Pos		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$910,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	8. CONTRACT 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		

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.

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Levine	michael	Board of Directors
2	Ames	Edie	CEO
3	Torres	Luke	CF0
4	Lewis	Darren	Shareholder
5	Rodrick	Scott	Shareholder
6	Garnick	Larry	Shareholder
7	Mayo	Carmen	Shareholder
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

3

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. AFFILIATES AND SUBCONTRACTORS	
List the names of (A) members of the contractor's board of directors;	(

COIII	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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	DATE SIGNED
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 09:28:11 PDT



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:04-08-2024 | 17:32:29 PDT

File #: 240049

Bid/RFP #: 16-0015

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Asian Box Palo Alto, LLC	650-800-7043
STREET ADDRESS (including City, State and Zip Code)	EMAIL
4320 Stevens Creek Blvd #227, San Jose, CA 95129	cimerson@asianbox.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240049	
4/2/2024	16-0015		
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$219,558.45			
NATURE OF THE CONTRACT (Please describe)			
Lease was originally awarded to Mum Fresh SF Inc. on August 10, 2016, then assigned to SSP America, Inc. on April 4, 2017 by Resolution 17-0076.			
On December 21, 2021, SSP America, Inc. was assigned to Asian Box Palo Alto, LLC by A/C Resolution $21\text{-}0249$.			
Asian Box - located at International Terminal Boarding Area G, Post security.			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$165,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
K	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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Imerson	Chuck	CEO
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

49					
50					
	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				
CLE	Pocusigned by: 988C8F42C3084B5 Angela Calvillo		04-08-2024 1	.7:32:29 PDT	



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: 04-08-2024 | 16:52:08 PDT

1

File #: 240049

Bid/RFP #: 16-0016

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Elevated Tastes SFO Inc.	650-875-3950	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
223 Lawrence Ave. South San Franciso, CA 94080	fondexp@gmail.com	

e)							
240049							
DESCRIPTION OF AMOUNT OF CONTRACT							
Minimum Annual Guarantee \$222,758.31							
NATURE OF THE CONTRACT (Please describe)							
Lease was originally awarded to TOMOKAZU JAPANESE CUISINE (SFO) Inc. on August 10, 2016, then assigned to ELEVATED TASTES SFO Inc On April 4, 2017 by A/C Resolution 17-0075.							
One location, located at International Terminal Boarding Area G, post security.							

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$165,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

9 CONTRACT APPROVAL						
8. CONTRACT 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					
ш	Board of Supervisors					
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS					
1						

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	So	francis	Other Principal Officer
2	Wong	Ringo	Other Principal Officer
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

48

49

50

DocuSign Envelope ID: 25A7688A-B119-4BEE-99E3-A377403270DC 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 39 40 41 42 43 44 45 46 47

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			
CLERKDocuSigned by:			
DocuSigned by:	04-08-2024 16:52:08 PDT		
0000001400000405			
988C8F42C3084B5 Angela Calvillo			

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.



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: 04-05-2024 | 08:56:22 PDT

1

File #: 240049

Bid/RFP #: L16-0017

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SSP America Inc.	202-321-7028
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20408 Bashan Drive, Suite 300, Ashburn, VA 20147	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L16-0017	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$376,664.05		
NATURE OF THE CONTRACT (Please describe)		
One location in International Terminal, post-s square feet. Email: patrick.murray@foodtravelexperts.com	ecurity, Boarding Are	a G, approximately 1694

Description of Amount calculated from base Minimum Annual Guarantee \$225,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

0 0	ONTRACT ARREOVAL				
8. C	8. CONTRACT 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				
ш	Board of Supervisors				
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				
1					

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Svagdis	Michael	CEO	
2	Murray	Patrick	Other Principal Officer	
3	Mboya	George	Other Principal Officer	
4	Levy	Sarah	Shareholder	
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. AFFILIATES AND SUBCONTRACTORS
List the names of (A) members of the contractor's board of directors; (B) the contractor's principal of
executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (

officers, including chief (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

COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 08:56:22 PDT	



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: 04-05-2024 | 08:46:02 PDT

File #: 240049

Bid/RFP #: L16-0020

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SSP America, Inc.	202-321-7028
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20408 Bashan Drive, Suite 300, Ashburn, VA 20147	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	L16-0020	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$167,469.88		
NATURE OF THE CONTRACT (Please describe)		
Lease was originally awarded to Midfield Concethen assigned to SSP America, SFO, LLC on May One location, located pre-security Internation approximately 860 square feet. Email: patrick.murray@foodtravelexprests.com	16, 2023, by A/C Reso	lution No. 23-0130.

Description of Amount calculated from base Minimum Annual Guarantee \$155,000 with adjustments yearly, per formula defined in 4.3 in the original lease, since 2016.

0.0	ONED A CT ADDROVAL
8. C	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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Svagdis	Michael	CEO	
2	Murray	Patrick	Other Principal Officer	
3	Mboya	George	Other Principal Officer	
4	Levy	Sarah	Shareholder	
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	nplete.	
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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 08:46:02 PDT	



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: 04-05-2024 | 08:43:09 PDT

File #: 240049

Bid/RFP #: 16-0021

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Bayport Concessions, LLC	650-348-0556
STREET ADDRESS (including City, State and Zip Code)	EMAIL
533 Airport Blvd., Suite 523, Burlingame, CA 94010	jp@wsegroupinc.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	16-0021	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$210,071.90 MAG		
NATURE OF THE CONTRACT (Please describe)		
One location in the International Terminal, Pr Koi Palace Express	e-security	

Description of Amount calculated from base Minimum Annual Guarantee \$155,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

con	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Romero	Miguel	Shareholder
2	Placencia	Jose	Shareholder
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

	contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES AND SUBCONTRACTORS		
exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief of has an ownership interest of 10 percent of cract.	perating officer, or other persons with s	similar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	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.			

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 con	nplete.	
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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 08:43:09 PDT	



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: 04-08-2024 | 15:53:50 PDT

File #: 240049

Bid/RFP #: 16-0022

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SF Foodways, LLC	650-280-1812
STREET ADDRESS (including City, State and Zip Code)	EMAIL
533 Airport Blvd., Suite 523, Burlingame, CA 94010	adamlight@comcast.net

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	16-0022	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$258,214.27 MAG		
NATURE OF THE CONTRACT (Please describe)		
Two locations in International Terminal, Pre-s Potrero Grill and Tapas & Taps	ecurity	

Description of Amount calculated from base Minimum Annual Guarantee \$190,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

0 0	ONTRACT ARREOVAL		
8. C	8. CONTRACT 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		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

con	tract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	A&M Restaurants, LLC		Shareholder
2	Bayport Concessions, LLC		Shareholder
3	Light	Adam	Other Principal Officer
4	Romero	Miguel	Other Principal Officer
5	Placencia	Jose	Other Principal Officer
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

	CONTRACT.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		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 con	ipiete.	
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:	04.00.2024 15.52.50.77	
	04-08-2024 15:53:50 PDT	
988C8F42C3084B5 Angela Calvillo		



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: 04-05-2024 | 08:47:53 PDT

File #: 240049

Bid/RFP #: L16-0024

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SSP America, Inc.	202-321-7028
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20408 Bashan Drive, Ste. 300, Ashburn, VA 20147	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L16-0024	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$266,368.41		
NATURE OF THE CONTRACT (Please describe)		
One location in the International Terminal, prapproximately 544 Square Feet.	e-security, Boarding	Area A side,

Description of Amount calculated from base Minimum Annual Guarantee \$196,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

0 0	ONTRACT ARREOVAL		
8. C	8. CONTRACT 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		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Svagdis	Michael	CEO
2	Murphy	Patrick	Other Principal Officer
3	Mboya	George	Other Principal Officer
4	Levy	Sarah	Shareholder
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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: 988C8F42C3084B5 Angela Calvillo	04-05-2024 08:47:53 PDT



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:04-08-2024 | 16:43:56 PDT

File #: 240049

Bid/RFP #: 16-0242

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Gilly National, Inc.	305-620-8081
STREET ADDRESS (including City, State and Zip Code)	EMAIL
990 NW 166th St. Miami, FL 33169	gilda@gillyvending.com

DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 4/2/2024 DESCRIPTION OF AMOUNT OF CONTRACT Minimum Annual Guarantee \$167,640.91 NATURE OF THE CONTRACT (Please describe) Total of (21) vending spaces located at the Airport in the Domestic and International	6. CONTRACT		
4/2/2024 DESCRIPTION OF AMOUNT OF CONTRACT Minimum Annual Guarantee \$167,640.91 NATURE OF THE CONTRACT (Please describe)	DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
Minimum Annual Guarantee \$167,640.91 NATURE OF THE CONTRACT (Please describe)	4/2/2024	16-0242	240049
NATURE OF THE CONTRACT (Please describe)	DESCRIPTION OF AMOUNT OF CONTRACT		
	Minimum Annual Guarantee \$167,640.91		
Total of (21) vending spaces located at the Airport in the Domestic and International	NATURE OF THE CONTRACT (Please describe)		
Terminals, Rental Car Center and Parking Garages.			and International

Description of Amount calculated from base Minimum Annual Guarantee \$123,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

0 0	ONTRACT ARREOVAL		
8. C	8. CONTRACT 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		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Rosenberg	Gilda	CEO
2	Biegun	Amit	CF0
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17	_		
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS		
List t	List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief		
exec	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.			
	LACT NAME (ENTITY (CURCONITY ACTOR	FIRST MANAGE	TVDF

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:43:56 PDT	



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: 04-08-2024 | 16:02:41 PDT

File #: 240049

Bid/RFP #: 16-0256

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
MRG San Francisco, LLC	702-949-8785
STREET ADDRESS (including City, State and Zip Code)	EMAIL
3755 W. Sunset Road, Suite A, Las Vegas, NV 89178	dcharles@marshallretailgroup.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240049	
4/2/2024	16-0256		
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annuel Guarantee \$1,632,562.48			
NATURE OF THE CONTRACT (Please describe)			
One (1) location:			
1. District Market - Terminal 3 Boarding Area F post-security			

Description of Amount calculated from base Minimum Annual Guarantee \$1,350,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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
	THE BOARD OF A STATE AGENCT ON WHICH AN AFFORMED OF THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORM SITS

00	iact.	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Charles	David	Board of Directors		
2	McOwan	Roderick	Other Principal Officer		
3	Johnson	Gil	Shareholder		
4	Ginsberg	Rilla	Shareholder		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LACT NABAT (CNITITY (CLID CONITO A CTC)		1
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information

Select "Supplemental" for filing type.	ease 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 cor	nplete.		
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		
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:02:41 PDT		



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: 04-08-2024 | 15:57:05 PDT

File #: 240049

Bid/RFP #: L16-0309

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
San Francisco Soup Company	415-519-7687
STREET ADDRESS (including City, State and Zip Code)	EMAIL
451 6th St., San Francisco, CA 94103	steve@sfsoupco.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L16-0309	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$322,232.02 MAG		
NATURE OF THE CONTRACT (Please describe)		
One location in Terminal 3 Ladle & Leaf		

Description of Amount calculated from base Minimum Annual Guarantee \$250,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1 Sarver Steve Shareholder 2 Sarver Jennifer Shareholder 3 Chan Clayton Shareholder 4 Living Trust Michael Rubenstein Shareholder 5 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	contract.			
2 Sarver Jennifer Shareholder	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
3 Chan Clayton Shareholder 4 Living Trust Michael Rubenstein Shareholder 5 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1	Sarver	Steve	Shareholder
4 Living Trust Michael Rubenstein Shareholder 5	2	Sarver	Jennifer	Shareholder
5 6 7 8 9 10 11 12 13 14 15 16 17 18	3	Chan	Clayton	Shareholder
6	4	Living Trust	Michael Rubenstein	Shareholder
7	5			
8 9 10 11 12 13 14 15 16 17 18	6			
9 10 11 12 13 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	7			
10 11 12 13 14 15 16 17 18	8			
11 12 13 14 15 16 17 18	9			
12 13 14 15 16 17 18	10			
13 14 15 16 17 18	11			
14 15 16 17 18	12			
15 16 17 18	13			
16 17 18	14			
17 18	15			
18	16			
	17			
19	18			
	19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS		
	the names of (A) members of the contract		
	tutive officer, chief financial officer, chief of has an ownership interest of 10 percent of		
cont	•	or more in the contractor, and (2) any sa	beominactor listed in the sid of
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		
•			
	VERIFICATION		
	ve used all reasonable diligence in prepar wledge the information I have provided h		tatement and to the best of my

50				
	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.				
SIG	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRE	TARY OR DATE SIGNED)	
CLEI	DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2	024 1	.5:57:05 PDT



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: 04-08-2024 | 15:48:50 PDT

File #: 240049

Bid/RFP #: 16-0310

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Silver Dragon Cafe, LLC	510-654-8899
STREET ADDRESS (including City, State and Zip Code)	EMAIL
400 Montgomery St. Suite 910, SF CA 94104	lilly@silverdragoncafe.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1,5	
4/2/2024	16-0310	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$322,232.02			
NATURE OF THE CONTRACT (Please describe)			
Lease was originally awarded to Host International, Inc. on December 6, 2016, then assigned to Silver Dragon Cafe, LLC on December 15, 2020 by A/C Resolution 20-0258.			
Bacon Bacon - Terminal 3, Boarding Area F, Post Security.			

Description of Amount calculated from base Minimum Annual Guarantee \$250,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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

con	tract.	T	T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Mar	Lilly	Other Principal Officer
2	Hom	Albert	Shareholder
3	Chee	Wesley	Shareholder
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9.	AFFI	LIATE:	S AN	D	SUE	3CO1	ITRA	сто	PRS

	iact.	T	T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	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.	•	
knowledge the information I have provided here is true and com-	ipiete.	
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:	04 00 2024 45 40 50	
	04-08-2024 15:48:50 PDT	
Angela Calvillo		



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: 04-08-2024 | 16:47:25 PDT

File #: 240049

Bid/RFP #: 16-0311

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commision	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Gate 74, Inc.	650-755-8889
STREET ADDRESS (including City, State and Zip Code)	EMAIL
318 Westlake Center #274, Daly City CA 94015	jaechung1111@yahoo.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	16-0311	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$331,998.56		
NATURE OF THE CONTRACT (Please describe)		
Lease was originally awarded to Paradies Lagardere @ SFO, LLC. on June 13, 2017, then assigned to Gate 74, INC. on Jun 03, 2021 by A/C Resolution 21-0125.		
Proposition Chicken - Located at Terminal 3, Boarding Area F, Post Security.		

Description of Amount calculated from base Minimum Annual Guarantee \$250,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Chung	Jae	Other Principal Officer
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. AFFILIATES	AND SUBCO	ONTRACTORS
317 ti i i i i i i i i i i i i i i i i i i	71110 00000	

COTT	.i ucti		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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 con	npiete.	
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	
DocuSigned by: 988C8F42C3Q84B5 Angela Calvillo	04-08-2024 16:47:25 PDT	



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: 04-08-2024 | 17:44:19 PDT

File #: 240049

Bid/RFP #: 16-0312

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Amoura International Inc.	650-303-1172
STREET ADDRESS (including City, State and Zip Code)	EMAIL
598 Baden Ave., South San Francisco CA 94080	sam@amouracafe.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	16-0312	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$331,999		
NATURE OF THE CONTRACT (Please describe)		
Amoura Cafe - Boarding Area F post-security		

Description of Amount calculated from base Minimum Annual Guarantee \$250,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

0 0	9 CONTRACT ADDROVAL		
8. C	8. CONTRACT 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		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

3 Shihadeh Chassan Other Principal Officer 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	cont	contract.			
2 Shihadeh Romel Other Principal Officer 3 Shihadeh Ghassan Other Principal Officer 4	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
3 Shihadeh Ghassan Other Principal Officer 4	1	Shihadeh	Bassam	Other Principal Officer	
4 ————————————————————————————————————	2	Shihadeh	Romel	Other Principal Officer	
5 6 7 8 9 9 10 11 12 13 14 15 16 17 18 18	3	Shihadeh	Ghassan	Other Principal Officer	
6 6 7 8 8 9 10 9 11 10 12 11 13 14 15 16 17 18	4				
7 8 9 9 10 11 12 13 13 14 15 16 17 18	5				
8 8 9 9 10 10 11 11 12 12 13 14 15 15 16 17 18 18	6				
9	7				
10 11 11 12 13 14 15 16 17 18	8				
11 12 13 14 15 16 17 18	9				
12 13 14 15 16 17 18	10				
13 14 15 16 17 18	11				
14 15 16 17 18	12				
15 16 17 18	13				
16 17 18	14				
17 18	15				
18	16				
	17				
19	18				
	19				

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS			
exec who	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	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include ad Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.	

Select "Supplemental" for filling 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:	04-08-2024 17:44:19 PDT		
988C8F42C3084B5			
Angela Calvillo			



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: 04-08-2024 | 17:20:03 PDT

File #: 240049

Bid/RFP #: 16-0313

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

1. FILING INFORMATION		
DATE OF ORIGINAL FILING (for amendment only)		

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 Nashir		650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Bun Mee LLC	206-334-2852
STREET ADDRESS (including City, State and Zip Code)	EMAIL
95 Third Street #273, Sann Francisco, CA 94114	denise@bunmee.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	16-0313	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$331,652 MAG		
NATURE OF THE CONTRACT (Please describe)		
Bun Mee - Boarding Area F Post-security		

Description of Amount calculated from base Minimum Annual Guarantee \$250,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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 BOADD OF A CTATE ACENICY ON WHICH AN ADDOINTEE OF THE CITY ELECTIVE OFFICED (C) IDENTIFIED ON THE FORM CITC
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
#			
1	Tran	Phuong	Other Principal Officer
2	Song	Paul	Shareholder
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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 com	nplete.	
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: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:20:03 PDT	



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: 04-05-2024 | 10:36:18 PDT

File #: 240049

Bid/RFP #: 16-0315

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nishir		650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Tastes On the Fly	628-300-7185
STREET ADDRESS (including City, State and Zip Code)	EMAIL
P.O.Box 1539, San Mateo CA 94401	luke.torres@tastesonthefly.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1
4/2/2024	16-0315	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$863,196.25		
NATURE OF THE CONTRACT (Please describe)		
SF Giants Club House - Terminal 3 Boarding Are	a F, Post Security.	

Description of Amount calculated from base Minimum Annual Guarantee \$650,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

0 0	ONTRACT ARREOVAL
8. C	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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1	contract.			
2 Ames Edie CEO 3 Torres Luke CFO 4 5 6 7 8 9 10				
3 Torres Luke CFO 4 5 6 7 8 9 10	of Directors			
4 5 6 7 8 9 10				
5 6 7 8 9 10				
6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10				
7 8 9				
8 9 10				
9 10				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

		UBCONTI	

COIII	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 10:36:18 PDT	



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: 04-08-2024 | 16:34:07 PDT

File #: 240049

Bid/RFP #: L16-0316

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
HFF-BRH-SFO,LLC	415-706-8171
STREET ADDRESS (including City, State and Zip Code)	EMAIL
123 2nd Street, Sausalito, CA 94965	glenn.meyers@highflyingfoods.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	, , , , ,
4/2/2024	L16-0316	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$1,255,398.22		
NATURE OF THE CONTRACT (Please describe)		
Lease assigned from original Proposer, High Flying Foods SFO, LLC to HFF BRH SFO, LLC (A/C Resolution $17\text{-}0245$ adopted $10/3/17$) for one location approximately $3,702$ square feet of Terminal 1 , B/A C post-security.		

Description of Amount calculated from base Minimum Annual Guarantee \$1,000,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2016.

8. C	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
	THE BOARD OF A STATE AGENCT ON WHICH AN AFFORMED OF THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORM SITS

		T	T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Meyers	Glenn	Other Principal Officer
2	Meyers	Garrett	Other Principal Officer
3	Kevin	Westlye	Other Principal Officer
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

			contract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					

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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional 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	DATE SIGNED	
DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:34:07 PDT	

Select "Supplemental" for filing type.



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: 04-08-2024 | 16:31:17 PDT

File #: 240049

Bid/RFP #: 17-0207

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL 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		
HG SFO Retailers 2017,JV	201-939-5050		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
One Meadowlands Plaza East Rutherford NJ 07073	cthornton@hudsongroup.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	17-0207	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$1,777,683.27			
NATURE OF THE CONTRACT (Please describe)			
One location:			
Ingenuity by Hudson Boarding Area A post-security			

Description of Amount calculated from base Minimum Annual Guarantee \$1,540,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2017.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	Rossinyol	Xavier	CEO		
2	Gerster	Yves	CFO		
3	Johnson	Steve	Other Principal Officer		
4	Duclos	Pascal	Other Principal Officer		
5	Stewart II	Simeon R.	Other Principal Officer		
6	Jones	Rudolph Dwayne	Other Principal Officer		
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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: 04-08-2024 16:31:17 PDT 04-08-2024 16:31:17 PDT			



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: 04-08-2024 | 15:37:29 PDT

File #: 240049

Bid/RFP #: L17-0208

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Stellar Partners, Inc.	813-396-3639
STREET ADDRESS (including City, State and Zip Code)	EMAIL
12750 Citrus Park Lane, Suite 210, Tampa, FL 33625	

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		
4/2/2024	L17-0208	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$857,292.58 MAG			
NATURE OF THE CONTRACT (Please describe)			
One (1) location: The New Stand - Boarding Area A post-security			

Description of Amount calculated from base Minimum Annual Guarantee \$814,144 with adjustments yearly, as defined in 4.3 in the original lease, since 2017.

8. C	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

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Drennan	Padraig	CEO
2	DePriest	John	COO
3	Knight	Todd	Other Principal Officer
4	Schmitz	nim	Other Principal Officer
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

49					
50					
	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 ha	ve used all reasonable diligence in preparii	ng this statement.	I have reviewed this s	tatement and to the best of my	
kno	wledge the information I have provided he	ere is true and com	iplete.		
I ce	rtify under penalty of perjury under the la	ws of the State of	California that the fo	pregoing is true and correct.	
	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED				
CLERK — DocuSigned by: 04-08-2024 15:37:29 PDT			5:37:29 PDT		
	988C8F42C3084B5 Angela Calvillo				



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: 04-08-2024 | 17:09:42 PDT

1

File #: 240049

Bid/RFP #: 17-0209

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

1. FILING INFORMATION						
TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)					
	,,					
Original						
AMENDMENT DESCRIPTION – Explain reason for amendment	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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
DFS Group, L.P	310-783-6749	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
1580 Francisco Street	Martin.Matthews@dfs.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.5
4/2/2024	17-0209	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$435,606.91 MAG		
NATURE OF THE CONTRACT (Please describe)		
One (1) location: DFS Sunglasses and Watches - Boarding Area A p	ost-security	

Description of Amount calculated from base Minimum Annual Guarantee \$380,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2017.

8. C	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
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES
	Board of Supervisors
l —	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
Ш	

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	cont	contract.				
2 Tang Timothy CFO 3 Iltaf Irfan other Principal Officer 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
3 Iltaf Irfan other Principal officer 4	1	Vuchot	Benjamin	CEO		
4 ————————————————————————————————————	2	Tang	Timothy	CF0		
5 6 7 7 8 9 10 11 12 13 14 15 16 17 18 18	3	Iltaf	Irfan	Other Principal Officer		
6 7 8 9 10 11 12 13 14 15 16 17 18	4					
7 8 9 10 11 12 13 14 15 16 17 18	5					
8 9 10 11 12 13 14 15 16 17 18	6					
9	7					
10 11 12 13 14 15 16 17 18	8					
11 12 13 14 15 16 17 18	9					
12 13 14 15 16 17 18	10					
13 14 15 16 17 18	11					
14 15 16 17 18	12					
15 16 17 18	13					
16 17 18	14					
17 18	15					
18	16					
	17					
19	18					
	19					

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:09:42 PDT	



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: 04-08-2024 | 17:12:49 PDT

1

File #: 240049

Bid/RFP #: 17-0210

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Canonica New York, LLC	415-619-2580		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
611 Willshire Blvd., Suite 325, Los Angeles, CA 90017			

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1	
4/2/2024	17-0210	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$328,052.73			
NATURE OF THE CONTRACT (Please describe)			
The Chocolate Market - Boarding Area G post-se	curity		

Description of Amount calculated from base Minimum Annual Guarantee \$280,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2017.

9 CONTRACT ARREDOVAL				
8. C	8. CONTRACT 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			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Canonica	Vincent	CEO
2	Heral	Marc	CF0
3	Canonica	Sebastien	Other Principal Officer
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. AFFILIATES AND	SUBCONTRACTORS
1 :-+ + f / A	\ £ 4

COIII	iact.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	itional names. Please submit a separate	form with complete information.

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. knowledge the information I have provided here is true and con	•
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:12:49 PDT



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: 04-08-2024 | 15:39:15 PDT

1

File #: 240049

Bid/RFP #: L17-0211

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRAC	TING DEPARTMENT CONTACT	
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Stellar Partners, Inc.	813-396-3639
STREET ADDRESS (including City, State and Zip Code)	EMAIL
12750 Citrus Park Lane, Suite 210, Tampa FL 33625	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	L17-0211	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,612,942.35		
NATURE OF THE CONTRACT (Please describe)		
One (1) location: The New Stand - Boarding Area G post-security		

Description of Amount calculated from base Minimum Annual Guarantee 1,531,761 with adjustments yearly, as defined in 4.3 in the original lease, since 2017.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

	ract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Drennan	Padraig	CEO
2	DePriest	John	C00
3	Knight	Todd	Other Principal Officer
4	Schmitz	Jim	Other Principal Officer
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

П	Check this box if you need to include additional names. Plant 18 18 18 18 18 18 18 18 18 18 18 18 18	ease submit a separate form with complete information.
	Select "Supplemental" for filing type.	
10.	VERIFICATION	
kno	eve used all reasonable diligence in preparing this statement owledge the information I have provided here is true and co extrify under penalty of perjury under the laws of the State of	mplete.
		ounionia that the foregoing is true and correct.
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
SIGI		1



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:⁰⁴⁻⁰⁵⁻²⁰²⁴ | 08:53:15 PDT

1

File #: 240049

Bid/RFP #: L17-0238

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SSP America, Inc.	202-321-7028
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20408 Bashan Drive, Suite 300, Ashburn, VA 20147	

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	L17-0238	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee: \$619,020.11			
NATURE OF THE CONTRACT (Please describe)			
Two locations:			
1) Approximately 700 in the SFO's Consolidated Administrative Campus on West Field Road.			
2) Approximately 3,241 square feet, post-security, International Terminal Boarding Area A.			
Email: patrick.murray@foodtravelexperts.com			

Description of Amount calculated from base Minimum Annual Guarantee \$495,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2017.

8. 0	8. CONTRACT APPROVAL				
This	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				
	Board of Supervisors				
l —	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS				

	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Svagdis	Michael	CEO		
2	Murray	Patrick	Other Principal Officer		
3	Mboya	George	Other Principal Officer		
4	Levy	Sarah	Shareholder		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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		
CLERKDocuSigned by:			
Age Cadialo	04-05-2024 08:53:15 PDT		
988C8F42C3084B5			
Angela Calvillo			



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: 04-08-2024 | 17:36:10 PDT

File #: 240049

Bid/RFP #: 17-0239

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Andre-Boudin Bakeries, Inc.	415-287-1708
STREET ADDRESS (including City, State and Zip Code)	EMAIL
50 Francisco Street #200, San Francisco, CA 94133	gdebrosse@boudinbakery.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	17-0239	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$361,217 MAG		
NATURE OF THE CONTRACT (Please describe)		
Boudin Bakery - Boarding Area A post-security		

Description of Amount calculated from base Minimum Annual Guarantee \$330,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2017.

8. C	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

1	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1			
_	Duvall	Sharon	CEO
2	DeBrosse	Gayle	C00
3	Dozier	William	Other Principal Officer
4	GESD Investors LP		Shareholder
5	GESD Investors II, LP		Shareholder
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

	===			
9. AFFI	LIATES	AND SU	BCONT	TRACTORS

	CONTRACT.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	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		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:36:10 PDT	



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: 04-08-2024 | 17:26:47 PDT

File #: 240049

Bid/RFP #: 17-0254

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR				
NAME OF CONTRACTOR	TELEPHONE NUMBER			
Black Point Coffee SFO, LLC	703-501-4800			
STREET ADDRESS (including City, State and Zip Code)	EMAIL			
10726 Falls Pointe Drive, Great Falls, Virginia 22066	rita@guavaandjava.com			

10720 Tatts Fornite Drive, Great Tatts, Vilginia 22000		i i caeguavaanajava. com				
CONTRACT						
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL RID/R	RED NIIMRED	FILE NUMBER (If applicable)			
			240049			
4/2/2024	17-0254					
DESCRIPTION OF AMOUNT OF CONTRACT						
Minimum Annual Guarantee \$165,000						
NATURE OF THE CONTRACT (Please describe)						
Black Point Cafe - Boarding Area A post-security						
L						
7. COMMENTS						
Description of Amount as defined in the origin	al lease.					
8. CONTRACT APPROVAL This contract was approved by:						
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 BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS					

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.

COTT	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Bhasker	Nanditta	Other Principal Officer	
2	Issa	Irma	Other Principal Officer	
3	Sterling	David	Other Principal Officer	
4	Issa	Gerges	Other Principal Officer	
5	Guava & Java SFO Inc		Shareholder	
6	Marinas Cafe Inc		Shareholder	
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES AND SUBCONTRACTORS		
exec	the names of (A) members of the contract autive officer, chief financial officer, chief of has an ownership interest of 10 percent of ract.	operating officer, or other persons with s	imilar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.
10.	10. VERIFICATION		
	have used all reasonable diligense in preparing this statement. I have reviewed this statement and to the host of my		

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 con	nplete.	
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		
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:26:47 PDT	



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:⁰⁴⁻⁰⁸⁻²⁰²⁴ | 17:23:19 PDT

1

File #: 240049

Bid/RFP #: 18-0071

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Brookstone SFO T-2, LLC	201-939-5050	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
One Meadowland Plaza East Rutherford NJ 07073	cthornton@hudsongroup.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	18-0071	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$363,359		
NATURE OF THE CONTRACT (Please describe)		
One location:		
Brookstone Boarding Area D post-security		
7. COMMENTS		

Description of Amount calculated from base Minimum Annual Guarantee \$325,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

0 0	ONTRACT ARREOVAL
8. C	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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

1	AST NAME/ENTITY/SUBCONTRACTOR Rossinyol Gerster Johnson	Xavier Yves	TYPE CEO CFO
2	Gerster	Yves	
			CF0
3	Johnson		
		Steve	Other Principal Officer
4	Duclos	Pascal	Other Principal Officer
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

Select "Supplemental" for filing type.	ase submit a separate form with complete information.
10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. knowledge the information I have provided here is true and com I certify under penalty of perjury under the laws of the State of	nplete.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
DocuSigned by:	04-08-2024 17:23:19 PDT



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: 04-08-2024 | 17:16:44 PDT

File #: 240049

Bid/RFP #: 18-0073

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Canonica New York, LLC	415-619-2580
STREET ADDRESS (including City, State and Zip Code)	EMAIL
611 Willshire Blvd., Suite 325, Los Angeles, CA 90017	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	18-0073	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$257,726.74		
NATURE OF THE CONTRACT (Please describe)		
One location:		
The Chocolate Market (T2) Boarding Area D post	-security	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$225,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLINE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNASTIO

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1	cont	contract.					
2 Heral Marc CFO 3 Canonica Sebastien Other Principal Officer 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
3 Canonica Sebastien Other Principal Officer 4	1	Canonica	Vincent	CEO			
4 4 5 6 7 7 8 9 10 11 11 12 13 14 15 16 17 18	2	Heral	Marc	CF0			
5 6 7 8 9 10 11 12 13 14 15 16 17 18	3	Canonica	Sebastien	Other Principal Officer			
6 7 8 9 10 11 12 13 14 15 16 17 18	4						
7 8 9 10 11 12 13 14 15 16 17 18	5						
8 9 10 11 12 13 14 15 16 17 18	6						
9 10 11 12 13 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	7						
10 11 12 13 14 15 16 17 18	8						
11 12 13 14 15 16 17 18	9						
12 13 14 15 16 17 18	10						
13 14 15 16 17 18	11						
14 15 16 17 18	12						
15 16 17 18	13						
16 17 18	14						
17 18	15						
18	16						
	17						
19	18						
	19						

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

50			
	Check this box if you need to include additional names. Ple Select "Supplemental" for filing type.	ease submit a separate	form with complete information.
10.	VERIFICATION		
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this s	tatement and to the best of my
kno	owledge the information I have provided here is true and co	mplete.	
I ce	rtify under penalty of perjury under the laws of the State of	of California that the fo	regoing is true and correct.
			.0. 0
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
SIGI		1	
	n/	1	
	RKDocuSigned by:	DATE SIGNED	
	RKDocuSigned by:	DATE SIGNED	
	RKDocuSigned by:	DATE SIGNED	
	RKDocuSigned by:	DATE SIGNED	
	RKDocuSigned by:	DATE SIGNED	



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: 04-05-2024 | 08:51:35 PDT

File #: 240049

Bid/RFP #: L18-0074

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT DEPARTMENT CONTACT TELEPHON		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
Air	Air	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SSP America, Inc.	202-321-7028
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20408 Bashan Drive, Suite 300, Ashburn, VA 20174	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	L18-0074	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$306,089.88		
NATURE OF THE CONTRACT (Please describe)		
One location in Terminal 2, post-security, Boarding Area D, approximately 1,597 square feet.		
Email: patrick.murray@foodtravelexperts.com		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$250,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLINE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNASTIO

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.

	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Svagdis	Michael	CEO		
2	Murray	Patrick	Other Principal Officer		
3	Mboya	George	Other Principal Officer		
4	Levy	Sarah	Shareholder		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

Check this box if you need to include addit Select "Supplemental" for filing type.	ional names. Pl	ease submit a separate	form with complete information.
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.			
IATURE OF CITY ELECTIVE OFFICER OR BOARD S	ECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo		04-05-2024 0	8:51:35 PDT
		1	
	Select "Supplemental" for filing type. VERIFICATION ve used all reasonable diligence in preparing whedge the information I have provided here retify under penalty of perjury under the law IATURE OF CITY ELECTIVE OFFICER OR BOARD SERK Docusigned by:	VERIFICATION ve used all reasonable diligence in preparing this statement whedge the information I have provided here is true and contify under penalty of perjury under the laws of the State of IATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RICE COLUMNIC CONTROL OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CITY ELECTIV	VERIFICATION ve used all reasonable diligence in preparing this statement. I have reviewed this s wledge the information I have provided here is true and complete. rtify under penalty of perjury under the laws of the State of California that the formation I have provided here is true and complete. RATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR Docusigned by:



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:04-08-2024 | 15:36:00 PDT

1

File #: 240049

Bid/RFP #: 18-0175

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Swyft, Inc	415-370-6600
STREET ADDRESS (including City, State and Zip Code)	EMAIL
140 Geary St. Floor 7, SF CA 94108	gower.smith@swyft.com

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1,7	
4/2/2024	18-0175	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$168,959.06			
NATURE OF THE CONTRACT (Please describe)			
Lease was originally awarded to NEWZOOM, LLC on June 5, 2018, then assigned to Swyft, Inc. on June 4, 2021 by A/C Resolution No. 21-0135.			
Swyft currently has 13 vending spaces located at San Francisco International Airport at Boarding Area(s) A, B, D, D, E, F and G.			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$150,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1 Smith Gower CEO 2 Carpenter Mike CFO 3 Benson Ian Other Principal 4 Kisser Lynn Other Principal 5 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	contract.			
2 Carpenter Mike CFO 3 Benson Ian Other Principa 4 Kisser Lynn Other Principa 5 6 7 8 9 10 11 12 12 13				
3 Benson Ian Other Princips 4 Kisser Lynn Other Princips 5 6 7 8 9 9 10 11 12 13 13				
4 Kisser Lynn Other Princips 5 6 7 8 9 10 11 12 13				
5 6 7 8 9 10 11 12 13	officer			
6	ol Officer			
7 8 9 10 11 12 13				
8 9 10 11 12 13				
9				
10 11 12 13				
11 12 13				
12 13				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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**

04-08-2024 | 15:36:00 PDT

CLERK

DocuSigned by:

988C8F42C3084B5 Angela Calvillo

a caciado



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:04-08-2024 | 16:10:38 PDT

File #: 240049

Bid/RFP #: 18-0203

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	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		
InMotion SFO, LLC	702-949-8777		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
3755 W.Sunset Road,Suite A, Las Vegas, NV 89118			

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1
4/2/2024	18-0203	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$456,189.49		
NATURE OF THE CONTRACT (Please describe)		
One (1) location: 1. I-Store - Harvey Milk Terminal 1 Boarding A	rea B post-security	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$405,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLINE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNASTIO

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	McOwan	Roderick	Other Principal Officer
2	El Assad	Ziad	Other Principal Officer
3	Kern	Kevin	Other Principal Officer
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES AND SUBCONTRACTORS				
exec who	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		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
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					

	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 ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
kno	wledge the information I have provided here is true and cor	mplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIG	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLE	DocuSigned by:	04-08-2024 16:10:38 PDT	
	Angela Calvillo		



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: 04-05-2024 | 09:11:19 PDT

File #: 240049

Bid/RFP #: L18-0204

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Paradies Lagardere @ SFO 2018, dba Mills Cargo	404-344-7905
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2849 Paces Ferry Road, 4th Floor, Atlanta, GA 30339	gregg.paradies@paradies-na.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L18-0204	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$788,475.62 MAG		
NATURE OF THE CONTRACT (Please describe)		
One (1) location: Mills Cargo - Boarding Area B post-security		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$700,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLINE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNASTIO

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Paradies	Gregg	CEO	
2	Mungai	Njambi	Other Principal Officer	
3	Harland	Nikki	C00	
4	Jamison	John	CF0	
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 en

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.

con	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			
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:		04_05_2024 00·11·10 ppT		

988C8F42C3084B5 Angela Calvillo



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:04-08-2024 | 17:00:58 PDT

File #: 240049

Bid/RFP #: 18-0205

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		415-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
L'Occitane Airport Venture, LLC	917-605-0815
STREET ADDRESS (including City, State and Zip Code)	EMAIL
111 West 33rd St, 20th floor, New York, NY 10120	paul.blackburn@loccitane.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	18-0205	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$149,337.30		
NATURE OF THE CONTRACT (Please describe)		
L'Occitane - Terminal 1, Boarding Area B, Post	Security.	
i e e e e e e e e e e e e e e e e e e e		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$135,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Blackburn	Paul	Other Principal Officer
2	L'Occitane, Inc.		Shareholder
3	Corliss Stone-Littles LLC		Shareholder
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information

Select "Supplemental" for filing type.	ase 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 con	•
	inpicte.
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
CLERKDocuSigned by:	
CAGUAGO	04-08-2024 17:00:58 PDT
988C8F42C3084B5 Angela Calvillo	
Angela Calvillo	
	<u>l</u>



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: 04-05-2024 | 09:22:09 PDT

1

File #: 240049

Bid/RFP #: L18-0206

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR				
NAME OF CONTRACTOR	TELEPHONE NUMBER			
The Marshall Retail Group	702-949-8787			
STREET ADDRESS (including City, State and Zip Code)	EMAIL			
3755 W. Sunset Road, Suite A, Las Vegas, NV 89118				

3755 W. Sunset Road, Suite A, Las Vegas, N	v 89118		
C CONTRACT			
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICE	R(S) ORIGINAL BID	/REP NUMBER	FILE NUMBER (If applicable)
		MIT HOMBER	240049
4/2/2024	L18-0206		
DESCRIPTION OF AMOUNT OF CONTRACT			
\$440,000 MAG			
NATURE OF THE CONTRACT (Please describe)			
Two (2) locations: 1. DepARTures - Boarding Area B post-secur 2. 7X7 - Boarding Area B pre-security	ity		
7. COMMENTS		_	
Description of Amount as defined in the or	iginal lease.		
O CONTRACT ADDROVAL			
8. CONTRACT APPROVAL This contract was approved by:			
THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVE			
Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTE	EE OF THE CITY ELECTI	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS

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.

COM	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ			
1	Keir	Тоbу	CEO			
2	Ginsberg	Rilla	Other Principal Officer			
3	Rodriguez	Desiree	Other Principal Officer			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES AND SUBCONTRACTORS		
exec who	the names of (A) members of the contract cutive officer, chief financial officer, chief o has an ownership interest of 10 percent o ract.	perating officer, or other persons with s	similar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME		ТҮРЕ
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include ac Select "Supplemental" for filing type.	dditional names. Ple	ease submit a separate	form with complete information.
	VERIFICATION	ring this statement	Lhave reviewed this	statement and to the best of my
	ive used all reasonable diligence in prepa owledge the information I have provided			statement and to the best of my
l ce	rtify under penalty of perjury under the	laws of the State o	of California that the f	oregoing is true and correct.
	NATURE OF CITY ELECTIVE OFFICER OR BOAF	RD SECRETARY OR	DATE SIGNED	
CLE	RKDocuSigned by:			
	de Cachialo		04-05-2024	09:22:09 PDT

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: 988C8F42C3084B5 Angela Calvillo	04-05-2024 09:22:09 PDT	



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: 04-08-2024 | 15:58:37 PDT

File #: 240049

Bid/RFP #: 18-0207

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
RAKH, Inc.	408-410-1084
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2506 Blairgowery Court, Gilroy,СА 95020	alirakh@gmail.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.5
4/2/2024	18-0207	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$138,108.80		
NATURE OF THE CONTRACT (Please describe)		
One (1) location:		
1. NYS Collection Eyewear - Harvey Milk Terminal 1 Boarding Area B post-security		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$126,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

0 0	ONTRACT ARREOVAL
8. C	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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	rakhshanifar	Ali	Board of Directors
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 15:58:37 PDT	



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: 04-08-2024 | 15:45:17 PDT

1

File #: 240049

Bid/RFP #: L18-0208

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Skyline Concessions, Inc.	650-743-6199	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
746 Laurel Ave, Burlingame, CA 94010	manuel.iv.skyline@gmail.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L18-0208	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$247,806.62 MAG		
NATURE OF THE CONTRACT (Please describe)		
One (1) location: Skyline News and Gifts - Boarding Area B post-	security	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$220,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

0 0	ONTRACT ARREOVAL
8. C	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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

1	LAST NAME/ENTITY/SUBCONTRACTOR Soto IV	FIRST NAME	ТҮРЕ
1	Soto TV		
	50t0 1v	Manuel	CEO
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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.			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	ditional names. Please submit a separate	form with complete information.

	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.			n.
10.	VERIFICATION			
I ha	ve used all reasonable diligence in preparing this statemen	. I have reviewed this s	tatement and to the best of my	
knowledge the information I have provided here is true and complete.			,	
	knowledge the information i have provided here is true and complete.			
KIIO	The age the mile matter in the promata here is that and of	•		
	rtify under penalty of perjury under the laws of the State	of California that the fo	regoing is true and correct.	
l ce		of California that the fo	regoing is true and correct.	
l ce	rtify under penalty of perjury under the laws of the State	1	regoing is true and correct.	
I ce SIGI	rtify under penalty of perjury under the laws of the State	1		
I ce SIGI	rtify under penalty of perjury under the laws of the State	DATE SIGNED		
I ce SIGI	rtify under penalty of perjury under the laws of the State NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK Docusigned by:	DATE SIGNED		
I ce SIGI	rtify under penalty of perjury under the laws of the State	DATE SIGNED		
I ce SIGI	rtify under penalty of perjury under the laws of the State NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK Docusigned by:	DATE SIGNED		



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: 04-08-2024 | 17:21:41 PDT

File #: 240049

Bid/RFP #: 18-0209

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. 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
Bun Mee LLC	18-0209
STREET ADDRESS (including City, State and Zip Code)	EMAIL
95 Third Street #273, San Francisco, CA 94114	denise@bunmee.co

)
049
-s
·s

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
#			
1	Tran	Phuong	Other Principal Officer
2	Song	Paul	Shareholder
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS		
exec who	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	ТУРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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 con	nplete.	
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: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:21:41 PDT	



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: 04-05-2024 | 08:54:49 PDT

File #: 240049

Bid/RFP #: L18-0210

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	lashir	650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
Air	SFO Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SSP America, Inc.	202-321-7028
STREET ADDRESS (including City, State and Zip Code)	EMAIL
20408 Bashan Drive, Suite 300, Ashburn, VA 20147	

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	L18-0210	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$439,088.45			
NATURE OF THE CONTRACT (Please describe)			
One location in the Harvey Milk Terminal 1, po 1163 square feet. Email: patrick.murray@foodtravelexperts.com	st-security, Boarding	Area B, approximately	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$365,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	Svagdis	Michael	CEO	
2	Murray	Patrick	Other Principal Officer	
3	Mboya	George	Other Principal Officer	
4	Levy	Sarah	Shareholder	
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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 o	f California that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-05-2024 08:54:49 PDT	



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: 04-08-2024 | 17:42:44 PDT

File #: 240049

Bid/RFP #: 18-0211

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Amy's Kitchen Restaurant Operating Group, LLC	707-206-5597		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
1650 Corporate Circle, Suite 100, Petaluma, CA 94954	paul.schiefer@amys.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		
4/2/2024	18-0211	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$571,416.48 MAG			
NATURE OF THE CONTRACT (Please describe)			
One location in Harvey Milk Terminal 1 Amy's Drive Thru			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$475,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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

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.

con	ract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Irrevocable Trust	The Berliner	Shareholder
2	Kopral	Andrew	Other Principal Officer
3	Resch	Michael	Other Principal Officer
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:42:44 PDT	



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: 04-08-2024 | 16:01:16 PDT

File #: 240049

Bid/RFP #: L18-0212

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Paradies Lagardere @ SFO 2018 (F&B), LLC	404-349-3226	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
2849 Paces Ferry Road, 4th Fl., Atlanta, GA 30339	gregg.paradies@paradies-na.com	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	L18-0212	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$721,789.24		
NATURE OF THE CONTRACT (Please describe)		
One location located in Terminal 1, post-secur	rity, B/A B, approxima	tely 2,944 square feet.

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$600,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

cont	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	The Paradies Shops, LLC		Shareholder		
2	JR Lester & Associates		Shareholder		
3	Marilla Chocolate Co., Inc		Shareholder		
4	Derreck Johnson		Shareholder		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
-					

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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.			
ATE SIGNED			
04-08-2024 16:01:16 PDT			
e al			



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: 04-05-2024 | 09:25:58 PDT

File #: 240049

Bid/RFP #: 18-0213

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Tastes On The Fly	628-300-7185		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
P.O.Box 1539, San Mateo, CA 94401	luke.torres@tastesonthefly.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		
4/2/2024	18-0213	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$372,924.44			
NATURE OF THE CONTRACT (Please describe)			
Starbird - Located in Terminal 1, Boarding Are	a B, Post Security.		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$310,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

9 CONTRACT ARREDOVAL				
8. C	8. CONTRACT 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			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

# LAST NAME/ENTITY/SUBCONTRACTOR FIRST NAME TYPE 1	contract.				
2 Ames Edie CEO 3 Torres Luke CFO 4 5 6 7 8 9 10					
3 Torres Luke CFO 4 5 6 7 8 9 10	of Directors				
4 5 6 7 8 9 10					
5 6 7 8 9 10					
6 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10					
7 8 9					
8 9 10					
9 10					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

49

50

DocuSign Envelope ID: 98206FAD-9AF1-4E4C-AAA9-A41D6D780D34 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 39 40 41 42 43 44 45 46 47 48

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:			
	04-05-2024 09:25:58 PDT		
988C8F42C3084B5 Angela Calvillo			

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.



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: 04-08-2024 | 15:40:49 PDT

File #: 240049

Bid/RFP #: L18-0214

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Soaring Food Group, LLC	510-710-1914
STREET ADDRESS (including City, State and Zip Code)	EMAIL
833 Oxford St., Berkeley, CA 94707	jcook@soaringfood.com

833 Oxford St., Berkeley, CA 94707		jcook@soaringfood.com	
C. CONTRACT			
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/R	FP NUMBER	FILE NUMBER (If applicable)
4/2/2024	L18-0214	ar Howber	240049
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$385,000			
NATURE OF THE CONTRACT (Please describe)			
One location in Terminal 1, post-security, B/A	. В, approxim	ately 781	square feet.
7. COMMENTS Description of Amount as defined in the origin	al lease.		
8. CONTRACT 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) II	DENTIFIED ON THIS FORM SITS
<u>l</u>			

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
1	Joseph G. Cook		Other Principal Officer	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50		3	-
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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. knowledge the information I have provided here is true and con I certify under penalty of perjury under the laws of the State or	nplete.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 15:40:49 PDT	



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: 04-08-2024 | 16:05:35 PDT

1

File #: 240049

Bid/RFP #: L18-0215

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Lady Luck Gourmet, LLC	909-973-8862
STREET ADDRESS (including City, State and Zip Code)	EMAIL
2268 Westborough Blvd., Ste 306, SSF, CA 94080	iva@ladyluckgourmet.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	L18-0215	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
Minimum Annual Guarantee \$276,474.05		
NATURE OF THE CONTRACT (Please describe)		
One location located in Terminal 1, post-secu feet.	rity, Boarding Area B,	approximately 724 square

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$240,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

0 0	ONTRACT ARREOVAL
8. C	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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Go	Marina	Other Principal Officer		
2	Yuzon	Cherimel	Other Principal Officer		
3	Chiu	Michelle	Other Principal Officer		
4	Go	Ethel	Other Principal Officer		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

COIII	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				

9. AFFILIATES A	ND	SUBCONTRA	ACTORS

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	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 con	nplete.	
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	
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:05:35 PDT	



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: 04-08-2024 | 15:52:11 PDT

File #: 240049

Bid/RFP #: 18-0216

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
SF Foodways, LLC	650-280-1812
STREET ADDRESS (including City, State and Zip Code)	EMAIL
533 Airport Blvd., Suite 523, Burlingame, CA 94010	adamlight@comcast.net

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
4/2/2024	18-0216	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$708,862.63 MAG		
NATURE OF THE CONTRACT (Please describe)		
One location in Harvey Milk Terminal 1 Flyaway by Drake's Brewing		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$620,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

0 0	ONTRACT ARREOVAL		
8. C	8. CONTRACT 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		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	A&M Restaurants, LLC		Shareholder
2	Bayport Concessions, LLC		Shareholder
3	McEnergy	Tom	Shareholder
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 40 41 42 43 44

	Select "Supplemental" for filing type.		
10.	10. VERIFICATION		
I ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
kno	knowledge the information I have provided here is true and complete.		
I ce	rtify under penalty of perjury under the laws of the State o	of California that the foregoing is true and correct.	
	rtify under penalty of perjury under the laws of the State on NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	of California that the foregoing is true and correct. DATE SIGNED	
	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR		
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	-	
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	

Check this box if you need to include additional names. Please submit a separate form with complete information.



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: 04-08-2024 | 16:16:59 PDT

1

File #: 240049

Bid/RFP #: 18-0217

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Host International, Inc.	240-694-4464		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
6905 Rockledge Dr., Bethesda, MD 20817	amy.dunne@hmshost.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		
4/2/2024	18-0217	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
\$529,104.62 MAG			
NATURE OF THE CONTRACT (Please describe)			
One location in Harvey Milk Terminal 1 Bistrot Bay Area			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$475,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	HMSHost Corporation		Shareholder	
2	Mamalian	Paul	Other Principal Officer	
3	Stentz	Jon	Other Principal Officer	
4	Ratych	Mark	Other Principal Officer	
5	Poersch	Jeffrey	Other Principal Officer	
6	Soaring Food Group, LLC		Other Principal Officer	
7	WSE Group, Inc.		Other Principal Officer	
8	Investments, Inc.	Stewart Manhattan	Other Principal Officer	
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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. knowledge the information I have provided here is true and con I certify under penalty of perjury under the laws of the State or	nplete.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED		
DocuSigned by:	04-08-2024 16:16:59 PDT		



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:04-08-2024 | 16:07:51 PDT

File #: 240049

Bid/RFP #: 18-0231

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
InMotion SFO-IT, LLC	702-949-8777
STREET ADDRESS (including City, State and Zip Code)	EMAIL
3755 W.Sunset Road, Suite A, Las Vegas,NV 89118	mcowan@marshallretailgroup.com

6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)		
4/2/2024	18-0231	240049		
DESCRIPTION OF AMOUNT OF CONTRACT				
Minimum Annual Guarantee \$378,300.31				
NATURE OF THE CONTRACT (Please describe)				
One (1) location:				
1. InMotion Entertainment - International Term	inal Boarding Area A	post-security		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$340,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

9 CONTRACT ARREDOVAL				
8. C	8. CONTRACT APPROVAL			
This	This contract was approved by:			
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM			
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES			
ш	Board of Supervisors			
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS			
1				

com	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ		
1	McOwan	Roderick	Other Principal Officer		
2	El Assad	Ziad	Other Principal Officer		
3	Kern	Kevin	Other Principal Officer		
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

47

48

49

50

DocuSign Envelope ID: 100327A4-AFD9-4A74-86B8-7E305EDF110C 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 39 40 41 42 43 44 45 46

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 cor	nplete.		
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			
CLERKDocuSigned by:			
A CACIALO	04-08-2024 16:07:51 PDT		
(
Angela Calvillo			

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.



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: 04-08-2024 | 16:09:06 PDT

1

File #: 240049

Bid/RFP #: 18-0232

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
InMotion SFO-T3, LLC	702-949-8777	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
3755 W.Sunset Road, Suite A, Las Vegas, NV 89118	rmcowan@marshallretailgroup.com	

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	18-0232	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$232,406.05			
NATURE OF THE CONTRACT (Please describe)			
One (1) location:			
1. SoundBalance - Terminal 3 Boarding Area F post-security			
7. COMMENTS			

Description of Amount calculated from base Minimum Annual Guarantee with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	8. CONTRACT APPROVAL		
This	contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
K	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		

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
1	McCowan	Roderick	Other Principal Officer	
2	El Assad	Ziad	Other Principal Officer	
3	Kern	Kevin	Other Principal Officer	
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ	
39				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	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				
Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:09:06 PDT				



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:04-08-2024 | 17:51:49 PDT

1

File #: 240049

Bid/RFP #: 18-0233

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT			
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER	
Cheryl Nashir		650-821-4500	
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL	
AIR	Airport Commission	Cheryl.Nashir@flysfo.com	

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Air Sun JV	817-421-6399		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
8180 Precinct Line Road,Ste 150, Colleyville,TX 76034	corliss@sclllc.biz		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		
4/2/2024	18-0233	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$66,758.88			
NATURE OF THE CONTRACT (Please describe)			
One (1) location:			
1. Sunglass Hut - Terminal 3 Boarding Area E post-security			

		-	_	
7/	W	WI	ш	ITS
	N 4 I	N/A	-	112

Description of Amount calculated from base Minimum Annual Guarantee \$60,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNY STO

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Stone-Littles	Corliss	Other Principal Officer
2	Delli Santi	Luca	Other Principal Officer
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES AND SUBCONTRACTORS				
List to	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		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.				
	. 1				
10_	VERIFICATION				
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my				
	,				

50				
	Check this box if you need to include additional nam Select "Supplemental" for filing type.	es. 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.				
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY	OR DATE SIGNED		
CLERK — DocuSigned by: 04-08-2024 17:51:49 PDT 988C8F42C308485 Angela Calvillo				
		,		



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: 04-08-2024 | 17:15:04 PDT

File #: 240049

Bid/RFP #: 18-0284

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Canonica New York, LLC	415-619-2580
STREET ADDRESS (including City, State and Zip Code)	EMAIL
611 Willshire Blvd., Suite 325, Los Angeles, CA 90017	

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.5
4/2/2024	18-0284	240049
DESCRIPTION OF AMOUNT OF CONTRACT		•
Minimum Annual Guarantee \$112,639.37		
NATURE OF THE CONTRACT (Please describe)		
One location:		
The Chocolate Market Candy Kiosk Boarding Area E post-security		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$100,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

0 0	9 CONTRACT ARREOVAL		
8. C	8. CONTRACT 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		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Canonica	Vincent	CE0
2	Heral	Marc	CF0
3	Canonica	Sebastien	Other Principal Officer
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. AFFILIATES AND SUBCONTRACTO	RS
--------------------------------	----

COTT	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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	DATE SIGNED	
CLERK DocuSigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 17:15:04 PDT	



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:⁰⁴⁻⁰⁸⁻²⁰²⁴ | 17:47:48 PDT

File #: 240049

Bid/RFP #: 18-0345

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Air Sun JV	817-421-6399
STREET ADDRESS (including City, State and Zip Code)	EMAIL
8180 Precinct Line Road,Ste 150, Colleyville, TX 76034	corliss@sclllc.biz

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	18-0345	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$139,081.00			
NATURE OF THE CONTRACT (Please describe)			
One (1) location:			
Sunglass Hut - Terminal 2 Boarding Area D post-security			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$125,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

8. C	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

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.

COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Stone-Littles	Corliss	Other Principal Officer		
2	Delli Santi	Luca	Other Principal Officer		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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. knowledge the information I have provided here is true and con I certify under penalty of perjury under the laws of the State or	nplete.		
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED			
CLERK DocuSigned by: 04-08-2024 17:47:48 PDT Angela Calvillo			



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: 04-08-2024 | 16:54:08 PDT

1

File #: 240049

Bid/RFP #: 18-0346

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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

5. CONTRACTOR	
NAME OF CONTRACTOR	TELEPHONE NUMBER
Elevate Gourmet Brands, Inc. and Aimhigh ESG, LLC	415-515-2303
STREET ADDRESS (including City, State and Zip Code)	EMAIL
4300 Redwood Hwy. #100, San Rafael, CA 94903	brian@elevategourmetbrands.com

,,,		
CONTRACT		
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
		240049
4/2/2024	18-0346	
DESCRIPTION OF AMOUNT OF CONTRACT	1	1
\$375,000 MAG		
NATURE OF THE CONTRACT (Please describe)		
Two locations:		
1) Green Beans Coffee - Boarding Area F - pos 2) Mac-n-Cheese Kitchen - Boarding Area F - p		open)
7. COMMENTS		
Description of Amount as defined in the origin	al lease.	
8. CONTRACT 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)	DENTIFIED ON THIS FORM SITS
\square		

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIDCT NAME	
		FIRST NAME	ТҮРЕ
1	Araghi	Jason	Other Principal Officer
2	Glenn	Ebon	Other Principal Officer
3	Laliberte	Brian	Other Principal Officer
4	Aimhigh EGS, LLC		Shareholder
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	FFILIATES 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
39			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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	DATE SIGNED	
CLERK Docusigned by: App CadicAla 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:54:08 PDT	



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: 04-08-2024 | 16:32:41 PDT

File #: 240049

Bid/RFP #: 18-0367

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
HG SFO Retailers 2017, JV	201-939-5050	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
One Meadowlands Plaza East Rutherford NJ 07073	cthornton@hudsongroup.com	

one Meadowlands Plaza East RutherFord NJ 07073		Cthornton@nuasongroup.com	
6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/	RFP NUMBER	FILE NUMBER (If applicable) 240049
4/2/2024	18-0367		
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee - \$1,800,000			
NATURE OF THE CONTRACT (Please describe)			
One location:			
49 Mile Market Boarding Area C post-security			
7. COMMENTS			
Description of Amount defined in the original lease.			
8. CONTRACT 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 DOADS OF A STATE ASSESSED ON A STATE ASSESSED.	THE OITY E- 50	/F OFFICED(S) ::	DENTIFIED ON THE CORE CITE
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	IME CITY ELECTIV	E OFFICER(S) I	DEMITHED ON THIS FORM 2112

contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Rossinyol	Xavier	CEO
2	Gerster	Yves	CFO
3	Johnson	Steve	Other Principal Officer
4	Duclos	Pascal	Other Principal Officer
5	Stewart II	Simeon R.	Other Principal Officer
6	Jones	Rudolph Dwayne	Other Principal Officer
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

COTT	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
	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 con	nplete.	
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	
Docusigned by:	04-08-2024 16:32:41 PDT	



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: 04-05-2024 | 09:20:50 PDT

File #: 240049

Bid/RFP #: L18-0368

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
The Marshall Retail Group, LLC	702-949-8787		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
3755 W. Sunset Road, Suite A, Las Vegas, NV 89118			

DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 4/2/2024 DESCRIPTION OF AMOUNT OF CONTRACT \$663,721.34 MAG NATURE OF THE CONTRACT (Please describe) One (1) location: The Scoon - Boarding Area C post-security	6. CONTRACT		
4/2/2024 DESCRIPTION OF AMOUNT OF CONTRACT \$663,721.34 MAG NATURE OF THE CONTRACT (Please describe) One (1) location:	DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
\$663,721.34 MAG NATURE OF THE CONTRACT (Please describe) One (1) location:	4/2/2024	L18-0368	240049
NATURE OF THE CONTRACT (Please describe) One (1) location:	DESCRIPTION OF AMOUNT OF CONTRACT		
One (1) location:	\$663,721.34 MAG		
	NATURE OF THE CONTRACT (Please describe)		
The secop Boar army / wear or post seeds for	One (1) location: The Scoop - Boarding Area C post-security		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$600,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

0 0	ONTRACT ARREOVAL
8. C	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
ш	Board of Supervisors
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS
1	

con	tract.		T
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	кеіг	Тоbу	CEO
2	Ginsberg	Rilla	Other Principal Officer
3	Rodriguez	Desiree	Other Principal Officer
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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		
DocuSigned by:	04-05-2024 09:20:50 PDT		



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: 04-08-2024 | 16:49:05 PDT

1

File #: 240049

Bid/RFP #: 18-0395

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	ARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTM	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Emporio Rulli, Inc	415-720-1416		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
464 Magnolia Street, Larkspur, CA 94939	gary@rulli.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)	
4/2/2024	18-0395	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$160,036			
NATURE OF THE CONTRACT (Please describe)			
One (1) location:			
1. G.R. Chocolates - Harvey Milk Terminal 1 Boarding Area B post-security			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$150,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2018.

9 CONTRACT APPROVAL			
8. CONTRACT APPROVAL			
This	This contract was approved by:		
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM		
	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES		
ш	Board of Supervisors		
	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS		
1			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Rulli	Gary	Other Principal Officer
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

	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 ha	ve used all reasonable diligence in preparing this statement	. I have reviewed this statement and to the best of my	
kno	wledge the information I have provided here is true and cor	nplete.	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
SIG	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLE	RKDocuSigned by:		
	A CACIADO	04-08-2024 16:49:05 PDT	
	Angela Calvillo		



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: 04-08-2024 | 17:34:24 PDT

File #: 240049

Bid/RFP #: 19-0053

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl N	ashir	650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Apparel Sourcing and Production, LLC	415-410-3384		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
Pier 54, Suite 208, San Francisco, CA 94158	tommyp@gmail.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER		
4/2/2024	19-0053	240049	
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$241,044.44			
NATURE OF THE CONTRACT (Please describe)			
One (1) location:			
1. We are SFC - Terminal 2 Boarding Area D post-security			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$225,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2019.

0.0	ONED A CT ADDROVAL
8. C	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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Pham	Тотту	Other Principal Officer
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17	_		
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filling 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 con	nplete.		
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		
CLERKDocuSigned by:			
Anos Cacialo	04-08-2024 17:34:24 PDT		
988C8F42C3084R5			
Angela Calvillo			



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: 04-08-2024 | 15:43:14 PDT

File #: 240049

Bid/RFP #: 19-0069

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	
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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Na	ashir	650-821-4500
FULL DEPARTI	MENT NAME	DEPARTMENT CONTACT EMAIL
Air	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Smarte Carte, Inc.	651.308.0049		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
4455 White Bear Parkway, St. Paul, MN 55110	mutler@smartecarte.com		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240049
4/2/2024	19-0069	
DESCRIPTION OF AMOUNT OF CONTRACT		
\$1,084,831.78 MAG		
NATURE OF THE CONTRACT (Please describe)		
Rental of luggage carts in all domestic termin	als, and internationa	l terminal including FIS.

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$975,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2019.

8. C	8. CONTRACT APPROVAL				
This	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				

4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	cont	contract.						
2 Warren Scott CFO 3 Schultz Greg Other Principal Officer 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ				
3 Schultz Greg Other Principal Officer 4	1	Niemeyer	Drew, D.	CEO				
4 ————————————————————————————————————	2	Warren	Scott	CF0				
5 6 7 8 9 10 11 12 13 14 15 16 17 18	3	Schultz	Greg	Other Principal Officer				
6	4							
7 8 9 10 11 12 13 14 15 16 17 18	5							
8 9 10 11 12 13 14 15 16 17 18	6							
9 10 11 12 13 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	7							
10 11 12 13 14 15 16 17 18	8							
11 12 13 14 15 16 17 18	9							
12 13 14 15 16 17 18	10							
13 14 15 16 17 18	11							
14 15 16 17 18	12							
15 16 17 18	13							
16 17 18	14							
17 18	15							
18	16							
	17							
10	18							
	19							

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. /	AFFIL	IATES	AND	SUE	CON	TRA	CTC	DRS

	contract.					
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
	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 con	nplete.
I certify under penalty of perjury under the laws of the State o	f California that the foregoing is true and correct.
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED
Docusigned by:	04-08-2024 15:43:14 PDT



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: 04-08-2024 | 15:46:20 PDT

File #: 240049

Bid/RFP #: L19-0244

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

5. CONTRACTOR				
NAME OF CONTRACTOR	TELEPHONE NUMBER			
Park Cafe Group, Inc. dba Dolores Park Cafe	415-786-5363			
STREET ADDRESS (including City, State and Zip Code)	EMAIL			
500 Precita Avenue, San Francisco, CA 94110	doloresparkcafe@yahoo.com			

500 Precita Avenue, San Francisco, CA 94110		doloresparkcafe@yahoo.com			
6. CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMI	BER FILE NUMBER (<i>If applicable</i>)			
4/2/2024	L19-0244	240049			
	L19-0244				
DESCRIPTION OF AMOUNT OF CONTRACT					
\$240,000 Minimum Annual Guarantee					
NATURE OF THE CONTRACT (Please describe)					
Dolores Park Café- Harvey Milk Terminal Boardi	ng Area C				
7 COMMENTS					
7. COMMENTS					
Description of Amount defined in the Original	Lease.				
8. CONTRACT 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	Board of Supervisors				
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF	THE CITY ELECTIVE OFFICER	R(S) IDENTIFIED ON THIS FORM SITS			

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Herbert	Rachel	CEO
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. AFFILIATES AND S	UBCONTRA	CTORS							
List the names of (A)	members of	f the contrac	tor's board	of directo	ors; (B) the cor	ntractor's prin	ncipal off	icers, i	no
executive officer, chie	ef financial o	officer, chief	operating o	officer, or	other persons	with similar	titles; (C)	any in	ıd
			_						

cluding chief lividual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or

COIII	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	Check this box if you need to include add Select "Supplemental" for filing type.	itional 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 con	nplete.	
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	
DocuSigned by:	04-08-2024 15:46:20 PDT	



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: 04-08-2024 | 15:50:04 PDT

File #: 240049

Bid/RFP #: 19-0245

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	
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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEF	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPART	MENT NAME	DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	cheryl.nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Sidewalk Juice SFO, LLC	415-880-0044		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
1860 El Camino Real, Suite 221, Burlingame, CA 94010	gus@sidewalkjuice.com		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	
4/2/2024	19-0245	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$152,633.11 MAG		
NATURE OF THE CONTRACT (Please describe)		
1 location Sidewalk Juice, Terminal 3		

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$136,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2019.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLINE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNASTIO

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.

#	tract. LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
1	Daibis	Ghassan	CEO
2	Daibis	Rami	Other Principal Officer
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

3

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

	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 ha	ve used all reasonable diligence in preparing this statement	I have reviewed this statement and to the best of my	
kno	wledge the information I have provided here is true and cor	nplete.	
I ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
SIGI	SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR DATE SIGNED		
CLE	C DocuSigned by:		
	Alexandra Cachilla	04-08-2024 15:50:04 PDT	
	Angela Calvillo		



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: 04-08-2024 | 16:04:10 PDT

File #: 240049

Bid/RFP #: 19-0246

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				
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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
MRG San Francisco Terminal 3, LLC	702-949-8785		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
3755 W. Sunset Rd, Suite A, Las Vegas, NV 89178	dcharles@marshallretailgroup.com		

6. CONTRACT			
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240049	
4/2/2024	19-0246		
DESCRIPTION OF AMOUNT OF CONTRACT			
Minimum Annual Guarantee \$825,378.81			
NATURE OF THE CONTRACT (Please describe)			
One (1) location: 1. Silicon Valley News & Gift - Terminal 3 Boa	ording Area F post-sec	urity	

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$750,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2019.

8. C	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
	THE BOARD OF A STATE AGENCY ON WHICH AN AIT ONLINE OF THE CITY ELECTIVE OF TICEN(S) IDENTIFIED ON THIS TORNASTIO

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Charles	David	Board of Directors		
2	McOwan	Roderick	Other Principal Officer		
3	Zhou	Becky	Shareholder		
4	Rodriguez	Desiree	Shareholder		
5	Brentwood Assoc Private	Equity VLP	Shareholder		
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

50

n Env	relope ID: 29CAC6C0-E49E-4DBF-B963-F59BE	B1D12AE5	
List 1 exec who	the names of (A) members of the contractutive officer, chief inancial officer, chief has an ownership interest of 10 percent cract.	operating officer, or other persons with	similar titles; (C) any individual or entity
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			

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 con	nplete.	
,		
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		
CLERKDocuSigned by:		
DocuSigned by:	04-08-2024 16:04:10 PDT	
988C8F42C3084B5		
Angela Calvillo		



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:04-08-2024 | 15:59:55 PDT

File #: 240049

Bid/RFP #: L20-0041

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				
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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEP	PARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR			
NAME OF CONTRACTOR	TELEPHONE NUMBER		
Proper Food SFO Airport, LLC	415-889-9150		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
350 Townsend St. Ste. 682, SF, CA 94107	howard@properfood.com		

DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 4/2/2024 DESCRIPTION OF AMOUNT OF CONTRACT Minimum Annual Guarantee \$275,000 NATURE OF THE CONTRACT (Please describe) One location in Terminal 1, post-security, B/A B approximately 615 square feet.	6. CONTRACT			
4/2/2024 L20-0041 DESCRIPTION OF AMOUNT OF CONTRACT Minimum Annual Guarantee \$275,000 NATURE OF THE CONTRACT (Please describe)	DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1.5	
Minimum Annual Guarantee \$275,000 NATURE OF THE CONTRACT (Please describe)	4/2/2024	L20-0041		
NATURE OF THE CONTRACT (Please describe)	DESCRIPTION OF AMOUNT OF CONTRACT			
	Minimum Annual Guarantee \$275,000			
One location in Terminal 1, post-security, B/A B approximately 615 square feet.	NATURE OF THE CONTRACT (Please describe)			
	One location in Terminal 1, post-security, B/	A B approximately 615	square feet.	

7. COMMENTS

Description of Amount calculated from base rent defined in 4.4 of Original Lease and Minimum Annual Guarantee with adjustments yearly, as defined in 4.3 in the original lease.

0.0	ONED A CT ADDROVAL
8. C	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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	ProperFood, LLC		Shareholder
2	Silver Dragon Cafe, LLC		Shareholder
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

9. A	9. AFFILIATES AND SUBCONTRACTORS				
List to	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		
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
	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				
	ve used all reasonable diligence in prepari wledge the information I have provided he		tatement and to the best of my		

	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 ha	ve used all reasonable diligence in preparing this statemen	t. I have reviewed this s	tatement and to the be	st of my		
knowledge the information I have provided here is true and complete.						
	wieuge the iniormation i have provided here is true and co					
KIIO	wieuge the information i have provided here is true and to	F				
	rtify under penalty of perjury under the laws of the State	•	regoing is true and cor	rect.		
l ce	·	•	regoing is true and cor	rect.		
l ce	rtify under penalty of perjury under the laws of the State	of California that the fo	regoing is true and cor	rect.		
I ce SIGI	rtify under penalty of perjury under the laws of the State	of California that the fo		rect.		
I ce SIGI	rtify under penalty of perjury under the laws of the State of NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK Docusigned by:	of California that the fo		rect.		
I ce SIGI	rtify under penalty of perjury under the laws of the State	of California that the fo		rect.		
I ce SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR RK Docusigned by: 988C8F42C308485	of California that the fo		rect.		



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: 04-08-2024 | 16:59:01 PDT

File #: 240049

Bid/RFP #: 20-0043

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				
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. 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		
Culinary Heights Hospitality	415-632-9919		
STREET ADDRESS (including City, State and Zip Code)	EMAIL		
2323 Polk St., San Francisco, CA 94109	alvarez_pedro@sbcglobal.net		

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	1
4/2/2024	20-0043	240049
DESCRIPTION OF AMOUNT OF CONTRACT		
\$385,000 MAG		
NATURE OF THE CONTRACT (Please describe)		
One location in Harvey Milk Terminal 1 Ritual Coffee		

7. COMMENTS

Description of Amount calculated from Interim Operations Rent ${\bf x}$ Minimum Annual Guarantee with adjustments yearly, as defined in the original lease.

8. C	ONTRACT APPROVAL
This	contract was approved by:
	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
K	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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
1	Alvarez Jr.	Pedro	Shareholder
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

46

47

48

49

50

n Env	relope ID: 8BB27030-5A88-4743-9B5D-21E4430	DA55E1	
List 1	FFILIATES AND SUBCONTRACTORS the names of (A) members of the contract tutive officer, chief financial officer, chief o		· · · · · · · · · · · · · · · · · · ·
who	has an ownership interest of 10 percent cract.		
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТУРЕ
39			
40			
41			
42			
43			
44			
45			

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.		
	r camornia that the foregoing is true and correct.	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR	DATE SIGNED	
CLERK Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:59:01 PDT	

Check this box if you need to include additional names. Please submit a separate form with complete information.

Select "Supplemental" for filing type.



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: 04-08-2024 | 16:45:26 PDT

File #: 240049

Bid/RFP #: 20-0046

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				
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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Genesco Partners Joint Ventures #11	615-367-7348	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
1415 Murfreesboro Road Nashville, TN 37217	hmarsh@genesco.com	

6. CONTRACT				
DATE CONTRACT DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER	S) ORIGINAL RID	RFP NUMBER	FILE NUMBER (If applicable)	
		WI HOMBER	240049	
4/2/2024	20-0046			
DESCRIPTION OF AMOUNT OF CONTRACT				
Minimum Annual Guarantee \$365,000				
NATURE OF THE CONTRACT (Please describe)				
One location:				
Johnston & Murphy Boarding Area B post-secu	rity.			
7. COMMENTS		_		
Description of Amount as defined in the ori	ginal loaco			
Description of Amount as defined in the off	gillai lease.			
8. CONTRACT 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	Board of Supervisors			
THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE	OF THE CITY ELECTIV	VE OFFICER(S) I	DENTIFIED ON THIS FORM SITS	

		contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ			
1	Ewoldsen	Danny	CEO			
2	Anderson	Eric	CFO			
3	Marsh	Heather	Other Principal Officer			
4	Dipaolo	Richie	Other Principal Officer			
5	Shopek	Mari-Anne	Other Principal Officer			
6	Stone-Littles	Corliss	Subcontractor			
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

#	LACT NAME (ENITITY (CLID CONTRACTOR		
	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

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 39 40 41 42 43 44 45 46 47 48 49 50 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 con	nplete.	
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: 988C8F42C3084B5 Angela Calvillo	04-08-2024 16:45:26 PDT	
	L	



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:⁰⁴⁻⁰⁸⁻²⁰²⁴ | 17:25:07 PDT

File #: 240049

Bid/RFP #: 20-0049

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				
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. CONTRACTING DEPARTMENT CONTACT		
NAME OF DEPARTMENTAL CONTACT		DEPARTMENT CONTACT TELEPHONE NUMBER
Cheryl Nashir		650-821-4500
FULL DEPARTMENT NAME		DEPARTMENT CONTACT EMAIL
AIR	Airport Commission	Cheryl.Nashir@flysfo.com

5. CONTRACTOR		
NAME OF CONTRACTOR	TELEPHONE NUMBER	
Books Inc.	415-643-3400	
STREET ADDRESS (including City, State and Zip Code)	EMAIL	
2483 Washington Avenue, San Leandro, CA 94577	aperham@booksinc.net	

6. CONTRACT				
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER			
4/2/2024	20-0049	240049		
DESCRIPTION OF AMOUNT OF CONTRACT				
Minimum Annual Guarantee \$240,002.50				
NATURE OF THE CONTRACT (Please describe)				
One location: 1. Compass Books - Boarding Area D post-securi	ty			

7. COMMENTS

Description of Amount calculated from base Minimum Annual Guarantee \$220,000 with adjustments yearly, as defined in 4.3 in the original lease, since 2020.

8. C	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
	THE BOARD OF A STATE AGENCT ON WHICH AN AFFORMED OF THE CITY ELECTIVE OFFICER(3) IDENTIFIED ON THIS FORM SITS

con	contract.				
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ		
1	Perham	Andrew	CEO		
2	Grant	Nikolai	Shareholder		
3	Mayer	Stephen	Shareholder		
4	Tucker	Michael	Shareholder		
5	Seamer	George	C00		
6	Kinberger	Scott	Other Principal Officer		
7	Chan	Kwok	Other Principal Officer		
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

	contract.			
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	ТҮРЕ	
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				

50				
	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.				
SIGI	NATURE OF CITY ELECTIVE OFFICER OR BOARD SECRE	TARY OR DATE SIGNED		
CLE	Docusigned by: 988C8F42C3084B5 Angela Calvillo	04-08-2024 1	7:25:07 PDT	
			·	