## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

City Elective Officer Information (Please print clearly.)		
Name of City elective officer(s):	City elective office(s) held:	
Members, Board of Supervisors	Members, Board of Supervisors	
Contractor Information (Please print clearly.)		
Name of contractor:		
Global Tel*Link		
<ul> <li>Please list the names of (1) members of the contractor's board of financial officer and chief operating officer; (3) any person who h any subcontractor listed in the bid or contract; and (5) any politic additional pages as necessary.</li> <li>Board of Directors:</li> <li>Robert B. McKeon, Chairman</li> <li>CEO: Brian Oliver</li> <li>CFO: Steve Yow</li> <li>Ramzi M. Musaliam, Partner</li> <li>COO: Jeff Haidinger</li> <li>Hugh Evans, Partner</li> <li>Blair Levin, Outside Director, Chevy Chase, MD</li> <li>Wayne Calabrese, Outside Director, Jupiter, FL</li> <li>Matthew Levine, Principal, American Securities</li> <li>Thomas J. Carella, Vice President, Principal Investment Area</li> <li>Michael J. Meehan, II, Steinberg Asset Management, LLC.</li> <li>Kevin Penn, Managing Director, American Securities</li> <li>Brian Oliver, CEO, Global Tel*Link</li> <li>Subcontractor: Cooper Communications Group (CCG)</li> <li>Contractor address:</li> <li>Global Tel*Link</li> <li>12021 Sunset Hills Road, Suite #100</li> <li>Reston, VA 20190</li> </ul>	has an ownership of 20 percent or more in the contractor; (4)	
Date that contract was approved:	Amount of contract:	
	Approximately \$1,676,387 in revenue to the Inmate	
2/28/2017	Welfare Fund is expected.	
Describe the nature of the contract that was approved:		
The contract is for the Inmate Telephone System. The Sheriff's Department will receive revenue generated on all calls paid for		
by inmates and their families. The revenue will be deposited to the Inmate Welfare Fund.		
Comments:		

This contract was approved by (check applicable):

□the City elective officer(s) identified on this form

☑ a board on which the City elective officer(s) serves: <u>San Francisco Board of Supervisors</u>

Print Name of Board

□ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Angela Calvillo, Clerk of the Board	(415) 554-5184
Address:	E-mail:
City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

J7 Date Signed