FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL (S.F. Campaign and Governmental Conduct Code 8 1 126)

City Elective Officer Information (Please print clearly.)		
Name of City elective officer(s):	City elective office(s) held:	
Members, SF Board of Supervisors	Members, SF Board of Supervisors	
Contractor Information (Please print clearly.)		
Name of contractor:		
Skyline Concessions, Inc. dba Skyline News + Gifts		
Please list the names of (1) members of the contractor's board of dire financial officer and chief operating officer; (3) any person who has a any subcontractor listed in the bid or contract; and (5) any political of additional pages as necessary.	an ownership of 20 percent or more in the contractor; (4)	
(1) N/A; (2) Manuel Soto IV, President; (3) N/A; (4) N/A; (5) N/	A	
Contractor address:	· · · · · · · · · · · · · · · · · · ·	
746 Laurel Avenue, Burlingame, CA 94010		
Date that contract was approved:	Amount of contract:	
2/5/2019	\$220,000 (Minimum Annual Guarantee)	
By the SF Board of Supervisors		
Describe the nature of the contract that was approved:	<u> </u>	
Terminal 1 Retail Concession Lease 7 to Skyline Concession Boarding Area B post-security operating as Skyline News		
Comments:		
Lease award through a Request for Proposals process		
This contract was approved by (check applicable):		
\Box the City elective officer(s) identified on this form		
X a board on which the City elective officer(s) serves <u>San Francisco Board of Supervisors</u>		
	nt Name of Board	
□ the board of a state agency (Health Authority, Housing Author Board, Parking Authority, Redevelopment Agency Commission	, Relocation Appeals Board, Treasure Island	
Development Authority) on which an appointee of the City elec	tive officer(s) identified on this form sits	
Print Name of Board	· · · · · · · · · · · · · · · · · · ·	
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, SF, CA, 9	4102 Board of Supervisors@sfgov.org	

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

Date Si	gned
2/11	K
Date Si	gned

Augustation Clerk (if submitted by Board Secretary or Clerk)