File No. 190023

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, SF Board of Supervisors	Members, SF Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor:	· · · · · · · · · · · · · · · · · · ·
RAKH, Inc. dba NYS Collection Eyewear	
Please list the names of (1) members of the contractor's board of direct financial officer and chief operating officer; (3) any person who has a any subcontractor listed in the bid or contract; and (5) any political co additional pages as necessary. (1) N/A; (2) Ali Rakhshanifar, President; (3) N/A; (4) N/A; (5) N	n ownership of 20 percent or more in the contractor; (4) ommittee sponsored or controlled by the contractor. Use
Contractor address:	
83 N. Willard Ave.	
San Jose, CA 95128	
Date that contract was approved:	Amount of contract:
2/5/2019	\$126,000 (Minimum Annual Guarantee)
By the SF Board of Supervisors	
Describe the nature of the contract that was approved:	
Terminal 1 Retail Concession Lease 6 to RAKH, Inc. for one post-security operating as NYS Collection Eyewear	facility located in Terminal 1 Boarding Area B
Comments:	
Lease award through a Request for Proposals process	
This contract was approved by (check applicable):	
□ the City elective officer(s) identified on this form	
<u>X</u> 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 Authori	
Board, Parking Authority, Redevelopment Agency Commission,	
Development Authority) on which an appointee of the City elect	
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 94	Board.of.Supervisors@sfgov.org

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

Date Signed 2

Date Signed

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