

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Keefe Commissary Network, LLC	
<p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>(1) Board of Directors: Keefe Commissary Network, LLC does not have a BOD.</p> <p>(2) CEO, CFO, COO: Christopher Alberta (CEO) and Joshua Siano (CFO). Keefe Commissary Network, LLC does not have a COO.</p> <p>(3) Person who has an ownership of 20% or more in the contractor: Keefe Group, LLC owns 100% of Keefe Commissary Network, LLC; no person owns 20% or more.</p> <p>(4) Any subcontractor listed in the bid or contract: No subcontractors are listed in the contract</p> <p>(5) Any political committee sponsored or controlled by the contractor: None</p>	
Contractor address: Keefe Commissary Network, LLC 13369 Valley Boulevard Fontana, Ca 92335	
Date that contract was approved:	Amount of contract: Annual Guarantee Minimum Revenue of \$590,000
Describe the nature of the contract that was approved: Contractor to provide commissary services and an inmate trust fund account management system for the San Francisco Sheriff's Department.	
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: San Francisco Board of Supervisors

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

Print Name of Board

Filer Information *(Please print clearly.)*

Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: 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)

Date Signed