File No. <u>141079</u>

## FORM SFEC-126: 2014 DEC -2 PM 2: 51

(S.F. Campaign and Governmental Conduct Code § 1.126)	
City Elective Officer Information (Please print clearly.)	ETHICS COMMISSION
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:	
Signature Flight Support Corporation, a Delaware corporation	
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.	
Directors: Michael Sheeringa, Maria A. Sastre and Joseph I. Goldstein Officers: Michael S. Sheeringa, CEO; Maria A. Sastre, President and COO; Benjamin A. Weaver, CFO Signature Flight Support Corporation is a wholly-owned subsidiary of BBA Aviation plc	
Contractor address:	
Orlando, Florida 32801	
Date that contract was approved: (By the SF Board of Supervisors) 11/25/14	Amount of contract:  Mod. #1 is the higher of the Percentage Rent or MAG, estimated at \$70,511,537 during the extension term
Describe the nature of the contract that was approved:	
Fixed Base Operator Lease and Operating Agreement originally approved with a base term of 10 years; Modification No. 1 requests one five-year extension	
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:	Contact telephone number:
Angela Calvillo, Clerk of the Board of Supervisors	(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)