

DISCLOSURE FORM

(Form 3 of 5)

Project Title: Massage Establishment Certification with City of Santa Rosa

Project Address: 2308 Sundance St., Santa Rosa,
CA 95403

INTERESTED PARTIES:

Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.

Individuals: Identify all individuals

Partnerships: Identify all general and limited partners

Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (Unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed).

LLCs: Identify all members, managers, partners, officers, and directors

Trusts: Identify all trustees and beneficiaries.

Option Holders: Identify all holders of options on the real property.

Full Name:	Address
Elia Hutchins	2308 Sundance St., Santa Rosa,
	CA 95403

AFFILIATED PARTIES:

In addition, please identify the name of each civil engineer, architect, and consultant for the project

Full Name:	Address:

City of Santa Rosa

AUG 05 2025

Planning & Economic
Development Department

Additional names and addresses attached:

☐ YES ☒ NO

The above information shall be promptly updated by the applicant to reflect a change that occurs prior to final action.

I certify that the above information is true and correct:

Elin Hutchins

Applicant Signature

8-10-2025

Date

LEVINE ACT DISCLOSURE STATEMENT

INSTRUCTIONS: All persons shall include this Disclosure Form along with their application to the City. Failure to comply with this requirement may cause your application to be rejected. In the space provided below, please identify the applicable decision-making body with review authority over your application. Identify all the applicable officers and the amount of contribution given to each officer. Please see the City of Santa Rosa webpages for information regarding the members of the various decision-making bodies (City Council, Planning Commission, Design Review Board, Cultural Heritage Board, etc.). Any questions regarding the information required to be disclosed in this form should be directed to the City Attorney.

California Government Code section 84308, commonly referred to as the "Levine Act," precludes an elected or appointed officer of a local government agency from making, participating in, or in any way attempting to influence decisions by the agency if the officer receives any political contributions totaling more than \$250 in the 12 months preceding the decision, while the decision is pending, and for 12 months following the final decision by the agency, when the contribution is from any person that has a financing interest in the decision. This prohibition applies to: (a) any license, permit, or other entitlement for use considered by the local agency for any business, profession or trade, land use licenses and permits, and all other entitlements for use considered by the local agency; and (b) contributions made directly to the officer, received by the officer on behalf of any other officer, or received on behalf of any candidate for office or on behalf of any committee. The Levine Act also requires disclosure of any such contributions to be made by the applicant seeking the approval by the local agency.

LEVINE ACT DISCLOSURES:

1. Have you or your company, or any agent on behalf of you or your company, made any contributions of more than \$250 to any elected or appointed officer of the City Council,

Planning Commission or other decision-making body in the 12 months preceding the date your application was submitted to the City?

☐ YES ☒ NO

If yes, please identify the specific elected or appointed officer by name, and indicate the amount of any such campaign contribution(s):

Name of Officer: _____

Name of Decision-Making Body: _____

Amount of Contribution: _____

2. Do you or your company, or any agent on behalf of you or your company, anticipate or plan to make any contributions of more than \$250 to any elected or appointed officer of the City Council, Planning Commission, or other applicable decision-making body after the date of the City's final decision on your application, or in the 12 months after the City's decision on the application?

☐ YES ☒ NO

If yes, please identify the specific officer by name:

Name of Officer: _____

Name of Decision-Making Body: _____

NOTE: Answering yes to either of the two (2) questions above does not preclude the City of Santa Rosa from approving your application. It does, however, preclude the identified officer(s) from making, participating in, or in any way attempting to influence the decision. Failing to provide full and accurate information on this form may be grounds for denial of your application, may render an approval null and void, and other legal penalties.

DATE 8-10-2025

Fusion Healing

NAME OF COMPANY

Elia Hutchins, sole proprietor

NAME & TITLE

Elia Hutchins

SIGNATURE OF AUTHORIZED OFFICIAL



ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

(Form 5 of 5)



Project Address: 2308 Sundance St., Santa Rosa, CA 95403

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Santa Rosa legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Santa Rosa, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Santa Rosa's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

Signature: Elin Hutchins Date: 8-10-2025

Title: CMT, MA Relationship to Project: Sole proprietor

Company/Organization: Fusion Healing

City of Santa Rosa

AUG 05 2025

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Development Department