



# DISCLOSURE FORM


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File No. <u>CUP 15-086</u>	Quad. <u>NW</u>
Related Files	
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D I S C L O S U R E  F O R M	Project Title: <u>Sonoma Patient Group, Inc. 2425 Cleveland Avenue #175, Santa Rosa, CA 95403</u> (Include site address)	
	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.
	<b>Full Name:</b>	<b>Address:</b>
	John Sugg, Jr.	1900 Neotomas Avenue, Santa Rosa, CA 95405
Julia Mathieson	2425 Cleveland Avenue, #175, Santa Rosa, CA 95403	
Nicole Williams	2425 Cleveland Avenue, #175, Santa Rosa, CA 95403	
Leanne Nakashima	2425 Cleveland Avenue, #175, Santa Rosa, CA 95403	
Fred Ginn	200 W. College Avenue, Santa Rosa, CA 95401	
In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
<b>Full Name:</b>	<b>Address:</b>	
Ray Willett	17189 Vailetti Drive, Sonoma, CA 95476	

Additional names and addresses attached: ☐ Yes ☒ No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.	
I certify that the above information is true and correct: <u></u> Applicant	<u>4/30/18</u> Date