City of Santa Rosa Planning & Economic Development Department 02/10/25 RECEIVED

DISCLOSURE FORM

(Form 3 of 5)

Project Title: _					
Project Addre	ss:				
INTERESTED P	ARTIES:				
interest in the	proposed land (each individual, partnership, corporation, LLC, or trust who has an use action. Include the names of all applicants, developers, property entity that holds an option on the property.			
•	Identify all individuals Identify all general and limited partners 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: Trusts: Option Holder	Identify all members, managers, partners, officers, and directors Identify all trustees and beneficiaries. ers: Identify all holders of options on the real property.				
Full Name:		Address			
AFFILIATED PA	ARTIES:				
In addition, p project	lease identify t	he name of each civil engineer, architect, and consultant for the			
Full Name:		Address:			

Additional names and address ☐ YES ☐ NO	ses attached:	
The above information shall be prior to final action.	e promptly updated by the applicant to r	eflect a change that occurs
I certify that the above inform	ation is true and correct:	
Applicant Signature	 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,

	your application was submitted to the City?	ody in the 12 months preceding the date
	□ YES □ NO	
	If yes, please identify the specific elected or app amount of any such campaign contribution(s):	ointed officer by name, and indicate the
	Name of Officer:	
	Name of Decision-Making Body:	
	Amount of Contribution:	
2.	2. Do you or your company, or any agent on beha plan to make any contributions of more than \$2 the City Council, Planning Commission, or other a date of the City's final decision on your applicate decision on the application?	50 to any elected or appointed officer of pplicable decision-making body after the
	□YES □NO	
	If yes, please identify the specific officer by name	2:
	Name of Officer:	
	Name of Decision-Making Body:	
	NOTE : Answering yes to either of the two (2) que of Santa Rosa from approving your application. I officer(s) from making, participating in, or in any Failing to provide full and accurate information of your application, may render an approval null and	t does, however, preclude the identified way attempting to influence the decision. n this form may be grounds for denial of
	DATE	
	NAME OF C	OMPANY
	NAME & TI	ΓLE
	SIGNATURE	OF AUTHORIZED OFFICIAL