

## DISCLOSURE FORM

(Form 3 of 5)

Project Title: Bridges Pregnancy Clinic and Care Center

Project Address: 2447 Summerfield Rd, Bldg B.

**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
Jenny Olson	2447 Summerfield Rd, Bldg B, Santa Rosa, CA 95405
Jeff Gilman	P.O. Box 493, 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:
David Brown, PE	1220 N Dutton Ave, Santa Rosa, CA 95401


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:

Jennylynn Olson

Jennylynn.Olson@Feb.26.2026.15:28:26.PST

Applicant Signature

26/02/26

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 \$500 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 \$500 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 \$500 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 \_\_\_\_\_

\_\_\_\_\_  
NAME OF COMPANY

\_\_\_\_\_  
NAME & TITLE

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICIAL