## City of Santa Rosa Planning & Economic Development Department 05/05/2025 RECEIVED

## **DISCLOSURE FORM**

(Form 3 of 5)

Project Title: _	Pura Vida Red	covery Services			
Project Addres	5761 Mount	ain Hawk Dr. Apts 201-107, Santa Rosa, CA 95409			
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 that holds an option on the property.			
Individuals:	Identify all indi	ividuals			
Partnerships:	artnerships: Identify all general and limited partners				
Corporations:	directors (Unle	areholders owning 10% or more of the stock and all officers and ess the corporation is listed on any major stock exchange, in which			
	•	dentity of the exchange must be listed).			
LLCs:	•	Identify all members, managers, partners, officers, and directors			
Trusts:	•	stees and beneficiaries.			
Option Holder	s: Identify all no	olders of options on the real property.			
Full Name:		Address			
Full Name: Alex Wignall		2901 Cleveland Ave. Suite 103, Santa Rosa, CA 95403			
Ben Pahlava		2901 Cleveland Ave. Suite 103, Santa Rosa, CA 95403			
David Wigna		2901 Cleveland Ave. Suite 103, Santa Rosa, CA 95403			
David Wighaii		2901 Oleveland Ave. Suite 105, Santa Hosa, OA 95405			
AFFILIATED PA	RTIES:				
In addition, pl project	ease identify t	he name of each civil engineer, architect, and consultant for the			
Full Name:		Address:			

Additional names and address  ☐ YES ☐ NO	s attached:	
The above information shall b prior to final action.	promptly updated by the applicant to reflect a change that oc	curs
I certify that the above inform		
d	4/28/2025	
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,

	Planning Commission or other dec your application was submitted to	ision-making body in the 12 months preceding the date the City?			
	☐ YES ■ NO				
	If yes, please identify the specific amount of any such campaign con	elected or appointed officer by name, and indicate the tribution(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:	<del></del>			
	Name of Decision-Making Body:				
	of Santa Rosa from approving you officer(s) from making, participating Failing to provide full and accurate	the two (2) questions above does not preclude the City or application. It does, however, preclude the identified ng in, or in any way attempting to influence the decision. It information on this form may be grounds for denial of approval null and void, and other legal penalties.			
	4/28/2025 DATE	Pura Vida Recovery Services			
	DAIL	NAME OF COMPANY			
		Alex Wignall, COO			
		NAME & TITLE			
		SIGNATURE OF AUTHORIZED OFFICIAL			