

October 5, 2023

# SUBJECT: CANCELLATION OF DEVELOPMENT AGREEMENT FOR USE PERMIT AND DEVELOPMENT AGREEMENT NO. PLN2018-0108 – MDF FARMS

Based on the County record, the following are the individuals known to be associated with the subject project for the purposes of conflict-of-interest identification:

## PROPERTY OWNER AND RESPRESENTATIVE INFORMATION

Applicant: Property Owner: Agent:

Michael Fantozzi, MDF Farms Michael Fantozzi Michael Fantozzi

Additionally, the Levine Act Disclosure has been attached to this notification.

Attachment: Levine Act Disclosure

#### COUNTY OF STANISLAUS CAMPAIGN CONTRIBUTION DISCLOSURE FORM FOR THE PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT

Application Number:	PLN 2018-0108
Application Title:	MDF Farms
Application Address:	10218 Sylamore Ave
Application APN:	048-007-002

Was a campaign contribution, regardless of the dollar amount, made to any member of a decision-making body involved in making a determination regarding the above application (i.e. Stanislaus County Board of Supervisors, Planning Commission, Airport Land Use Commission, or Building Code Appeals Board), hereinafter referred to as Member, on or after January 1, 2023, by the applicant, property owner, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist?

Yes

If no, please sign and date below.

If yes, please provide the following information:

Applicant's Name: \_\_\_\_\_

Contributor or Contributor Firm's Name:

Contributor or Contributor Firm's Address:

Is the Contributor:

The Applicant The Property Owner The Subcontractor The Applicant's Agent/ Lobbyist

Yes	No	

**Note:** Under California law as implemented by the Fair Political Practices Commission, campaign contributions made by the Applicant and the Applicant's agent/lobbyist who is representing the Applicant in this application or solicitation must be aggregated together to determine the total campaign contribution made by the Applicant.

Identify the Member(s) to whom you, the property owner, your subcontractors, and/or agent/lobbyist made campaign contributions on or after January 1, 2023, the name of the contributor, the dates of contribution(s) and dollar amount of the contribution. Each date must include the exact month, day, and year of the contribution.

Name of Member:	
Name of Contributor:	
Date(s) of Contribution(s):	
Amount(s):	

(Please add an additional sheet(s) to identify additional Member(s) to whom you, the property owner, your subconsultants, and/or agent/lobbyist made campaign contributions)

By signing below, I certify that the statements made herein are true and correct. I also agree to disclose to the County any future contributions made to Member(s) by the applicant, property owner, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist <u>after</u> the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested license, permit, or entitlement to use.

Print Firm Name if applicable

Signature of Applicant.

1, Chapter to the total

Print Name of App



October 5, 2023

## MEMO TO: Stanislaus County Planning Commission

FROM: Department of Planning and Community Development

### SUBJECT: CANCELLATION OF THE DEVELOPMENT AGREEMENT FOR USE PERMIT AND DEVELOPMENT AGREEMENT NO. PLN2018-0101 – NATURAL REMEDIES CONSULTING, INC (NRC).

The County is requesting that the subject request for cancellation be continued to the November 2, 2023 Planning Commission meeting, to allow staff additional time to determine the validity of a proposed sale and Development Agreement (DA) transfer agreement between NRC and a third party. The sale and DA transfer agreement, would include the curing of NRC's financial default under the DA.

#### RECOMMENDATION

Staff recommends the Planning Commission approve a continuance for the subject request for cancellation to the November 2, 2023 Planning Commission meeting.

#### PROPERTY OWNER AND RESPRESENTATIVE INFORMATION

Applicant: Property Owner:

Agent:

Richard and Cheryl King, NRC Vision Logistics & Management LLC (Richard and Cheryl King) Matt Clark

Attachment A: Levine Act Disclosure

## COUNTY OF STANISLAUS CAMPAIGN CONTRIBUTION DISCLOSURE FORM FOR THE PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT

Application Number:	2018-0081
Application Title:	Commercial Cannabis Business Permi
Application Address:	5272 Jerusalem Court, Modesto, CA. S
Application APN:	004-065-019

Was a campaign contribution, regardless of the dollar amount, made to any member of a decision-making body involved in making a determination regarding the above application (i.e. Stanislaus County Board of Supervisors, Planning Commission, Airport Land Use Commission, or Building Code Appeals Board), hereinafter referred to as Member, on or after January 1, 2023, by the applicant, property owner, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist?

Yes / No

If no, please sign and date below.

If yes, please provide the following information:

Applicant's Name: Natural Remedies Consulting

Contributor or Contributor Firm's Name: Natural Remedies Consulting

Contributor or Contributor Firm's Address: 5272 Jerusalem Court, Modesto, CA 95222

Is the Contributor:

The Applicant The Property Owner The Subcontractor The Applicant's Agent/ Lobbyist

Yes	1	No	
Yes		No	1
Yes		No	1
Yes		No	1

**Note:** Under California law as implemented by the Fair Political Practices Commission, campaign contributions made by the Applicant and the Applicant's agent/lobbyist who is representing the Applicant in this application or solicitation must be aggregated together to determine the total campaign contribution made by the Applicant.

Identify the Member(s) to whom you, the property owner, your subcontractors, and/or agent/lobbyist made campaign contributions on or after January 1, 2023, the name of the contributor, the dates of contribution(s) and dollar amount of the contribution. Each date must include the exact month, day, and year of the contribution.

Name of Member:	Chance Condit
Name of Contributor:	Natural Remedies Consulting
Date(s) of Contribution(	s): <u>9/15/2023</u>
Amount(s):	\$250.00 (\$1,000 sent, \$750 refunded)

(Please add an additional sheet(s) to identify additional Member(s) to whom you, the property owner, your subconsultants, and/or agent/lobbyist made campaign contributions)

By signing below, I certify that the statements made herein are true and correct. I also agree to disclose to the County any future contributions made to Member(s) by the applicant, property owner, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist <u>after</u> the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested license, permit, or entitlement to use.

9/22/23

Date

Natural Remedies Consulting Print Firm Name if applicable

Signature of Applicant

Cheryl King, President Print Name of Applicant

ATTACHMENT A