## Limited Liability Company (LLC) Statement of Members

Type or Print in Ink.

Amendment Date Stamp CALIFORNIA FORM X Check box if an Amendment For Official Use Only Date qualification threshold met

(Government Code Section 84109)

					(Month, Da	y, Year)					
<u>1.</u>	LLC Information										
	LEGAL NAME OF LIMITED LIABILITY COMPANY: NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: PRINCIPAL/RESPONSIBLE OFFICER PHONE #: PRINCIPAL/RESPONSIBLE OFFICER EMAIL:										
	Bally's Interactive, LLC	Craig Eaton			(415)	389-6800		form410@nmgovlaw.com			
	LLC STREET ADDESS:	CITY: STATE:		ZIP CODE:	ZIP CODE: LLC MAILING A		ERENT):	CITY:	STATE:	ZIP CODE:	
	1721 Choice Hills Drive	Henderson	NV	NV	2350 Ker	ner Blvd.,	Suite 250	San Rafael	CA	94901	
	HEALTH SUPPORT A COALITION OF HOUSING AND MENTAL HEALTH EXPERTS CONCERNED TAXPAYERS AND				TTEE ID:	COMMITTEE	PHONE NUMBER	: COMMITTEE EMAIL	ADDRESS:		
				14406	1440682 (415) 389-680			form410@nmgovlaw.com			
	COMMITTEE STREET ADDESS:	CITY:	STATE:	ZIP CODE:	COMMITTEE M	MAILING ADDESS (IF DIFFERENT):		): CITY:	STATE: ZIP CO		
	2350 Kerner Blvd., Suite 250	San Rafael	CA	94901							
2.	Members (If any members are other LLCs, further disclosure is required in Part 3.)										
	FULL NAME	MEMBERSHIP T	MEMBERSHIP TYPE		CAPITAL CONTEMPLETE IF MEMBER FOONTRIBUTION THRE	RIBUTION CU HAS MET SHOLD) CON	MULATIVE CAPITAL TRIBUTIONS TO LLC		ENTAGE HIP INTEREST		
	Interstate Racing Association, Inc.	MEMBERSHIP 10% OR GREATER						5,793,094.00	11	00%	
			☐ CAPITAL CONTRIBUTIONS \$10,000 ☐ MEMBERSHIP 10% OR GREATER						+		
		CAPITAL CONTRIBUTIONS \$10,000			ORE						
		☐ MEMBERSHIP 10% OR GREATER			0112				+		
		☐ CAPITAL CONTRIBUTIONS \$10,00			ORE						
	☐ MEMBERSHIP 10% OR GREATER			EATER					1		
	CAPITAL CONTRIBUTIONS \$10,000			\$10,000 OR M	ORE						
3.	Names of Member LLCs Listed in Part 2										
	NAME OF LLC LISTED IN PART 2				FULL NAMES OF MEMBERS						
4.	Verification										
	I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.										
	7/26/2022	Dec									
	Executed on By				SIGNATURE FPPC Form 409 (Nov/2021)						
	Attach additional information on appropriately labeled continuation sheets.				Clear FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)						