

**Limited Liability Company (LLC)
Statement of Members**
(Government Code Section 84109)

CALIFORNIA FORM 409
For Official Use Only

Date Stamp

Amendment
 Check box if an Amendment

1 / 1 / 22

Date qualification threshold met
(Month, Day, Year)

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: **Bally's Interactive, LLC** NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: **Craig Eaton** PRINCIPAL/RESPONSIBLE OFFICER PHONE #: **(415) 389-6800** PRINCIPAL/RESPONSIBLE OFFICER EMAIL: **form410@nmgovlaw.com**

LLC STREET ADDRESS: **1721 Choice Hills Drive** CITY: **Henderson** STATE: **NV** ZIP CODE: **89001** LLC MAILING ADDRESS (IF DIFFERENT): **2350 Kerner Blvd., Suite 250** CITY: **San Rafael** STATE: **CA** ZIP CODE: **94901**

NAME OF COMMITTEE: **YES ON 27 - CALIFORNIANS FOR SOLUTIONS TO HOMELESSNESS AND MENTAL HEALTH SUPPORT, A COALITION OF HOUSING AND MENTAL HEALTH EXPERTS, CONCERNED TAXPAYERS AND DIGITAL SPORTS ENTERTAINMENT AND GAMING COMPANIES** COMMITTEE ID: **1440682** COMMITTEE PHONE NUMBER: **(415) 389-6800** COMMITTEE EMAIL ADDRESS: **form410@nmgovlaw.com**

COMMITTEE STREET ADDRESS: **2350 Kerner Blvd., Suite 250** CITY: **San Rafael** STATE: **CA** ZIP CODE: **94901** COMMITTEE MAILING ADDRESS (IF DIFFERENT): **2350 Kerner Blvd., Suite 250** CITY: **San Rafael** STATE: **CA** ZIP CODE: **94901**

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (COMPLETE MEMBER AS SET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Interstate Racing Association, Inc.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE		\$51,016,251	100%
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

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.

Executed on 9/15/2022 By _____ SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print **Clear**

FPPC Form 409 (Nov/2021)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)