

**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		\$59,346,251	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 10/12/2022      By \_\_\_\_\_      SIGNATURE

Attach additional information on appropriately labeled continuation sheets.