

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input checked="" type="checkbox"/> Check box if an Amendment # <u>1</u> / <u>1</u> / <u>22</u> Date qualification threshold met (Month, Day, Year)	Date Stamp <div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;"> CALIFORNIA FORM 409 For Official Use Only </div>
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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 Henderson NV NV 2350 Kerner Blvd., Suite 250	CITY: Henderson NV San Rafael CA	STATE: NV CA	ZIP CODE: 94901 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 STREET ADDRESS: 2350 Kerner Blvd., Suite 250		COMMITTEE MAILING ADDRESS (IF DIFFERENT): San Rafael CA	COMMITTEE EMAIL ADDRESS: form410@nmgovlaw.com
CITY: San Rafael CA		CITY: San Rafael CA	STATE: CA
ZIP CODE: 94901		CITY: San Rafael 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		\$93,132,251	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 1/31/2023 By _____
DATE SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print
Clear