

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment Check box if an Amendment # <u> / / </u> Date qualification threshold met (Month, Day, Year)
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Date Stamp

CALIFORNIA FORM
For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY:	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:	PRINCIPAL/RESPONSIBLE OFFICER PHONE #:	PRINCIPAL/RESPONSIBLE OFFICER EMAIL:
LLC STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:
NAME OF COMMITTEE:	COMMITTEE ID:	COMMITTEE PHONE NUMBER:	COMMITTEE EMAIL ADDRESS:
COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
COMMITTEE MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:
COMMITTEE MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:

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

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
	MEMBERSHIP 10% OR GREATER CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
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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 _____ DATE By _____ SIGNATURE

Attach additional information on appropriately labeled continuation sheets.