

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input type="checkbox"/> Check box if an Amendment
<u>12 / 28 / 23</u>
Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM 409

For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Englander Knabe Allen & Associates*	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Jeff McConnell	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (213)741-1500	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: jeff@ekapr.com
LLC STREET ADDRESS: 2335 E. Colorado Blvd. Ste. 115-107	CITY: Pasadena	STATE: CA	ZIP CODE: 91107
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: EKA PAC	COMMITTEE ID: 1465498	COMMITTEE PHONE NUMBER: (213)741-1500	COMMITTEE EMAIL ADDRESS: fppc@bmhlaw.com
COMMITTEE STREET ADDRESS: 455 Capitol Mall Ste 600	CITY: Sacramento	STATE: CA	ZIP CODE: 95814
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

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

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
see continuation page	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
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	<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 07/31/2024
DATE

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)

**Limited Liability Company (LLC)
Statement of Members**

Continuation page

**CALIFORNIA
FORM**

409

NAME OF FILER

Englander Knabe Allen & Associates*

1. LLC Information
LEGAL NAME OF LIMITED LIABILITY COMPANY
*FULL NAME: Englander Knabe Allen & Associates, LLC dba EKA

2.Members (If any members are other LLCs, further disclosure is required in Part 3.)				
FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Graceful Government Affairs, Inc.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			15%
The Cherin Group, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			15%
KMH Consulting, Inc.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			10%
Englander Political Affairs	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			15%
Forepolitics, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			15%
Marcus A. Allen Consulting, Inc.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			15%
The Rose Group, Inc.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			15%

3. Names of Member LLCs in Part 2	
NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS
Forepolitics, LLC	Matthew Knabe
The Cherin Group, LLC	Alex Cherin






FORM409_INITIAL_ENGLANDER KNABE_240731

Final Audit Report

2024-08-01

Created:	2024-08-01
By:	Ashlee Titus (atitus@bmhlaw.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAI8OKKpsHytR3NNPW1KIX5O2GFbb4-CDy

"FORM409_INITIAL_ENGLANDER KNABE_240731" History

-  Document created by Ashlee Titus (atitus@bmhlaw.com)
2024-08-01 - 0:58:30 AM GMT
-  Document emailed to Jeff McConnell (jeff@ekapr.com) for signature
2024-08-01 - 0:58:46 AM GMT
-  Email viewed by Jeff McConnell (jeff@ekapr.com)
2024-08-01 - 3:01:52 AM GMT
-  Document e-signed by Jeff McConnell (jeff@ekapr.com)
Signature Date: 2024-08-01 - 3:02:46 AM GMT - Time Source: server
-  Agreement completed.
2024-08-01 - 3:02:46 AM GMT