

**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>3 / 16 / 22</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: La Playa LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: David Malcolm	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 858-694-2600	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: malcolm.dave@gmail.com
LLC STREET ADDRESS: 4627 Ruffner Street	CITY: San Diego	STATE: CA	ZIP CODE: 92111
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Reform California	COMMITTEE ID: 1268914	COMMITTEE PHONE NUMBER: 619-786-8019	COMMITTEE EMAIL ADDRESS: info@reformcalifornia.org
COMMITTEE STREET ADDRESS: 7947 Hemingway Ave	CITY: San Diego	STATE: CA	ZIP CODE: 92198
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 <small>(ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</small>	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
Dianne Bashor	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			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 05/05/2022 By _____
DATE SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print Clear