

# Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<b>Amendment</b> <input type="checkbox"/> Check box if an Amendment  # <u>3 / 16 / 22</u> Date qualification threshold met (Month, Day, Year)	Date Stamp	<b>CALIFORNIA FORM 409</b> 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
NAME OF COMMITTEE: Republican Party of San Diego County	COMMITTEE ID: 741949	COMMITTEE PHONE NUMBER: 619-713-6888	COMMITTEE EMAIL ADDRESS: holly@aprilboling.com
COMMITTEE STREET ADDRESS: 7185 Navajo Rd Suite P	CITY: San Diego	STATE: CA	ZIP CODE: 92119

## 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
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  
DATE

By \_\_\_\_\_  
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

**Print** **Clear**