Limited Liability Company (LLC)
Statement of Members
(Government Code Section 84109)

Type or Print in Ink.

Amendment
☐ Check box if an Amendment

#____ 3 / 16 / 22

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:	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER:	PRINCIPAL/RESPONSIBLE OFFICER PHONE #:	PRINCIPAL/RESPONSIBLE OFFICER EMAIL:
La Playa LLC	David Malcolm	858-694-2600	malcolm.dave@gmail.com

LLC STREET ADDESS:	CITY:	STATE:	ZIP CODE:	LLC MAILING ADDESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
4627 Ruffner Street	San Diego	CA	92111				

NAME OF COMMITTEE:	COMMITTEE ID:	COMMITTEE PHONE NUMBER:	COMMITTEE EMAIL ADDRESS:
San Diego Co. Democratic Leadership PAC	1436045	213-489-4818	Dlgould@gouldorellana.com

COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP CODE:	COMMITTEE MAILING ADDESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
12501 Imperial Hwy Suite 200	Norwalk	CA	90650				

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	■ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			100%
	☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			
	☐ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS $10,000 OR MORE			
	☐ MEMBERSHIP 10% OR GREATER ☐ 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**

FPPC Form 409 (Nov/2021)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)