

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

<p>Amendment</p> <p><input type="checkbox"/> Check box if an Amendment</p> <p style="text-align: center;">9 / 24 / 22</p> <p># _____</p> <p>Date qualification threshold met (Month, Day, Year)</p>	<p>Date Stamp</p>	<p>CALIFORNIA FORM 409</p> <p>For Official Use Only</p>
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1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Related Santa Clara LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: David Zussman	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (212) 801-1000	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: jguard@kaufmanlegalgroup.com
LLC STREET ADDRESS: 5201 Great America Parkway, Suite 532	CITY: Santa Clara	STATE: CA	ZIP CODE: 95054
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE: ZIP CODE:
NAME OF COMMITTEE: See attached.	COMMITTEE ID: 1454009	COMMITTEE PHONE NUMBER: (510) 423-4300	COMMITTEE EMAIL ADDRESS: filings@seowenscompany.com
COMMITTEE STREET ADDRESS: 312 Clay St., Ste. 300	CITY: Oakland	STATE: CA	ZIP CODE: 94607
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
The Related Companies L.P.	<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 10/10/2022
DATE

By 
SIGNATURE

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Attach additional information on appropriately labeled continuation sheets.

Print

Clear

Name of committee:

Committee to Support Mayor Lisa Gillmor 2022 and Good Government, Sponsored by Santa Clara's Affordable Home and Job Creators