

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment Check box if an Amendment # _____ Date qualification threshold met (Month, Day, Year)
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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:
LLC STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:
LLC MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:
NAME OF COMMITTEE:	COMMITTEE ID:	COMMITTEE PHONE NUMBER:	COMMITTEE EMAIL ADDRESS:
COMMITTEE STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
COMMITTEE MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:
COMMITTEE MAILING ADDRESS (IF DIFFERENT):		CITY:	STATE:

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
	MEMBERSHIP 10% OR GREATER CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
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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 _____ DATE By Rebecca Olson SIGNATURE

Attach additional information on appropriately labeled continuation sheets.