

**Limited Liability Company (LLC)
Statement of Members**

(Government Code Section 84109)

Type or Print in Ink.

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| <p>Amendment</p> <p>Check box if an Amendment</p> <p># <u> / / </u></p> <p>Date qualification threshold met (Month, Day, Year)</p> |
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| <p>Date Stamp</p> |
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| <p>CALIFORNIA FORM 409</p> <p>For Official Use Only</p> |
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1. LLC Information

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|---|---|--|--------------------------------------|
| 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 |
|------------------------------|-----------------------|
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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 _____ SIGNATURE

Attach additional information on appropriately labeled continuation sheets.