

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

9 / 9 / 26

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: 100 Van Ness Associates, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Kevin Verdi	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 202-496-1256	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: kverdi@natadvisors.com				
LLC STREET ADDRESS: 900 7th Street NW	CITY: Washington	STATE: DC	ZIP CODE: 20001	LLC MAILING ADDRESS (IF DIFFERENT): 155 Montgomery St, Suite 1100	CITY: San Francisco	STATE: CA	ZIP CODE: 94104
NAME OF COMMITTEE: No on I, SF for Accountability		COMMITTEE ID: Pending	COMMITTEE PHONE NUMBER: 415-389-6800	COMMITTEE EMAIL ADDRESS: hgibson@nmgovlaw.com			
COMMITTEE STREET ADDRESS: 2350 Kerner Blvd #250	CITY: San Rafael	STATE: CA	ZIP CODE: 94901	COMMITTEE MAILING ADDRESS (IF DIFFERENT): same	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 (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
100 Van Ness Associates Managing Member, L	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			85%
Emerald 100 Van Ness LLC	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			15%
	☐ 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
100 Van Ness Associates Managing Member, LLC	Core Urban Holdings, LLC
Emerald 100 Van Ness LLC	No Members qualified

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 09/18/2026
DATE

By Kevin Verdi

Digitally signed by Kevin Verdi
Date: 2026.09.22 09:08:51 -04'00'
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)