

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

(Government Code Section 84109)

Type or Print in Ink.

Amendment☐ Check box if an Amendment# 4 / 30 / 26Date qualification threshold met
(Month, Day, Year)

Date Stamp

**CALIFORNIA
FORM 409**

For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Diversified Pacific Development Group, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Matthew A. Jordan	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (909) 481-1150	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: mjordan@divpac.com
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LLC STREET ADDRESS: 10621 Civic Center Dr.	CITY: Rancho Cucamonga	STATE: CA	ZIP CODE: 91730	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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NAME OF COMMITTEE: Diversified Pacific Development Group, LLC and Affiliated Entities	COMMITTEE ID: 1253640	COMMITTEE PHONE NUMBER: (909) 481-1150	COMMITTEE EMAIL ADDRESS: mjordan@divpac.com
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COMMITTEE STREET ADDRESS: 10621 Civic Center Dr.	CITY: Rancho Cucamonga	STATE: CA	ZIP CODE: 91730	COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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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
Matthew A. Jordan	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			50
Jeffrey S. Burum	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			50
	☐ 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 6/5/2026
DATE

By Matthew Jordan
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)**