Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.	Amendment	Date Stamp	CALIFORNIA 400		
	Check box if an Amendment		FORM 409		
	01 / 22 / 25		For Official Use Only		

				Da	Date qualification threshold met (Month, Day, Year)								
Ι.	LLC Information			<u> </u>			'						
	LEGAL NAME OF LIMITED LIABILITY COMPANY:							OFFICER PHON	I				
	IE Citizens for Government, LLC	James L. Previti				909-354	1-8000	3000		jpreviti@theprevitigroup.com			
	LLC STREET ADDESS:	CITY:	STATE:		LLC M	IAILING A	AILING ADDESS (IF DIFFERENT):		CITY:		STATE: ZIP CODE:		
	2151 E. Convention Center Way Ste 22	Center Way Ste 222 Ontario CA 9.											
	NAME OF COMMITTEE:					COMMITTEE PHONE NUM		ONE NUMBER					
	James L. Previti Including Aggregated Contr	L. Previti Including Aggregated Contributions			1404572		909-354-8000 jprev			viti@theprevitigroup.com			
	COMMITTEE STREET ADDESS:	CITY:	STATE:	ZIP CODE:	COM	AITTEE MA	ALING ADDESS (I	F DIFFERENT)	: CITY:		STATE:	ZIP CODE:	
	2151 E. Convention Center Way Ste 22	22 Ontario	CA	91764									
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. .	Members (If any members are other	T LLCS, lurther		•			CAPITAL CONTRIB	UTION CIT	MULATIVE CAI	D I ΤΔΙ	I DERC	ENTAGE	
	FULL NAME	FULL NAME MEMBERSHIP TYPE				(ONLY COMP CAPITAL CO	CAPITAL CONTRIB PLETE IF MEMBER HAS INTRIBUTION THRESHO	MET CON	TRIBUTIONS 1			HIP INTEREST	
	James L. Previti	/iti MEMBERSHIP 10% OR GREATE										100%	
			10,000 OR M										
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		I —	CONTRIBUTIONS \$		ORE								
<u> </u>	Names of Member LLCs Listed in	n Part 2											
	NAME OF LLC LIST						FU	LL NAMES OF	MEMBERS				
	WANTE OF LEG CIOTED IN FAIRT 2												
١.	Verification												
	I have used all reasonable diligence in prepari	this Statem	ent a	nd, to the	best of my kno	wledge, the	information o	containe	ed in it is tr	ue and			
	complete. I certify under penalty of perjury un		State of California L Previti	a that the fo	regoi	ng is true	and correct.						
	07/09/2025												
Executed on By													