Limited Liability Company (LLC)
Statement of Members
(Government Code Section 84109)

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: La Playa LLC
NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: David Malcolm
PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 858-694-2600
PRINCIPAL/RESPONSIBLE OFFICER EMAIL: malcolm.dave@gmail.com

LLC STREET ADDRESS: 4627 Ruffner St
CITY: San Diego
STATE: CA
ZIP CODE: 92111

NAME OF COMMITTEE: The Community Leadership Coalition
COMMITTEE ID: 1413079
COMMITTEE PHONE NUMBER: 619-713-6888
COMMITTEE EMAIL ADDRESS: april@aprilboling.com

COMMITTEE STREET ADDRESS: 7947 Hemingway Ave
CITY: San Diego
STATE: CA
ZIP CODE: 92120

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>MEMBERSHIP TYPE</th>
<th>DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)</th>
<th>CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC</th>
<th>PERCENTAGE OWNERSHIP INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dianne Bashor</td>
<td>MEMBERSHIP 10% OR GREATER</td>
<td></td>
<td></td>
<td>100%</td>
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</table>

3. Names of Member LLCs Listed in Part 2

<table>
<thead>
<tr>
<th>NAME OF LLC LISTED IN PART 2</th>
<th>FULL NAMES OF MEMBERS</th>
</tr>
</thead>
</table>

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 09/13/2022
By ____________________________
Date: 2022.09.13
14:17:27 -07'00'

Digitally signed by
David Malcolm
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)