

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

1 / 15 / 25

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: Related Santa Clara, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: David Zussman	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: (212) 801-1000	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: pcdfilings@kaufmanlegalgroup.com
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LLC STREET ADDRESS: 5201 Great America Parkway, Suite 532	CITY: Santa Clara	STATE: CA	ZIP CODE: 95054	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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NAME OF COMMITTEE: Committee to Elect Chandra, O'Neill, Kertes, and Cox to City Council 2024, Sponsored by Related Santa Clara, LLC	COMMITTEE ID: 1473886	COMMITTEE PHONE NUMBER: (510) 423-4300	COMMITTEE EMAIL ADDRESS: filings@seowenscompany.com
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COMMITTEE STREET ADDRESS: 312 Clay St., Ste. 300	CITY: Oakland	STATE: CA	ZIP CODE: 94607	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
The Related Companies, L.P.	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> 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 16/07/2025
DATE

By 
David Zussman (Jul 16, 2025 17:56 EDT)
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)