

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

(Government Code Section 84109)

Type or Print in Ink.

Amendment☐ Check box if an Amendment

03 / 18 / 2026

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: San Francisco Baseball Associates, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Jack Bair	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 415-972-2000	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: SFBA@deaneandcompany.com
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LLC STREET ADDRESS: 24 Willie Mays Plaza	CITY: San Francisco	STATE: CA	ZIP CODE: 94107	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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NAME OF COMMITTEE: San Francisco Baseball Associates, LLC	COMMITTEE ID: 1415544	COMMITTEE PHONE NUMBER: 415-972-2000	COMMITTEE EMAIL ADDRESS: SFBA@deaneandcompany.com
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COMMITTEE STREET ADDRESS: 24 Willie Mays Plaza	CITY: San Francisco	STATE: CA	ZIP CODE: 94107	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
Bay Ball, Inc.	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			26.0%
CBJ 2016 Trust	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			14.6%
	☐ 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.

6/29/2026

Executed on _____

DATE

By Jack Bair

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)**