

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment

☐ Check box if an Amendment

01 / 22 / 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: IE Citizens for Government, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: James L. Previti	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 909-354-8000	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: jpreviti@theprevitigroup.com
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LLC STREET ADDRESS: 2151 E. Convention Center Way Ste 222	CITY: Ontario	STATE: CA	ZIP CODE: 91764	LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
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NAME OF COMMITTEE: James L. Previti Including Aggregated Contributions	COMMITTEE ID: 1404572	COMMITTEE PHONE NUMBER: 909-354-8000	COMMITTEE EMAIL ADDRESS: jpreviti@theprevitigroup.com
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COMMITTEE STREET ADDRESS: 2151 E. Convention Center Way Ste 222	CITY: Ontario	STATE: CA	ZIP CODE: 91764	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
James L. Previti	☒ MEMBERSHIP 10% OR GREATER ☐ CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
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	☐ 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 07/09/2025
DATE

By James L. Previti
James L. Previti (Jul 10, 2025 08:51 PDT)

SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 409 (Nov/2021)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)