

**Statement of Organization
Recipient Committee**

Statement Type

| | | |
|--|------------------------------------|---|
| <input checked="" type="checkbox"/> Initial | <input type="checkbox"/> Amendment | <input type="checkbox"/> Termination - See Part 5 |
| <input type="checkbox"/> Not yet qualified or | | |
| <input checked="" type="checkbox"/> Date qualification threshold met | Date qualification threshold met | Date of termination |
| 08 / 11 / 2022 | _____ / _____ / _____ | _____ / _____ / _____ |

RECEIVED
8/31/22
CA

Returned: PA 8-24-2022

| | |
|--|----------------------------|
| Date Stamp | CALIFORNIA FORM 410 |
| | For Official Use Only |
| RECEIVED in the office of the Secretary of State of the State of California | |
| AUG 19 2022 | |

| 1. Committee Information | | | | I.D. Number (if applicable) | | | | 2. Treasurer and Other Principal Officers | | | |
|---|-------|--|-----------------|-------------------------------------|-------|----------|-----------------|---|--|--|--|
| NAME OF COMMITTEE | | | | NAME OF TREASURER | | | | | | | |
| Gama 4 Hueneme 2022 Steven Gama for Port Hueneme City Council | | | | Gloria Gama | | | | | | | |
| STREET ADDRESS (NO P.O. BOX) | | | | STREET ADDRESS (NO P.O. BOX) | | | | | | | |
| [REDACTED] | | | | [REDACTED] | | | | | | | |
| CITY | STATE | ZIP CODE | AREA CODE/PHONE | CITY | STATE | ZIP CODE | AREA CODE/PHONE | | | | |
| Port Hueneme | CA | 93041 | [REDACTED] | Port Hueneme | CA | 93041 | [REDACTED] | | | | |
| FULL MAILING ADDRESS (IF DIFFERENT) | | | | NAME OF ASSISTANT TREASURER, IF ANY | | | | | | | |
| | | | | | | | | | | | |
| E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) | | | | STREET ADDRESS (NO P.O. BOX) | | | | | | | |
| Gama4Hueneme@gmail.com | | | | | | | | | | | |
| COUNTY OF DOMICILE | | JURISDICTION WHERE COMMITTEE IS ACTIVE | | NAME OF PRINCIPAL OFFICER(S) | | | | | | | |
| Ventura | | | | | | | | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | | STREET ADDRESS (NO P.O. BOX) | | | | | | | |
| | | | | CITY | | | | STATE ZIP CODE AREA CODE/PHONE | | | |
| | | | | | | | | | | | |

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 15 August 2022 By [REDACTED]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 15 August 2022 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

I.D. NUMBER

COMMITTEE NAME

Gama 4 Hueneme 2022

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION

Wells Fargo

AREA CODE/PHONE

[REDACTED]

BANK ACCOUNT NUMBER

[REDACTED]

ADDRESS

[REDACTED]

CITY

Oxnard

STATE

CA

ZIP CODE

93036

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY CHECK ONE | | |
|--|---|------------------|--|--------------------------------------|------------------------------|
| Steven Gama | City of Port Hueneme City Council | 2022 | Nonpartisan <input checked="" type="checkbox"/> | Partisan <input type="checkbox"/> | (list political party below) |
| | | | Nonpartisan <input type="checkbox"/> | Partisan <input type="checkbox"/> | (list political party below) |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME. | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-------------------------------------|------------------------------------|
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |