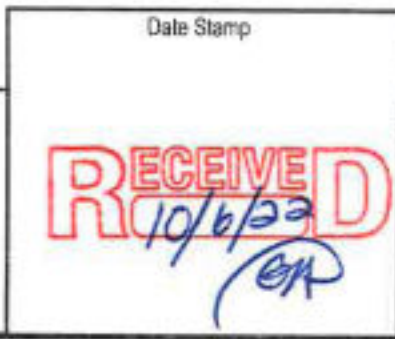


**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)

8 November 2022

Amendment (Explain Below)



CALIFORNIA FORM 470

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Steven Andrew Gama

STREET ADDRESS

CITY STATE ZIP CODE

_____ CA 93041

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

City of Port Hueneme City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)

Ventura County _____

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
1453967, Steven Gama for Port Hueneme City Council 2022	435 San Miguel Circle, Port Hueneme, CA 93041	Gloria Gama

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6 October 2022

DATE

By _____

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp RECEIVED 10/6/22 CR	CALIFORNIA FORM 470 SUPPLEMENT For Official Use Only
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This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Steven Andrew Gama

STREET ADDRESS

CITY

Port Hueneme

STATE

CA

ZIP CODE

93041

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT

City of Port Hueneme City Council 2022

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

8 November 2022

3. Date Contributions Totaling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made

28 September 2022

(MONTH, DAY, YEAR)