

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	<input checked="" type="radio"/> Date qualification threshold met	Date of termination
____/____/____	09 / 12 / 2022	____/____/____

Date Stamp
RECEIVED AND FILED
in the office of the Secretary of State
of the State of California
OCT 21 2022

CALIFORNIA FORM 410
For Official Use Only
RECEIVED
11/7/22
GA

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1453987 <small>(if applicable)</small>				NAME OF TREASURER Gloria Gama			
NAME OF COMMITTEE Steven Gama for Port Hueneme City Council 2022				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY STATE ZIP CODE AREA CODE/PHONE Port Hueneme CA 93041 [REDACTED]			
CITY STATE ZIP CODE AREA CODE/PHONE Port Hueneme CA 93041 [REDACTED]				NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) gama4hueneme@gmail.com				CITY STATE ZIP CODE AREA CODE/PHONE			
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Port Hueneme		NAME OF PRINCIPAL OFFICER(S)			
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 October 17, 2022 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on 17 October 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