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Statement of Organization
Recipient Committee

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination - See Part
<input type="radio"/> Not yet qualified or	Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	_____ / _____ / _____	12 / 03 / 2022

Date Stamp

RECEIVED AND FILED
In the Office of the Secretary of State
of the State of California

DEC 09 2022

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information				I.D. Number 145087 1453987				2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE Steven Gama for Port Hueneme City Council 2022				NAME OF TREASURER Gloria Gama				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Port Hueneme		STATE CA		ZIP CODE 93041		AREA CODE/PHONE [REDACTED]	
CITY Port Hueneme		STATE CA		ZIP CODE 93041		AREA CODE/PHONE [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY			
FULL MAILING ADDRESS (IF DIFFERENT)				STREET ADDRESS (NO P.O. BOX)				CITY STATE ZIP CODE AREA CODE/PHONE			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) gama4huneme@gmail.com				NAME OF PRINCIPAL OFFICER(S)				STREET ADDRESS (NO P.O. BOX)			
COUNTY OF DOMICILE Ventura		JURISDICTION WHERE COMMITTEE IS ACTIVE City of Port Hueneme		CITY STATE ZIP CODE AREA CODE/PHONE				[REDACTED]			
Attach additional information on appropriately labeled continuation sheets.								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 information provided is true and complete.

Executed on 12-04-2022 By [REDACTED] TREASURER

Executed on 12/3/2022 By [REDACTED] STATE MEASURE PROponent

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

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