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Statement of Organization  
 Recipient Committee

Statement Type

Initial  
 Not yet qualified  
 or  
 Date qualification threshold met

Amendment

Termination – See Part 5

Date qualification threshold met

Date of termination

11 / 29 / 2024

Date Stamp

CALIFORNIA  
 FORM

410

For Official Use Only

RECEIVED  
 DEC 12 2024  
 BY  
 30

RECEIVED  
 DEC 17 2024  
 BY

1. Committee Information

I.D. Number  
 (if applicable)

1343645

2. Treasurer and Other Principal Officers

NAME OF COMMITTEE

Carol Gamble for RSM City Council 2024

NAME OF TREASURER

Carol A. Gamble

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Mission Viejo

CA

92691

EMAIL ADDRESS OF TREASURER (REQUIRED)

CarolGamble4RSM@cox.net

AREA CODE/PHONE

949-459-8300

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Mission Viejo

CA

92691

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Carol A. Gamble

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

Mission Viejo

CA

92691

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

AREA CODE/PHONE

CarolGamble4RSM@cox.net

Attach additional information on appropriately labeled continuation sheets.

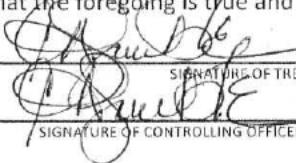
3. Verification

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 11/29/2024

By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER



Executed on 11/29/2024

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER

Executed on \_\_\_\_\_

DATE

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPOSER