

Statement of Organization
Recipient Committee

Statement Type

☐ Initial

☐ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☒ Termination – See Part 5

Date of termination

11 / 29 / 2024

Date Stamp

CITYRSM*25JAN13PM 2:12
CITYRSM*25JAN13PM 2:11a Margarita

CALIFORNIA
FORM 410
For Official Use Only
RECEIVED
DEC 17 2024
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RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

DEC 12 2024

1. Committee Information

I.D. Number
(if applicable)

1343645

NAME OF COMMITTEE

Carol Gamble for RSM City Council 2024

STREET ADDRESS (NO P.O. BOX)

CITY

Mission Viejo

STATE

CA

ZIP CODE

92691

AREA CODE/PHONE

949-459-8300

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)

CarolGamble4RSM@cox.net

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Rancho Santa Margarita, CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Carol A. Gamble

STREET ADDRESS (NO P.O. BOX)

CITY

Mission Viejo

STATE

CA

ZIP CODE

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

EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Carol A. Gamble

STREET ADDRESS (NO P.O. BOX)

CITY

Mission Viejo

STATE

CA

ZIP CODE

92691

EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)

CarolGamble4RSM@cox.net

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

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 11/29/2024

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT