

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
2013 APR 29 AM 8:29  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12 FEB 15 550 MAIL CENTER

VENICE GAMBLE FOR CONGRESS

ADDRESS (number and street)

6615 DARBY AVENUE

(Check if address  
is changed)

SUITE 112

RESEDA

CITY

CA 91335

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

V.GAMBLE@VENICEFORCONGRESS.COM

Optional Second E-Mail Address

VENICEGAMBLE@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.VENICEFORCONGRESS.COM

2. DATE

MM / DD / YYYY  
04 / 25 / 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer VENICE J. GAMBLE, II

Signature of Treasurer

*[Signature]*

Date

MM / DD / YYYY  
04 / 25 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 06/2012)

13031063768

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

VENICE JAYMES GAMBLE, II

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

CA

District

29

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

|    |                      |               |                        |
|----|----------------------|---------------|------------------------|
| 1. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

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## VENICE GAMBLE FOR CONGRESS

[illegible][illegible]**ZIP CODE**

VENICE JAMES GAMBLE, II

6615 DARBY AVENUE  
SUITE 112  
RESEDA CA 91335

ZIP CODE

Telephone number 562 - 277 - 2924

VENICE JAYMES GAMBLE, II

6615 DARTY AVENUE  
SUITE 112  
RESIDIA CA 91335-

Telephone number 562 - 277 - 2924

VENICE GAMBLE FOR CONGRESSFull Name of  
Designated  
Agent

T I F F A N Y R U S S E L L - G A M B L E

Mailing Address

6 6 1 5 D A R B Y A V E N U E

S U I T E 1 1 2

R E S E D A

CITY

C A

STATE

9 1 3 7 5 -

ZIP CODE

Title or Position

A S S I T . T R E A S U R E R

Telephone number

5 6 2 - 7 9 8 - 3 5 8 2

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

B A N K O F A M E R I C A , N . A .

Mailing Address

1 8 1 2 0 S H E R M A N W A Y

R E S E D A

CITY

C A

STATE

9 1 3 3 5 -

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE


STATE

ZIP CODE

ZIP CODE

13031063771

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                 |
| <input checked="" type="checkbox"/> USPS First Class Mail   | Postmarked<br><b>4/25/13</b>    |
| <input type="checkbox"/> USPS Registered/Certified  | Postmarked (R/C)                |
| <input type="checkbox"/> USPS Priority Mail   | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>                            |                                 |
| <input type="checkbox"/> USPS Express Mail  | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible   |                                 |
| <input type="checkbox"/> No Postmark  |                                 |
| <input type="checkbox"/> Overnight Delivery Service (Specify):  | Shipping Date                   |
| Next Business Day Delivery <input type="checkbox"/>   |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office                                  | Date of Receipt                 |
| <input type="checkbox"/> Received from Senate Public Records Office   | Date of Receipt                 |
| <input type="checkbox"/> Received from Electronic Filing Office   | Date of Receipt                 |
| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked   |
| <br>PREPARER<br>(3/2005) | <b>4/29/13</b><br>DATE PREPARED |

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