

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable: (Month, Day, Year) <u>11/3/2020</u>	<input type="checkbox"/> Amendment (Explain Below) _____ _____	Date Stamp <div style="border: 2px solid red; padding: 5px; display: inline-block; color: red; font-weight: bold;">RECEIVED</div> <u>8/22/22</u> 	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 20.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Roberto "Bobby" Martinez

STREET ADDRESS

CITY STATE ZIP CODE
Port Hueneme, CA 93041

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD
Port Hueneme City Council

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
Port Hueneme, CA

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND ID. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on August 22nd, 2022
DATE

By
SIGNATURE OF OFFICEHOLDER OR CANDIDATE