

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**

SEE INSTRUCTIONS ON REVERSE

<input checked="" type="checkbox"/> <b>Amendment</b> (Explain Below) Exceeded \$2,000 in donations on 9/4/2022	Date Stamp <b>RECEIVED</b> 9/10/22 CA	<b>CALIFORNIA FORM 470 SUPPLEMENT</b> For Official Use Only
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This form is written notification that the officeholder/candidate listed below has received contributions totaling \$2,000 or more or has made expenditures of \$2,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Martha R. McQueen-Legohn

STREET ADDRESS

CITY

Port Hueneme

STATE

CA

ZIP CODE

93041

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

N/A

**2. Office Sought**

OFFICE SOUGHT

Port Hueneme City Council

DISTRICT NUMBER  
(IF APPLICABLE)

N/A

DATE OF ELECTION (MONTH, DAY, YEAR)

November 8, 2022

**3. Date Contributions Totalling \$2,000 or More Were Received or Date Expenditures of \$2,000 or More Were Made**

September 4, 2022

(MONTH, DAY, YEAR)