

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

GE24

Date of election if applicable:
(Month, Day, Year)
11-5-24

Amendment (Explain Below)

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2024 AUG -7 PM 12:17
CAMPAIGN FINANCE

CALIFORNIA FORM 470
For Official Use Only
016610

1. Statement Covers Calendar Year 20 24.

2. **Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

LINDA J. GODIN

STREET ADDRESS

CITY STATE ZIP CODE

PALMDALE, CA 93552

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

661-810-2047

LINDAJGODIN@GMAIL.COM

3. **Office Sought or Held**

OFFICE SOUGHT OR HELD

PALMDALE WATER DISTRICT

JURISDICTION (LOCATION)

DISTRICT NUMBER (IF APPLICABLE)

3

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 I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

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 8-7-24
DATE

By _____
SIGNATURE OF OFFICEHOLDER OR CANDIDATE