

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

Amendment (Explain Below)

Date Stamp
RECEIVED
FEB 01 2021
AMADOR COUNTY ELECTIONS

CALIFORNIA FORM 470 SUPPLEMENT
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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
MAX C. Godde

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
JACKSON CA 95642

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
209-304-7689 goddemj@gmail.com

2. Office Sought

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)
Jackson City Council

DATE OF ELECTION (MONTH, DAY, YEAR)
11/03/2020

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

(MONTH, DAY, YEAR) *Only spent \$500 of my own money. I did not take contributions.*