Candidate Intention Statement		Date Sta	Date Stamp CALIFORNIA 501	
Check One: ☑ Initial ☐ Amendmer	t (Explain)		FORM SU AGOURA HILLS For Official Use Only 10 PM 4: 32 2022 MAR 10 PM 4	
1. Candidate Information:		*	RK'S OFFICE	
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (optional)	
Wolf, Jeremy T.	(818) 394-0057	()	jeremyforagourahills@gmail.com	
STREET ADDRESS	CITY	STATE	ZIP CODE	
28856 Conejo View Drive	Agoura Hills	CA	91301	
OFFICE SOUGHT (POSITION TITLE) AGE	NCY NAME	DISTRICT NUMBER, if applica	ble. ☑ NON-PARTISAN OFFICE	
	y of Agoura Hills		PARTY PREFERENCE:	
OFFICE JURISDICTION		•	(Check one box, if applicable.)	
State (Complete Part 2.)	of Agoura Hills	2022	✓ PRIMARY / GENERAL	
✓ City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of E	lection) SPECIAL / RUNOFF	
☐ I accept the voluntary expenditure ceiling ☐ I do not accept the voluntary expenditure Amendment: ☐ I did not exceed the expenditure ceil ceiling for the general or special run	ceiling for the election stated above.	on/ an	d I accept the voluntary expenditure	
(Mark if applicable) On,I contributed person	nal funds in excess of the expenditure ceili	ng for the election stated	d above.	
3. Verification:				
I certify under penalty of perjury under the la	ws of the State of California that the forego	oing is true and correct.		
Executed on $\frac{3/16/2022}{(month, day, year)}$	Signature Candidate))	FPPC Form 501 (Augus	

FPPC Form 501 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov