Statement of 0	Date Stamp	CALIE	FORNIA AAA					
Recipient Con	CITY OF AGOURA		ORM 410					
Statement Type	☐ Initial	✓ Amendment	☐ Termination – See Part 5	OIL DE VEIONA		For Official Use Only		
	O Not yet qualified or			2022 NOV 10 PM 2	13			
	O Date qualification threshold met		Date of termination	CITY CLERK'S OFF	ICE			
	//	05 / 04 / 2022	//					
1. Committe	e Information I.D. Number	er 1446381	2. Treasurer and	Other Principal Officers		The state of the s		
NAME OF COMMITTEE			NAME OF TREASURER					
Citizen to Elec	Jeremy Wolf for City Council	2022	Morgan Roth					
			STREET ADDRESS (NO P.O. BOX)	(")				
	2		5562 Cedarhaven I	Dr		* *		
STREET ADDRESS (NO P.C			CITY	STATE	ZIP CODE	. AREA CODE/PHONE		
28856 Conejo		*	Agoura Hills	CA	91301	818-809-7050		
CITY	STATE ZIP C	7	NAME OF ASSISTANT TREASURER	R, IF ANY				
Agoura Hills		301 818-394-0057						
FULL MAILING ADDRESS	(IF DIFFERENT)		STREET ADDRESS (NO P.O. BOX)					
E-MAIL ADDRESS (REQUI			CITY	STATE	ZIP CODE	AREA CODE/PHONE		
1 ' '	rahills@gmail.com							
COUNTY OF DOMICILE	. JURISDICTION WHERE COM	MMITTEE IS ACTIVE	NAME OF PRINCIPAL OFFICER(S)					
Los Angeles	Agoura Hills							
			STREET ADDRESS (NO P.O. BOX)					
Attach additional information on appropriately labeled continuation sheets.								
3. Verification								
I have used all re	easonable diligence in preparing	this statement and to the hes	t of my knowledge the informa	tion contained herein is true	and compl	oto Leartify under		
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.								
11/10/22-								
Executed on By SIGNATURE OPTREASURER OR ASSISTANT TREASURER								
Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT								
Executed on By								
Exceded on	DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT							
Executed on By								
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER. CANDIDATE. OR STATE-MEASURE PROPONENT								

FPPC Form 410 (August/2018)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization Recipient Committee

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

				I OIKW
INSTRUCTIONS ON REVERSE				Page 2
COMMITTEE NAME .				I.D. NUMBER
Citizens to Elect Jeremy Wolf for City Council 2	2022			1446381
All committees must list the financial institution	where the campaign bank account is located			•
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NU	JMBER	The state of the s
Union Bank	818-706-4848	002301975	5	
ADDRESS	CITY	STATE	ZIP CODE	
29015 Thousand Oaks Blvd.	Agoura Hills	CA	91301	
4. Type of Committee Complete the applications of the committee of the complete the applications of the committee of the comm	cable sections.			
Controlled Committee				
• List the name of each controlling officeholder, ca	ndidate, or state measure proponent. If candi	date or officeholder cor	trolled,	

- also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		(INCLUDE DISTRICT NUMBER IF APPLICABLE)	ELECTION	CHECK			
Jeremy Wolf	Membe	er of City Council	2022	Nonpartisan	Partisan	(list political par	ty below)
		•		√			
				Nonpartisan	Partisan	(list political par	ty below)
		•					
Primarily Formed Committee Primarily formed to support or o	oppose spe	cific candidates or measures in a single el	ection. List	t below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LE IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.		CANDIDATE(S) OFFICE SOUGHT OR HE (INCLUDE DISTRICT NO., CITY O		, ,	ION :	СНЕСК	ONE
	•					SUPPORT	OPPOSE
						SUPPORT	OPPOSE

ELECTIVE OFFICE SOUGHT OR HELD

YEAR OF

PARTY

Statement of Organization Recipient Committee

CALIFORNIA 410

Recipient Committee			FORM TIO			
INSTRUCTIONS ON REVERSE	•	Page 3				
COMMITTEE NAME			I.D. NUMBER			
Citizens to Elect Jeremy Wolf for City Council 2022			1446381			
4. Type of Committee (Continued)			The state of the s			
General Purpose Committee Not formed to suppose CITY Committee	ort or oppose specific candidates or measures in COUNTY Committee	n a single election. Check only one	box:			
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	· · · ·	and the second s				
		440-0				
Sponsored Committee List additional sponsors on	an attachment.					
NAME OF SPONSOR	INDUSTRY GROUP OR AFFILIATION O	OF SPONSOR				
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP CODE	E AREA CODE/PHONE			
Small Contributor Committee	/		· · · · · · · · · · · · · · · · · · ·			
Date qualified						
	verification, the treasurer, assistant treasurer and/or cand	lidate, officeholder, or ponent certify that a	II of the following conditions have been met:			

- This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 -89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.