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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Wolfe, Geoffrey, , ,		
(b) Address (number and street) 574 Mt. Holyoke Avenue		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Los Angeles		2. Candidate's FEC Identification Number H4CA32111
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought House	CA	6. State & District of Candidate CA 32

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Geoff Wolfe for Congress

(b) Address (number and street)
574 Mt. Holyoke Avenue

(c) City, State, and ZIP Code

Los Angeles CA 90272

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate

Wolfe, Geoffrey, , ,

Date

[Electronically Filed] 01/12/2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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