((Postage date: 12/21/21		(
Candidate Intention Statement Check One:		LOS ANGELES COUNTY 2021 DEC 23 PM 5: 05		CALIFORNIA 501 FORM 501	
1. Candidate Information:	AND THE STATE OF T				
NAME OF CANDIDATE (Last, First Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	EMAIL (option	al)	
Girgenti, Jeffi	(818) 859-4685	()			
STREET ADDRESS	CITY	STATE	ZIP CODE		
	Woodland Hills	CA	91364		
OFFICE SOUGHT (POSITION TITLE) AGEN	CYNAME	DISTRICT NUMBER, if applic	able. NON-PAR	TISAN OFFICE	
Los Angeles County Supervisor Los	Angeles County	3	PARTY PREF	ERENCE:	
OFFICE JURISDICTION				k one box, if applicable.)	
State (Complete Part 2.)		2022	₽ PF	RIMARY / GENERAL	
City County Multi-County:	(Name of Multi-County Jurisdiction)	(Year of	Election) SF	PECIAL / RUNOFF	
(Check one box) I accept the voluntary expenditure ceiling for I do not accept the voluntary expenditure of Amendment: O I did not exceed the expenditure ceiling for the general or special run-	ceiling for the election stated above.	on <i>L</i> an	d I accept the	voluntary expendi	2021 DEC 23 PM 5: 05
On,I contributed persona	al funds in excess of the expanditure cell	ing for the election state	d above.	,	ret
3. Verification:				**************************************	
I certify under penalty of perjury under the law	s of the State of California that the foreg	oing is true and correct.			
Executed on 11 18 21 (month, day, year)	Signature(Candidate)			EPPC Form 501	(August