Candidate Intention Sta	atement	a a		Pale Stem	En	CALIFORNIA 501
Check One:	Amendment (Explain) —		4. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	JAN - 4 2	019	For Official Use Only
1. Candidate Information:	P. V.			CITY OF MISSION		
NAME OF CANDIDATE (Last, First, Middle Init	iial)	DAYTIME TELEPHONE NUMBER	PAX NU	MBER (optional)	E-MAIL (optional)
Mahmoud El-Farra			()		
STREET ADDRESS		CITY		STATE	ZIP COD	E
OFFICE COLICULT (DOCITION TITLE)	ACCUOYATANG	Mission Viejo	1-	CA	92691	
OFFICE SOUGHT (POSITION TITLE)	AGENCY NAME		1	DISTRICT NUMBER, If	applicable.	☑ NON-PARTISAN
Mission Viejo City Council 2020 OFFICE JURISDICTION	O City of Mission	n Viejo		***************************************		PARTY:
State (Complete Part 2.)					_	
☑ City ☐ County ☐ Mu	Iti-County:	(Name of Multi-County Jurisdiction)		202	20	
the general or special (Mark if applicable)	nditure ceiling for the election sory expenditure ceiling for the elexpenditure ceiling in the primary run-off election.				he volunt	ary expenditure ceiling for
					-	
3. Verification:						
I certify under penalty of per	jury under the laws of the St	ate of California that the foregoin	ng is true	and correct.		
Executed on	4, 2019 , Signature	(Candidate)			pp.m.a.	FPPC Form 501 (Jan

FPPC Form 501 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
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