

Candidate Intention Statement

Date Stamp Received City of Mission Viejo JUL 18 2022 City Clerk	CALIFORNIA FORM 501 For Official Use Only
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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) RATHS, GREGORY G DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED] EMAIL [REDACTED]

STREET ADDRESS [REDACTED]

OFFICE POSITION (POSITION TITLE) MISSION VIEJO CITY COUNCIL DISTRICT 3 AGENCY NAME MISSION VIEJO CITY COUNCIL DISTRICT 3 DISTRICT NUMBER, if applicable 3 NON-PARTISAN OFFICE

OFFICE JURISDICTION: State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

PARTY PREFERENCE: (Check one box, if applicable.) PRIMARY / GENERAL SPECIAL / RUNOFF

(Year of Election) 2022

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On, ___/___/___ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-17-22
(month, day, year)

Signature [Handwritten Signature]
(Candidate)