

FEC FORM 1

STATEMENT OF ORGANIZATION

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12 P EAMS  
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

GREGORY RATHS 2014

ADDRESS (number and street)

4000 BARRANCA PARKWAY

(Check if address is changed)

ST 0250

IRVINE CA 92604

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

JEFF.F@GREGRATHSFORCONGRESS.COM

Optional Second E-Mail Address

SUPPORT@GREGRATHSFORCONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

GREGRATHSFORCONGRESS.COM

2. DATE 07 ' 15 ' 2013

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer JEFF DINEN

Signature of Treasurer [Handwritten Signature]

Date 07 ' 15 ' 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

13031092342



Write or Type Committee Name

GREGORY RATHS 2014

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

JEFF DINEEN

Mailing Address

181 W ORANGETHORPE AVE  
SUITE # E  
PLACENTIA

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN MANAGER

Telephone number

949-264-1469

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

JEFF DINEEN

Mailing Address

181 W ORANGETHORPE AVE  
SUITE # E  
PLACENTIA

Title or Position

CITY

STATE

ZIP CODE

CAMPAIGN MANAGER

Telephone number

949-264-1469

13031092344

Full Name of Designated Agent

JEFFREY U. DINEEN

Mailing Address

4000 BARRANCA PARKWAY

SUITE 250

ERVINE

CA

92604-

CITY

STATE

ZIP CODE

Title or Position

CAMPAIGN MANAGER

Telephone number

(714) 913-7569

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address

27571 PUERTA REAL

MISSION VIEJO

CA

92691-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031092345

Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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 Next Business Day Delivery

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 PREPARER

*7/17/13*  
 DATE PREPARED

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