

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 FEB 5 AM 7:26

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

12FE4M5

GREG RATHS FOR CONGRESS 2016

ADDRESS (number and street)

26551 MASIDE

(Check if address is changed)

MISSION VIEJO CA 92692-3353
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

GREGRATHS2016@REAGEN.COM

Optional Second E-Mail Address
GREG0912@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

GREGRATHS.COM

2. DATE

01 / 18 / 2016

3. FEC IDENTIFICATION NUMBER

C00547109

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

GREGORY G. RATHS

Signature of Treasurer

Greg Raths

Date

01 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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)

NON-PROFIT ORGANIZATION

Write or Type Committee Name

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

[Empty grid lines for name entry]

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

GREGORY G RATHS

Mailing Address

26551 MASIDE

MISSION VIEJO

CA

92692-3353

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

949-292-2468

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

GREGORY G RATHS

Mailing Address

26551 MASIDE

MISSION VIEJO

CA

92692-3353

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

949-292-2468

20110808 10:01:00 AM

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

COMERICA BANK

Mailing Address

26131 LA PAZ ROAD

[Empty grid for Mailing Address]

MISSION VIEJA CA 92691

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

NON-CONFIDENTIAL

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <div style="font-size: 1.5em; font-family: cursive;">1/26/16</div>
<input type="checkbox"/> USPS Registered/Certified	Date of Receipt <div style="font-size: 1.5em; font-family: cursive;">2/5/16</div>
<input type="checkbox"/> USPS Priority Mail	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

2/5/16

 DATE PREPARED

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