

**MANDATORY**

## Candidate Intention Statement

Date Stamp

CALIFORNIA  
FORM

**501**

Check One:  Initial  Amendment  
(Explain) \_\_\_\_\_

For Official Use Only

CITYRSM 24AUG 3PM 243

### 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial)

MATA, TONY S

DAYTIME TELEPHONE NUMBER

7147460935

FAX NUMBER (optional)

( )

EMAIL (optional)

MATA400@cox.net

STREET ADDRESS

\_\_\_\_\_

CITY

city of RSM

STATE

CA

ZIP CODE

92688

OFFICE SOUGHT (POSITION TITLE)

CITY of Rancho Santa Margarita

AGENCY NAME

DISTRICT NUMBER, if applicable.

NON-PARTISAN OFFICE

OFFICE JURISDICTION

State (Complete Part 2.)

City  County  Multi-County:

(Name of Multi-County Jurisdiction)

2024

(Year of Election)

PRIMARY / GENERAL

SPECIAL / RUNOFF

### 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

8-8-2024

(month, day, year)

Signature

Anthony S. Mata

(Candidate)

FPPC Form 501 (August/2023)

FPPC Advice: advice@fppc.ca.gov | 275-3772

w fppc.ca.gov