

Candidate Intention Statement

Date Stamp City of Grover Beach DEC 20 2021 RECEIVED CALIFORNIA FORM 501 For Official Use Only

Check One: [X] Initial [] Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Rushing, Daniel H. DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional) Rushing4GroverBeach@gmail.com STREET ADDRESS CITY Grover Beach STATE CA ZIP CODE 93433 OFFICE SOUGHT (POSITION TITLE) Council Member AGENCY NAME City of Grover Beach DISTRICT NUMBER, if applicable. [X] NON-PARTISAN OFFICE OFFICE JURISDICTION [] State (Complete Part 2) [X] City [] County [] Multi-County: (Name of Multi-County Jurisdiction) 2022 (Year of Election) [X] 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)

[X] 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 12/20/2021 (month, day, year) Signature _____ (Candidate)