

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met <u>9/29/2022</u>	Date of termination ____/____/____

Date Stamp  
City of Grover Beach  
OCT 03 2022  
RECEIVED

**CALIFORNIA FORM 410**  
For Official Use Only

<b>1. Committee Information</b>		<b>2. Treasurer and Other Principal Officers</b>	
I.D. Number (if applicable) <u>1446532</u>		NAME OF TREASURER <u>Marlene Jevns</u>	
NAME OF COMMITTEE <u>Rushing for Grover Beach City Council</u>		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE <u>Grover Beach CA 93433</u>	
CITY STATE ZIP CODE AREA CODE/PHONE <u>Grover Beach CA 93433</u>		NAME OF ASSISTANT TREASURER, IF ANY <u>Jennifer Rushing</u>	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		CITY STATE ZIP CODE AREA CODE/PHONE <u>Grover Beach CA 93433</u>	
COUNTY OF DOMICILE <u>San Luis Obispo</u>	JURISDICTION WHERE COMMITTEE IS ACTIVE <u>City of Grover Beach</u>	NAME OF PRINCIPAL OFFICER(S)	
Attach additional information on appropriately labeled continuation sheets.		STREET ADDRESS (NO P.O. BOX)	
		CITY STATE ZIP CODE AREA CODE/PHONE	

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/1/2022 By [REDACTED]

Executed on 10/1/2022 By [REDACTED] ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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COMMITTEE NAME <i>Rushing for Grover Beach City Council</i>	I.D. NUMBER <i>14446532</i>
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• All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <i>Mechanics Bank</i>	AREA CODE/PHONE <i>805-489-1336</i>	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS <i>899 West Grand Ave</i>	CITY <i>Grover Beach</i>	STATE <i>CA</i>
		ZIP CODE <i>93433</i>

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
<i>Daniel Rushing</i>	<i>City Council-Grover Beach</i>	<i>2022</i>	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>