

**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
RECEIVED AND FILED
In the office of the Secretary of State of California
OCT 05 2022

CALIFORNIA FORM 410
For Official Use Only
City of Grover Beach
OCT 28 2022
RECEIVED

1. Committee Information		I.D. Number		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE <u>Rushing for Grover Beach City Council</u>		<u>1446532</u> <small>(if applicable)</small>		NAME OF TREASURER <u>Marlene Jenus</u>			
STREET ADDRESS (NO P.O. BOX) [REDACTED]		CITY <u>Grover Beach</u>		STATE <u>CA</u>	ZIP CODE <u>93433</u>	AREA CODE/PHONE	
CITY <u>Grover Beach</u>		STATE <u>CA</u>		ZIP CODE <u>93433</u>		AREA CODE/PHONE	
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED]		NAME OF ASSISTANT TREASURER, IF ANY <u>Jennifer Rushing</u>		STREET ADDRESS (NO P.O. BOX) [REDACTED]			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]		CITY <u>Grover Beach</u>		STATE <u>CA</u>	ZIP CODE <u>93433</u>	AREA CODE/PHONE <u>[REDACTED]</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) [REDACTED]			
[REDACTED]		[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]			
[REDACTED]		[REDACTED]		CITY [REDACTED]			
[REDACTED]		[REDACTED]		STATE [REDACTED]			
[REDACTED]		[REDACTED]		ZIP CODE [REDACTED]			
[REDACTED]		[REDACTED]		AREA CODE/PHONE [REDACTED]			

Attach additional information on appropriately labeled continuation sheets.

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]
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/1/2022 By [REDACTED]
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE 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>	ID 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 <i>[REDACTED]</i>
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"/>