

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial <input type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met ____/____/____	<input checked="" type="checkbox"/> Amendment Date qualification threshold met 9 / 29 / 2022	<input type="checkbox"/> Termination – See Part 5 Date of termination ____/____/____
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Date Stamp City of Grover Beach JAN 17 2023 RECEIVED	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information		2. Treasurer and Other Principal Officers	
I.D. Number 1446532 <i>(if applicable)</i>			
NAME OF COMMITTEE RUSHING FOR GROVER BEACH CITY COUNCIL 2022		NAME OF TREASURER MARLENE JEUNG	
STREET ADDRESS (NO P.O. BOX) [REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
CITY GROVER BEACH	STATE CA	ZIP CODE 93433	AREA CODE/PHONE [REDACTED]
FULL MAILING ADDRESS (IF DIFFERENT) [REDACTED] SAN LUIS OBISPO, CA 93406		NAME OF ASSISTANT TREASURER, IF ANY JENNIFER RUSHING	
CITY GROVER BEACH		STATE CA	ZIP CODE 93433
COUNTY OF DOMICILE SAN LUIS OBISPO	JURISDICTION WHERE COMMITTEE IS ACTIVE CITY OF GROVER BEACH		
[REDACTED]		NAME OF PRINCIPAL OFFICER(S)	
[REDACTED]		STREET ADDRESS (NO P.O. BOX) [REDACTED]	
[REDACTED]		CITY	STATE CA
[REDACTED]		ZIP CODE 93433	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 1/12/2023 By [REDACTED] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/12/2023 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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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COMMITTEE NAME RUSHING FOR GROVER BEACH CITY COUNCIL 2022	I.D. NUMBER 1446532
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All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION MECHANICS BANK	AREA CODE/PHONE 805-489-1336	BANK ACCOUNT NUMBER [REDACTED]
ADDRESS 899 WEST GRAND AVE	CITY GROVER BEACH	STATE CA
		ZIP CODE 93433

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		
DANIEL RUSHING	CITY COUNCIL D#2, GROVER BEACH	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
n/a	n/a		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	
n/a	n/a	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
n/a	n/a	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

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I.D. NUMBER

1446532

COMMITTEE NAME

RUSHING FOR GROVER BEACH CITY COUNCIL 2022

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

N/A

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

N/A

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

N/A

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

AREA CODE/PHONE

N/A

N/A

Small Contributor Committee

____/____/____

Date qualified

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, orponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.