

Candidate Intention Statement

City of Grover Beach

CALIFORNIA FORM **501**
 For Official Use Only

JUN 30 2020 RECEIVED

Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) DAYTIME TELEPHONE NUMBER FAX NUMBER (optional) EMAIL (optional)
 RUSHING, DANIEL, H. [REDACTED] () [REDACTED]

STREET ADDRESS CITY STATE ZIP CODE
 [REDACTED] GROVER BEACH CA 93433

OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable, NON-PARTISAN OFFICE
 CITY COUNCIL MEMBER CITY OF GROVER BEACH PARTY PREFERENCE:

OFFICE JURISDICTION (Check one box, if applicable.)
 State (Complete Part 2.) PRIMARY / GENERAL
 City County Multi-County: _____ (Name of Multi-County Jurisdiction) 2020 (Year of Election) 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 06 28 2020
(month, day, year)

Signature [REDACTED]
(Candidate)