		i a. Data Stamp	
		City of San Clemen	CALIFORNIA 460
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04 /04 /0004	Date of election if applicable: (Month, Day, Year)	1	Page of8
01/01/2021	-	Pity Clerk D	For Official Use Only
ugh06/30/2021	11/08/2022	Departmen	
Parts 1, 2, 3, and 4.	2. Type of Statement:		
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	AREA CODE/PHONE AREA CODE/PHONE AREA CODE/PHONE	m 01/01/2021 (Month, Day, Year) pugh 06/30/2021 11/08/2022 2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Arnendment (Explain to be part 6) Formed Candidate/ older Committee palete Part 7) BER	Statement covers period n 01/01/2021 Date of election if applicable: (Month, Day, Year) 11/08/2022 11/08/2022 11/08/2022 11/08/2022 11/08/2022 11/08/2022 11/08/2022 11/08/2022 City Clerk Departmen 11/08/2022 City Clerk Departmen 2. Type of Statement: Question Statement Seption Statement Seption Statement (Also file a Form 410 Termination) Statement (Also file a Form 410 Termination) Statement (Capital Delow) BER 18. Treasurer(s) NAME OF TREASURER Lysa Ray MAILING ADDRESS 3843 S Bristol St suite 604 CITY STATE ZIP Santa Ana CA 92 NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS AREA CODE/PHONE AREA CODE/PHONE CITY STATE ZIP OPTIONAL: FAX/E-MAIL ADDRESS

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Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Balle	ot Measure (Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE		the state	
Aaron Washington	# # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Luipiopiotio	N	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	SUPPORT OPPOSE
City Council Member City of San Clemente	and the second of the second o				e de la companya de l	☐ OPPOSE
	TY STATE ZIP		Identify the controlling of	ficeholder, can	didate, or state measu	re proponent, if any
Sai	n Clemente CA 92673		NAME OF OFFICEHOLDER, CAI	NDIDATE, OR PRO	OPONENT	
	and the second of the second o					
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT I	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER			-11-1-10EE	-haldar Cammitton	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7	Primarily Formed Can officeholder(s) or candidate(s) for which this	committee is primarily	formed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO)X)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	•	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	OX)************************************				<u> </u>	
CITY STATE ZIP C	CODE AREA CODE/PHONE		Atta	ech continuatio	on sheets if necessary	· · S Signatura (Signatura)

Campaign D)isclosure	State	ment
Summary P	age	* .	

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Amounts may be rounded to whole dollars.

		SUMMARY PAGE
Statem	ent covers period	CALIFORNIA 160
from	01/01/2021	FORM 400
through _	06/30/2021	Page 3 of 8
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Washington for City Council 2022 1428218 Column A Column B **Calendar Year Summary for Candidates** Contributions Received

Contributions Received	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$0.00	
2. Loans Received	0.00	12,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 12,000.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	the contract of the contract o	150.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$150.00	\$12,150.00	Made \$\$
Expenditures Made			Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3	\$ 915.00	\$ 915.00	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 915.00	\$ 915.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	-150.00	3,559.20	Date of Election Total to Date
10. Nonmonetary Adjustment	150.00	150.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$915.00	\$ 4,624.20	\$ <u></u>
Current Cash Statement			\$\frac{1}{2}
12. Beginning Cash Balance Previous Summary Page, Line 16	\$1,104.67	To calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	0.00	amounts in Column A to the	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	corresponding amounts from Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	915.00	report. Some amounts in Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	the contract of the contract o	figures that should be	
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is the first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	15,559.20		FPPC Form 460 (Jan/20

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Schedule B – Part 1 Loans Received		ounts may be ro to whole dollar		Fate payaments in the later payaments in the	Statement cov	ers period	CALIFORN FORM	⁴ 460
and the second of the second o		and the second second			through06/3	0/2021	Page4	of <u>8</u>
SEE INSTRUCTIONS ON REVERSE					unougn	0,10012	I.D. NUMBER	01
NAME OF FILER	A Section 1997 A Section 1997	energy the manager of the gen					i.b. Homber	
Washington for City Council 2022					and the second second		1428218	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER	(a) OUTSTANDING BALANCE BEGINNING THIS	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Aaron Washington, Jr.	NAMEOFBUSINESS) Consultant	PERIOD	PERIOD	THIS PERIC	D* PERIOD	, LKIOD	LOAN	CALENDARYEAR
San Clemente, CA 92673	Self			□ PAID \$0_0 □ FORGIVEN		0_00% RATE	\$ 5,000.00	\$150_00 PERELECTION**
TIND □ COM □ OTH □ PTY □ SCC	uni se a aban et a carri saries	\$_5,000.00	s <u> </u>	\$0_0	DATE DUE	\$0.00	07/16/2020 DATE INCURRED	\$G2020 12,331.0
Aaron Washington, Jr.	Consultant	<u> </u>		☐ PAID	No.		7"	CALENDARYEAR
San Clemente, CA 92673	Self Property of the second se			\$0_0		0_0% RATE	\$ -7,000.00	\$150.00 PER ELECTION**
TEN IND COM COTH PTY SEC		\$_7,000.00	\$0.00	\$	DATE DUE	s0.00	11/03/2020 DATE INCURRED	\$G2020 12,331.0
				PAID \$ FORGIVEN	\$	%	\$	CALENDAR YEAR \$ PER ELECTION***
	1 1 1 1 1 1 1 1 1			LIFORGIVEN				PERELECTION
†□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	5	DATE INCURRED	\$
		SUBTOTALS S	0.00	\$ 0.	00\$ 12,000.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period		*************	***************************************	\$_	0.00			
(Total Column (b) plus unitemized loan	s of less than \$100.)	n de la companya de La companya de la co	in the second se	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Contributor Codes	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that				\$ <u></u>	0.00	. c	ND – Individual OM – Recipient Co (other than ITH – Other (e.g., TY – Political Part	PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar				. NET \$ _	0.00 (May be a negative number)	l s	CC - Small Contri	
*Amounts forgiven or paid by another party also	must be reported on Schedule A.		regione Programme		version along the	- 194 - 194		

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** If required.

Schedul	-	· ·		Amounts may be rounded	•					SCHEDULE
Nonmor	netary Contributio	ns Received		to whole dollars.		S	tatement covers p	eriod		ORNIA 460
	A Transport of the Hills of the					from	01/01/202	1	FO	RM TUU
		Section 18 and 18					unh 06/30/202		,	
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NAME OF FILE	K Typlock og skriver		en e		,				I.D. NUME	3ER
Washington	for City Council 202	12							142821	Ż
DATE RECEIVED	FULL NAME, STREE ZIP CODE OF C (IF COMMITTEE, ALSO	T ADDRESS AND ONTRIBUTOR	CONTRIBUTOR CODE *	LE AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - E	IVE TO E R YEAR	PER ELECTION - TO DATE (IF REQUIRED)
	Aaron Washington, Jr San Clemente, CA 926		⊠IND □COM □OTH	Consultant Self	Bill Paid By Party	Third	150.00		150.00	G2020 \$12,331.0
			□PTY □SCC		A COLOR					er i esse
			□IND □COM □OTH □PTY □SCC							
			□IND □COM □OTH □PTY □SCC		- 2					
			□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on	appropriately label	ed continuat	ion sheets.	SUBTO	OTAL \$	150.00	1/27		
Amount (Include Amount)		s.) nitemized nonmoneta	.,	s. ons of less than \$100		\$	150.0	0 OTH PTY-	other th, Other (e Political P	t Committee an PTY or SCC) .g., business entity)
(Add Lin	es 1 and 2. Enter here a	and on the Summary	Page, Colum	n A, Lines 4 and 10.)	TOTA	L \$_	150.0	<u>o</u>		

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www.fppc.ca.gov

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE	Amounts may l to whole d			Statement covers from	021 FO	SCHEDULE E ORNIA 460 6 of 8
NAME OF FILER					I.D. NU	
Washington for City Council 2022					14282	18
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings an OFC office exper PET petition circu PHO phone banks POL polling and s postage, del	nmunications d appearances nses lating	\$ervices	RAD radio airtime and returned contributions SAL campaign worker two candidate travel, TRS staff/spouse travetransfer between VOT voter registration	production costs tions rs' salaries ne and production cos lodging, and meals el, lodging, and meals committees of the sa	ame candidate/sponsor
NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
Lysa Ray Campaign Services 3843 S. Bristol St. #604 Santa Ana, CA 92704		PRO		4		300.00
Lysa Ray Campaign Services 3843 S. Bristol St. #604 Santa Ana, CA 92704		PRO	-	***************************************		565.00
				· · · · · · · · · · · · · · · · · · ·		
						# N. N. N.
* Payments that are contributions or independent expenditures	must also be summ	narized on Schedule	D.		SUBTOTAL	\$ 865.00
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule)	le E subtotals.)				\$_	865.00

2. Unitemized payments made this period of under \$100 ______

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

50.00

0.00

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

		SCHEDULE F
State	ment covers period	CALIFORNIA 160
from	01/01/2021	FORM 400
through,	06/30/2021	Page7 of8
		I.D. NUMBER
		1428218

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Washington for City Council 2022

				4		1800			
COL	DES: If one of the following codes accurately describe	s the	payment, you may enter the code	e. O	therwis	e, describe th	ne payment.	4	•
CMP	campaign paraphernalia/misc.	MBR	member communications		RAD	radio airtime an	d production costs		
CNS	campaign consultants	MTG	meetings and appearances		RFD	returned contrib	outions		
CTB	contribution (explain nonmonetary)*	OFC	office expenses		SAL	campaign work	ers' salaries		
CVC	civic donations	PET	pétition circulating		TEL	t.v. or cable ain	ime and production	costs	
FIL	candidate filing/ballot fees	PHO	phone banks		TRC	candidate trave	l, lodging, and meals		
FND	fundraising events	POL	polling and survey research		TRS	staf#spouse tra	vel, lodging, and me	als	
IND	independent expenditure supporting/opposing others (explain)*	POS	pestage, delivery and messenger service	3 \$	TSF	transfer betwee	n committees of the	same gandi	idate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		VOT	voter registration	n		•
LIT	campaign literature and mailings	PRT	print ads		WEB	information tech	nnology 6 o sts (intern	et, e-mall)	
				Hames	and the same			-	
	NAME AND ADDRESS OF CREDITOR		CODE OR OUTSTANDING	چ. دا	AMOU	(b) NT INGURRED	(c) AM@UNT PAID	оит	(d) ISTANDING

	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INGURRED THIS PERIOD	(C) AMGUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BÅLANCE AT CLOSE OF THIS PERIOD
Chase		CMP	889.80	-150.00	0.00	739.80
P.O.BOX 6294 Carol Stream,	IL 60197					
Chase P.O.BOX 6294 Carol Stream,	IL 60197	CMP	572.48	0.00	0.00	572.48
m nwy			rance and the second se	aga a agatek da (b. 19	Terrotov († 1904)	
Chase P.O.BOX 6294 Carol Stream,	IL 60197	CMP	1,593.86		0.00	1,593.86
* Payments that are	e contributions or independent expenditures must also be	SUBTOTALS	\$ 3,056.145	=150.00\$	0.00	\$ 2,906.14

Schedule F Summary

1.	Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	-150.00
2	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	0.00
3	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	~150.00

Schedule F (Continuation Sheet) **Accrued Expenses (Unpaid Bills)**

Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** 01/01/2021 from through 06/30/2021 Page I.D. NUMBER

1428218

NAME OF FILER

Washington for City Council 2022

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donatiens candidate filing/ballot fees FIL FND fundraising events IND

independent expenditure supporting/opposing others (explain)* LEG legal defense

campaign literature and mailings LIT

member communications returned contributions meetings and appearances

office expenses petition circulating phone banks

polling and survey research postage, delivery and messenger services professional-services (legal, accounting)

PAT print ads RAD radio airtime and production costs

campaign workers' salaries SAL

t.v. or cable airtime and production costs

candidate travel, ledging, and meals TRC staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor

VOT voter registration

information technology costs (internet, e-mail)

^{*} Payments that are contributions of independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR BESCRIPTION OF PAYMENT	(8) OUTSTÄNDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLÔSE OF THIS PERIÇO
Aaron Washington, Jr.	FIL	653.06	0.00	0.00	6 53.06
San Clemente, CA 92673				en e	
	V. V. V. V.	an all a			
 A superior of the state of the	Programme and programme golds.	A MAN AND AND AND AND AND AND AND AND AND A		en e	and a section of
	SUBTOTALS	\$ 653.06	\$ 0.00	0.00	\$ 6\$3.06