			City of San Clemente		
Candidate Into	ention Sta	tement .		City of Sa Date Stamp 10	CALIFORNIA FO1
	,	,	AUG 11 2022		FORM 501
Charle Once				AUG 11 200	For Official Use Only
Check One:	☑ Initial	Amendment (Explain)	City Clerk Department		
			Gity Clone Dopartinent	City Clerk Department	

1. Candidate Info	ormation:				
NAME OF CANDIDATE (LE	ast, First Middle Initial)		DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional)	- 37 - 38
williams	Ashlo:	1 . F.		()	
STREET ADDRESS		1	CITY	STATE	
Momber	of the	City Council		San Clemente, C	A
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME DISTRICT NUMBER, if applicable. DION-PARTISAN OFFICE					
Member	- of Th	le city Coun	CI	PARTY	PREFERENCE:
OFFICE JURISDICTION		0	*	2	(Check one box, if applicable.)
State (Complete Pa				2022	PRIMARY / GENERAL
City Cour	nty Multi-	County:	(Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
(Check one box) accept the value of the val	voluntary expendents ept the volunts nt: t exceed the exceeding the exceed the exceeding the exceed the exceeding the	enditure ceiling for the e ary expenditure ceiling f	for the election stated above.	on <i>LL</i> and I accep	ot the voluntary expenditure
(Mark if applicable)					
On,I contributed personal funds in excess of the expenditure ceiling for the election stated above.					
			s deliverability and security when the security security is a security security of the security securi		
3. Verification:				numera sengangkan kalangan sakan sakan kalangan kenuan dalah sakan sakan salik di sakan kalangan sakan sakan s	
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Executed on	8 - 9 - 2 (month, day, yea	072 Signate	ure		FPPC Form 501 (August/2018)
				FPPC .	Advice: advice@fppc.ca.gov (866/275-3772)

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