

**Officeholder and Candidate
Campaign Statement –
Short Form**

City of San Clemente

**CALIFORNIA
FORM 470**

Date of election if applicable:
(Month, Day, Year)
11-8-22

Amendment (Explain Below)

SEP 28 2022

City Clerk Department

For Official Use Only

1. Statement Covers Calendar Year 20 22.

2. Officeholder or Candidate Information

3. Office Sought or Held

NAME OF OFFICEHOLDER OR CANDIDATE

Ashley Williams

STREET ADDRESS

[REDACTED]

CITY STATE ZIP CODE

[REDACTED]

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

OFFICE SOUGHT OR HELD

Member of City Council

JURISDICTION (LOCATION)

San Clemente

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-29-2022
DATE

By [REDACTED]