Paginiant Committee				COVER PAGE
Recipient Committee Campaign Statement			Date Stamp	CALIFORNIA 460
Cover Page Government Code Sections 84200-84216.5)			City of San Clemelife	
Soveriment Code Sections 64200-64210.3)	Statement covers period from01/01/2023	Date of election if applicable: (Month, Day, Year)	JUL 26 2023	Page1 of6
EEE INSTRUCTIONS ON REVERSE	through06/30/2023	11/08/2022	City Clerk Department	, sr smout occ only
. Type of Recipient Committee: All Committees -	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
 ☑ Officeholder, Candidate Controlled Committee ☐ State Candidate Election Committee ☐ Recall (Also Complete Part 5) ☐ General Purpose Committee ☐ Sponsored ☐ Small Contributor Committee ☐ Political Party/Central Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ (Also file a Form 410 To	Spec Supp State	terly Statement ial Odd-Year Report Iemental Preelection ment - Attach Form 495
. Committee Information	I.D. NUMBER 1428218	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE		NAME OF TREASURER		
Washington for City Council 2022		Lysa Ray		
		MAILING ADDRESS		
		3843 S Bristol St sui	te 604	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	AND
CITY STATE ZIP	CODE AREA CODE/PHONE	Santa Ana NAME OF ASSISTANT TREASUR	CA 927	04
SIAIE ZIF	AREA GODE/PHONE	NAME OF ASSISTANT TREASUR	SED, IF ANT	,
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	. BOX	MAILING ADDRESS		
c/o Lysa Ray 3843 S Bristol St #604		in terro rissis, eso		
	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DDE AREA CODE/PHONE
Santa Ana CA 92	704			
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
. Verification				
I have used all reasonable diligence in preparing and review	ing this statement and to the best of my kn	owledge the information contained he	rein and in the attached schedul	les is true and complete. I certify
under penalty of perjury under the laws of the State of California			ned by Lysa Ray	
Executed on07/26/2023	D.	Date: 2023.0 -07'00'	7.26 11:22:23	
Date Date	Ву	Signature of i:easurer or Assistant	Treasurer	
Executed on	BySignature or Co	omroning Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sponsor	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	
Executed on	Ву			
Date		Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	FPPC Form 460 (Jan/2016)

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement cov	ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through06/3	0/2023	Page4	of6
NAME OF FILER							I.D. NUMBER	
Washington for City Council 2022		70)					1428218	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIR OR FORGIVE THIS PERIOD	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Aaron Washington, Jr.	Consultant Self			PAID				CALENDAR YEAR
				\$0.00		00% RATE	\$ 5,000.00	\$0_00 PER ELECTION*** G2018 2,906.1 G2022 525.00
†☑ IND □ COM □ OTH □ PTY □ SCC		\$ _5,000.00	\$0.00	\$0.00	DATE DUE	\$0.00	DATE INCURRED	\$ G2020 12,331.0
Aaron Washington, Jr.	Consultant Self			PAID				CALENDAR YEAR
				\$0.00	\$ _7,000.00	0_0.0% RATE	\$_7,000.00	\$0_00 PER ELECTION ** G2018 2,906.1* G2022 525.00
TIND COM OTH PTY SCC		\$ _7,000.00	\$0.00	\$0.00	DATE DUE	\$0.00	11/03/2020 DATE INCURRED	\$ G2020 12,331.0
Aaron Washington, Jr.	Consultant Self			PAID				CALENDAR YEAR
	1			\$0.00	\$525_00	0.00% RATE	s525.00	\$0.00
TEND COM OTH PTY SCC		\$525_00	\$0.00	FORGIVEN \$0_0	DATE DUE	\$0,00	09/14/2021 DATE INCURRED	PER ELECTION** G2018 2,906.1- G2022 525.00 \$ G2020 12,331.4
		SUBTOTALS \$	0.00	\$ 0.0	00\$ 12,525.00	\$ 0.00		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loan		•••••		\$	0.00	(+c	Santiibutas Gadaa	
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that	0 paid or forgiven.)			\$	0.00	O. O.	Contributor Codes D – Individual OM – Recipient Co (other than TH – Other (e.g., TY – Political Part	ommittee 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)	So	CC – Small Contril	outor Committee
*Amounts forgiven or paid by another party also	must be reported on Schedule A.)						

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

** If required.

Amounts may be rounded to whole dollars.

Statement covers period		CALIFORNIA 160
from	01/01/2023	FORM 400
through _	06/30/2023	Page5 of6
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Washington for City Council 2022 1428218

CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* MTG meetings OFC office expection of petition of phone by policy and provided independent expenditure supporting/opposing others (explain)* POS postage,	communication and appearar penses irculating nks nd survey rese delivery and r	s nces	RAD radio airtime and product returned contributions SAL campaign workers' salated t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between committee voter registration	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID	
Lysa Ray Campaign Services 3843 S. Bristol St. #604 Santa Ana, CA 92704	PRO				350.00	
Lysa Ray Campaign Services 3843 S. Bristol St. #604 Santa Ana, CA 92704	PRO				570.00	
Lysa Ray Campaign Services 3843 S. Bristol St. #604 Santa Ana, CA 92704	PRO				140.00	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$					1,060.00	
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule E subtotals.)						
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).)\$					0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)					1,150.67	

FPPC Form 460 (Jan/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	from01/01/2023		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through06/30/	2023 Page.	6 of 6	
NAME OF FILER				I.D. NUM	IDCD	
Washington E. Glasson 13 and				I.D. NOW	IDEN	
Washington for City Council 2022				14282	18	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* 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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns inces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse trave TSF transfer betwee VOT voter registrati	nd production costs butions kers' salaries time and production costs el, lodging, and meals avel, lodging, and meals en committees of the sar	ne candidate/sponsor	
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 INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
Aaron Washington Jr	FIL	653.06	0.00	0.00	653.06	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS S	653.06\$	0.00	0.00\$	653.06	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized page 100 or more, plus tot	accrued expenses under sedule F, Column (c) subto	tals for payments on				
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	an the difference bear					