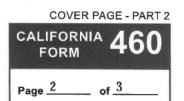
Recipient Committee Campaign Statement Cover Page	eri B		RECEIV	E FO	FORNIA 460	
	Statement covers period from 10/23/2022	Date of election if applicable: (Month, Day, Year)	FEB - 9 20	Page _1	1 of 3 or Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2022</u>	11/8/22	CITY OF SUISU	N CITY	TY	
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:				
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored Jso Complete Part 6) rimarily Formed Candidate/ officeholder Committee	☐ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T ☐ Amendment (Explain b	ermination)	Quarterly State Special Odd-Ye	ment ear Report	
	NUMBER 149433	Treasurer(s)				
Princess Washington for Suisun City Council 2022		NAME OF TREASURER MAILING ADDRESS				
STREET ADDRESS (NO P.O. BOX)	*	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS				
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		×	
4. Verification						
I have used all reasonable diligence in preparing and reviewin certify under penalty of perjury under the laws of the State of Executed on Date Executed on Date	California that the	knowledge the information contained			true and complete. I	
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent			
Executed on Date .	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent		10 F 400 (I (000 C))	

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

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2



	Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee					
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
	Princess Washington							
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N	T	SUPPORT
	Suisun City Council							OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CI	TY STATE 7ID		Identify the controlling officel	nolder, candid	ate, or state	measure pro	ponent, if any.
•				NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT				
	Related Committees Not Included in this Stat not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	D. IF ANY
	COMMITTEE NAME	I.D. NUMBER						
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this (committee is p	orimarily form	ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B			NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HEL	D SUPPORT OPPOSE
				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. B	CONTROLLED COMMITTEE? YES NO OX)		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	JGHT OR HEL	SUPPORT OPPOSE
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attac	ch continuatio	n sheets if n	ecessary _.	•

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/2022 CALIFORNIA FORM 460

through 12/31/2022 Page 3 of 3

I.D. NUMBER

Princess Washington			1449433
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	\$ \$ \$	- 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 749.00	\$	Expenditure Limit Summary for State Candidates
7. Loans Made	\$	\$	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	s 749.00	\$	Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	, 1435.00		\$
13. Cash Receipts	s _ UBU- OQ	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	\$ 686.00	from Lines 2, 7, and 9 (if any).	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov