

Recipient Committee Campaign Statement Cover Page

CALIFORNIA **460** FORM

Page 1 of 3

For Official Use Only

Date Stamp
MORENO VALLEY
OCT 25 PM 5:32

Statement covers period
from 9/15/2021
through 10/16/2021

Date of election if applicable:
(Month, Day, Year) 11/02/2021

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- 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)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1438872

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Patsy Brown for Council Woman District #2 2021

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Deborah Pepo

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Los Angeles CA 90043

NAME OF ASSISTANT TREASURER, IF ANY

Dr Patsy Brown

MAILING ADDRESS

22779 Beaver Creek Court

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92557

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to certify under penalty of perjury under the laws of the State of California that the foregoing

is true and complete. I

Executed on 10/21/2021
Date

By _____

Executed on 10/21/2021
Date

By _____

Executed on _____
Date

By _____

Executed on _____
Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Patsy Brown

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Moreno valley City Council person District#2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Moreno Vall CA 92557

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

| | |
|-----------------------|---------------------|
| OFFICE SOUGHT OR HELD | DISTRICT NO. IF ANY |
|-----------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>9/13/2021</u> through <u>10/14/21</u> | CALIFORNIA FORM 460 |
| | Page <u>3</u> of <u>6</u> |
| I.D. NUMBER 1438872 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Patsy Brown

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ 550.00 | \$ 4575.00 |
| 2. Loans Received..... Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ 550.00 | \$ 4575.00 |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 600.00 | 1994.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 1150.00 | \$ 6569.00 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ 5875.00 | \$ 4575.00 |
| 21. Expenditures Made | \$ 554.22 | \$ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ 499.00 | \$ 5855.22 |
| 7. Loans Made..... Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ 499.00 | \$ 5855.22 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0 | 0 |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ 499.00 | \$ 5855.22 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ___/___/___ | \$ _____ |
| ___/___/___ | \$ _____ |

Current Cash Statement

| | |
|--|-----------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ 521.00 |
| 13. Cash Receipts..... Column A, Line 3 above | 550.00 |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | 0 |
| 15. Cash Payments..... Column A, Line 8 above | 4575.00 |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 492.00 |

If this is a termination statement, Line 16 must be zero.

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 filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

| | |
|--|------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0 |
|--|------|

Cash Equivalents and Outstanding Debts

| | |
|--|------|
| 18. Cash Equivalents..... See instructions on reverse | \$ 0 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0 |

**Schedule A
Monetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period
from ~~9/13/21~~ 9/13/21
through 10/16/21

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Arsy Brown

I.D. NUMBER
1438872

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 10/1/21 | MILDRED BROWN | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100- | 100- | 100- |
| 10/1/21 | DR. MARY Mc BEAN | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100- | 100- | 100- |
| 10/1/21 | DR. VIVIAN BROWN | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100- | 100- | 100- |
| 10/1/21 | DWAYNE F ELLIOTT | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | STUDENT NEXT DIMENSION UNIVERSITY | 100- | 100- | 100- |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$ 400

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 400-
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 150
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 550-

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from 9/13/2021
through 10/16/21

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Patsy Brown

I.D. NUMBER
1438872

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE* | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| <u>10/13/21</u> | <u>PowerHouse ministries INTL</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>Rent</u> | <u>150.00</u> | <u>1,350</u> | <u>1,350</u> |
| <u>10/13/21</u> | <u>PowerHouse ministries INTL</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>LIGHTS</u> | <u>100-</u> | <u>300-</u> | <u>300-</u> |
| <u>10/13/21</u> | <u>Powerhouse ministries INTERNATIONAL</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>Phone</u> | <u>50-</u> | <u>150-</u> | <u>150-</u> |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 600.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 600.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 600.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule E
Payments Made**

Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|---|-------------------------------|
| Statement covers period from <u>9/13/2024</u> through <u>10/16/</u> | CALIFORNIA FORM 460 |
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| | I.D. NUMBER <u>1438872</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Jessy Brown

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

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------------|--|-------------|
| <u>RoboTalker</u> | <u>Cmp</u> | <u>ROBO-CALLS TO REGISTERED VOTERS</u> | <u>499-</u> |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 499-

Schedule E Summary

| | | |
|---|-----------------|-------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... | \$ | <u>499-</u> |
| 2. Unitemized payments made this period of under \$100..... | \$ | <u>0</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... | \$ | <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... | TOTAL \$ | <u>499-</u> |