### Recipient Committee

Campaign Statement		7	Data Stamp		COVER PAGE
Cover Page		×	Dain Stalling	0	CALIFORNIA 460
	Statement covers period from 10/19/2024	Date of election if applicable: (Month, Day, Year)			Page 1 of //
SEE INSTRUCTIONS ON REVERSE	through 2/1/2025	November 5, 2024			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		-	
Officeholder, Candidate Controlled Committee  State Candidate Election Committee  Recall  (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination)	nination)	Quarterly Special C	Quarterly Statement Special Odd-Year Report
General Purpose Committee	(Also Complete Part 6)	Amendment (Explain below)	W)		
ributor Committee rty/Central Committee	Officeholder Committee  (Also Complete Parl 7)				
3. Committee Information	I.D. NUMBER	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Patsy Brown for Mayor 2024		Debprah Pepo MAILINGADDRESS			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
STATE ZIP CODE	DE AREA CODE/PHONE	Los Angeles  NAME OF ASSISTANT TREASURER IF ANY	CA CA	90043	
Moreno Valley  CA 92557  MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Frances Venegas			
CITY STATE ZIP CODE	DE AREA CODE/BUONE	INVIENTE ADDRESS			
		CITI	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		Moreno Valley  OPTIONAL: FAX / E-MAIL ADDRESS	CA	92557	

### 4. Verification

certify under penalty of perjury under the laws of the State of California that the foregoing is true and I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I

Executed on \_ Executed on \_ Executed on 02/15/2025 Date Signature of Contr Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent

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



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COMMITTEE ADDRESS	NAME OF TREASURER		COMMITTEE NAME		TY		COMMITTEE ADDRESS	NAME OF TREASURER		COMMITTEE NAME	ontributions or make expe	Related Committees of included in this stateme			RESIDENTIAL/BUSINESS AD	Mayor	OFFICE SOUGHT OR HELD	Patsy D Bown	NAME OF OFFICEHOLDER OR CANDIDATE	Officeholder or Cano	
STREET ADDRESS (NO P.O. BOX)					STATE ZIP CODE	SINEELADURESS (NO P.O. BOX)	OTDEET ADDEED AD AD AD				contributions or make expenditures on behalf of your candidacy.	Not Included in this Sta			RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) (		(INCLUDE LOCATION AND DIST		OR CANDIDATE	Officeholder or Candidate Controlled Committee	
☐ YES ☐ NO OX)	CONTROLLED COMMITTEE?		I.D. NUMBER		ODE AREA CODE/PHONE	BOX)	☐ YES ☐ NO	CONTROLLED COMMITTEE?		I.D. NUMBER	lidacy.	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		reno Vall CA 9:	CITY STATE ZIB		OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICARIF)			nittee	
								7.												6.	
NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OTTOM	NAME OF OFFICEHOLDER OR CANDIDATE		ANIME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICE POLICE OF THE PARTY OF THE PA	NAME OF OFFICEHOLDER OR CANDIDATE		Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.			OFFICE SOUGHT OR HELD		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	Identify the controlling officeholder, candidate, or state measure proponent, if any.			BALLOT NO OR LETTER	WANTE OF BALLOT MEASURE	NAME OF BALL OF MARKET	Primarily Formed Ballot Measure Committee	
NDIDATE		NDIDATE		NDIDATE		NDIDATE		late/Office					DIDATE, OR F	older, candi		SOCION	IIIDICALOT			Measure	
OFFICE SOUGHT OR HELD		OFFICE SOUGHT OR HELD		OFFICE SOUGHT OR HELD		OFFICE SOUGHT OR HELD	o mind or o minus	holder Comr		_	DI		ROPONENT	date, or state me		N				Committee	
T OR HELD		T OR HELD		T OR HELD		T OR HELD	namy romec	nittee Lis			DISTRICT NO. IF ANY			asure prop	1	70					Page 2
□ SUPPOR	□ opposi	SUPPO	OPPOSE	SUPPOR	□ OPPOS	SUPPO	a.	t names of			IF ANY			onent, if any.	OFFOOR	SUPPORT					of f

# Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

through 2/1/2025 from 10/19/2024 Statement covers period I.D. NUMBER Page 3 FORM 460 SUMMARY PAGE of I

12. Beginning Cash Balance
Date of Election (mm/dd/yy) Total to Date  11 /5 / 2024 \$ 1,000.000

@rppc.ca.gov (866/275-3772) www.fppc.ca.gov

### Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

SCHEDULE A

monomi y contributions Received			Statement covers period from 10/19/2024		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through 02/01/2025	25	Page 4 of 17
NAME OF FILER					ID NIMBER
Patsy D Brown					I.D. NUMBER 1474539
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF RECEIVED (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)	
	□ IND □ COM □ OTH □ PTY □ SCC				עו אבעטאבט)
	□ IND □ COM □ OTH □ PTY □ SCC				
	□IND □COM □OTH □PTY □SCC				
	□ IND □ COM □ OTH □ SCC				
	□ IND □ COM □ OTH □ PTY □ SCC				
		\$UBTOTAL			
Chedule A Summary  Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)		\$ 0.00		*Contributor Coo	*Contributor Codes IND – Individual COM – Recipient Committee
Amount received this period – unitemized monetary contributions of less than \$100	of less than \$			0TH - 00	(other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party
Total monetary contributions received this period.  (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	nn A, Line 1.)	TOTAL \$ 0.00		SCC - Sr	SCC – Small Contributor Committee

- 2. Amou Sched

  1. Amou
- 3. Total (Add I

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www.fppc.ca.gov

### Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

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						RECEIVED		Patsy D Brown	NAME OF FILER	
					N/A	1	FULL NAME. STREET ADDRESS AND 715 CODE OF	'n		
	□ COM □ OTH □ PTY	OTH SCC	□ COM □ SCC	□ IND □ COM □ OTH □ SCC	□ COM □ OTH □ SCC	CONTRIBUTOR CODE *				
SUBTOTAL \$						IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)				
						AMOUNT RECEIVED THIS PERIOD			through -2/01/2025	Statement covers period from 10/19/2024
						CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)				s period
					0.00-	PER ELECTION AR TO DATE (IF REQUIRED)	1474539	I.D. NUMBER	Page 5 of 1	CALIFORNIA 460

\*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

#### Log Schedule B - Part 1

Amounts may be rounded to whole dollars.

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	e E. Line 3)	(Enter (e) on Schedule E. Line 3)						Schedule B Summary
			es.	49	49	SUBTOTALS \$	SI	
5	DATE INCURRED	6	DATE DUE	(n)				'□ IND □ COM □ OTH □ PTY □ SCC
PER ELECTION**		RATE		FORGIVEN				•
CALENDAR YEAR	co.	a <sup>g</sup>	5	\$ [			*	
, , , , , , , , , , , , , , , , , , ,	DATE INCURRED	\$	DATE DUE	\$ PAIN		8		'□IND □ COM □ OTH □ PTY □ SCC
PER ELECTION**		RATE		FORGIVEN				*
CALENDAR YEAR	n	<sub>s</sub> e	40	S				
60	DATE INCURRED	50	DATE DUE	8	Í	0		OIND COM COTH PTY SCC
PER ELECTION**		RATE		FORGIVEN				
S CALLENDAN I LAN	» ا	*	60	\$				
TO DATE	LOAN	FERIOD	PERIOD	PAID		PERIOD	TO DOUBLOOK	
COMULATIVE	유주	T =	(d) OUTSTANDING BALANCE AT CLOSE OF THIS	AMOUNT PAID OR FORGIVEN THIS PERIOD.	AMOUNT RECEIVED THIS PERIOD	IHIS ING	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF RUSINESS)	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	1474539				1			
	I.D. NUMBER							Patsy D Brown
of 17	Page 6	025	through 02/1/2025					SEE INSTRUCTIONS ON REVERSE NAME OF FILER
CALIFORNIA 460	CALIFORN	vers period	from 10/19/2024		Ÿ	o de constante		Loans Received

### Sche

ယ	12	
3. Net change this period. (Subtract Line 2 from Line 1.)  Enter the net here and on the Summary Page. Column A. Line 2.	2. Loans paid or forgiven this period\$  (Total Column (c) plus loans under \$100 paid or forgiven.)	1. Loans received this period\$
10000	~ ~	07

\*\* If required. \*Amounts forgiven or paid by another party also must be reported on Schedule A.

Enter the net here and on the Summary Page, Column A, Line 2.

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

(May be a negative number)

0.00

0.00

0.00

#### Schedule B - Part 2 Loan Gua

Loan Guarantors		Amounts may be rounded to whole dollars.	fr	Statement covers period from 10/19/2024	CALIFORN FORM	CALIFORNIA 460 FORM
SEE INSTRUCTIONS ON REVERSE			=======================================	through 2/1/2025	Page 7	. 17
SOURCE OF LICEN						+
Patsy D Bown					I.D. NUMBER	
CITE MANE OFFICE AND ADDRESS OF THE PROPERTY O					1474539	
CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER		$\dashv$		BAI ANCE
(IF COMMITTEE, ALSO ENTER LD. NIIMBER)	CODE,	(IF SELF-EMPLOYED ENTER	LOAN	GUARANTEED	CUMULATIVE	OLITATION OF

	□PTY	□ COM			□ PTY	□ COM				ОТН		□PTY	□ OTH		NAA.
SUBTOTAL	DATE		LENDER		DATE		LENDER		DATE		LENDER	DATE		LENDER	(IF SELF-EMPLOYED, ENTER LOAN NAME OF BUSINESS)
\$ 0.00		•		'									1		GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only.	 PER ELECTION (IF REQUIRED)	5	CALENDAR YEAR	ĺ	PER ELECTION (IF REQUIRED)	Î	CALENDAR YEAR	Î	PER ELECTION (IF REQUIRED)	S	CALENDAR YEAR	\$ PER ELECTION (IF REQUIRED)	S	CALENDAR YEAR	TO DATE
															OUTSTANDING TO DATE

### Nonmonetary Contributions Received Schedule C

NAME OF FILER

Patsy D Brown

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

IF AN INDIVIDUAL ENTER through 2/1/2025 from 10/19/2024 Statement covers period Page 8 CALIFORNIA 460 1474529 I.D. NUMBER FORM 으 SCHEDULE C 17

Schedule (	Attach addition					DATE RECEIVED
Schedule C Summary	Attach additional information on appropriately labeled continuation sheets.					FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	continuation sh	□ IND □ COM □ OTH □ SCC	□ IND □ COM □ OTH □ PTY □ SCC	OTH SCC	OTH SCC	CONTRIBUTOR CODE*
	neets.				,	CONTRIBUTOR OCCUPATION AND EMPLOYER CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
	SUBTOTAL \$ 0.00					DESCRIPTION OF GOODS OR SERVICES
	0.00					AMOUNT/ FAIR MARKET VALUE
						CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
						PER ELECTION TO DATE (IF REQUIRED)

- 2. Amount received this period unitemized nonmonetary contributions of less than \$100 ...... Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.).....\$ 0.00 0.00
- 3. 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 \$**

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

0.00

#### Supporting/Opposing Other Candidates, Measures and Committees Summary of Expenditures Schedule D

Amounts may be rounded to whole dollars.

		0.00	00010171			
			SUBTOTAL			
				Expenditure	Support Oppose	
				Nonmonetary Contribution		
				Contribution		
				Expenditure	☐ Support ☐ Oppose	
				☐ Monetary  Contribution		
				Expenditure	☐ Support ☐ Oppose	
						T
				L Monetary Contribution		
ATE PER ELECTION R TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	DATE
1474539	147.				NAME OF CANDIDATE OFFICE AND DISTRICT OF	
F	1.D. N					Patsy D Brown
9 of 17	Page_	through 2/1/2025			NS ON REVERSE	SEE INSTRUCTIONS ON REVERSE NAME OF FILER
FORM 460		from 10/19/2024			Candidates, Measures and Committees	Candidates

### Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)......\$
- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$

### Schedule D (Continuation Sheet) Summary of Expenditures

Amounts may be rounded to whole dollars.

Summar	Summary of Expenditures	to whole dollars.	ollars.	Statement covers period		SCHEDULE D (CONT.)
Candidat	Supporting/Opposing Other Candidates, Measures and Committees			from 10/19/2024		FORM 460
NAME OF FILER				through 02/01/2025		Page 10 of
Patsy D Brown	п					I.D. NUMBER
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR	7,1
		☐ Monetary Contribution			(0.00)	(וד אבעטוגבט)
		☐ Nonmonetary  Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
	,	☐ Monetary Contribution	4			
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		☐ Monetary  Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
		☐ Monetary Contribution				
		Nonmonetary Contribution				
	☐ Support ☐ Oppose	Independent Expenditure				
			SUBTOTAL \$	0.00		

#### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patsy D Brown

Amounts may be rounded

SCHEDULE E

			to whole dollars.
		through 2/1/2025	from 10/19/2024
1474539	I.D. NUMBER	Page 11 of 17	FORM 460

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)...... 2. Unitemized payments made this period of under \$100..... 1. Itemized payments made this period. (Include all Schedule E subtotals.)..... Schedule E Summary \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. E CVC CMP Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign literature and mailings contribution (explain nonmonetary)\* campaign paraphernalia/misc. independent expenditure supporting/opposing others (explain)\* civic donations candidate filing/ballot fees campaign consultants legal defense fundraising events (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME AND ADDRESS OF PAYEE MTG OFC PET PHO MBR member communications print ads professional services (legal, accounting) polling and survey research postage, delivery and messenger services petition circulating office expenses meetings and appearances phone banks CODE OR DESCRIPTION OF PAYMENT 작공공료 왕공공료 왕공공 information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs radio airtime and production costs campaign workers' salaries returned contributions SUBTOTAL \$ 0.00 69 6 69 0.00 0.00 0.00 AMOUNT PAID

TOTAL \$ 0.00

#### Payments Made Schedule E Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Patsy D Brown

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. from through 2/2/2025 10/19/2024 Page \_ I.D. NUMBER FORM 12 9 17

- Symbolis that are contributions of independent expenditures must also be summarized on Schedule D.	* Payments that are past-it-stage.			(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC 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
summarized on Schedule D.				CODE OR	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
SUBTOTAL \$ 0.00				DESCRIPTION OF PAYMENT	communications  RAD radio airtime and production costs  RFD returned contributions  SAL campaign workers' salaries  t.v. or cable airtime and production costs  anks  ITC t.v. or cable airtime and production costs  TRC campaign workers' salaries  t.v. or cable airtime and production costs  TRC campaign workers' salaries  t.v. or cable airtime and production costs  TRC campaign workers' salaries  t.v. or cable airtime and production costs  TRC staff/spouse travel, lodging, and meals  delivery and messenger services  TRS staff/spouse travel, lodging, and meals  transfer between committees of the same candidate/sponsor  VOT voter registration  WEB information technology costs (internet, e-mail)
0.00				AMOUNT PAID	is ne candidate/sponsor mail)

### Accrued Expenses (Unpaid Bills) Schedule F

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

from. Statement covers period 10/19/2024

CALIFORNIA 460 FORM

SCHEDULE F

through 2/1/2025

I.D. NUMBER Page\_ 1474539 13 으 17

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. END END CAR CODES: campaign literature and mailings campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)\* independent expenditure supporting/opposing others (explain)\* legal defense fundraising events candidate filing/ballot fees campaign consultants If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) POS PET OFFG POL DESCRIPTION OF PAYMENT MBR postage, delivery and messenger services professional services (legal, accounting) print ads office expenses polling and survey research phone banks petition circulating meetings and appearances member communications CODE OR SUBTOTALS 49 OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD (a) 40 AMOUNT INCURRED SAL ヌヌ르 TSF THIS PERIOD voter registration transfer between committees of the same candidate/sponsor candidate travel, lodging, and meals t.v. or cable airtime and production costs information technology costs (internet, e-mail) staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions radio airtime and production costs 69 (ALSO REPORT ON E) AMOUNT PAID THIS PERIOD 0 0.00-OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD <u>a</u>

### Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)......
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)...

.....INCURRED TOTALS \$

0.00

PAID TOTALS \$

0.00

- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET \$ 0.00

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#### Schedule F Accrued Expenses (Unpaid Bills) (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

through 2/1/2025 from Statement covers period 10/19/2024 CALIFORNIA 460 Page 14 I.D. NUMBER 1474539 FORM SCHEDULE F (CONT.) 0 17

CMP CNS CTB CVC CTB FILE CVC \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: campaign literature and mailings civic donations contribution (explain nonmonetary)\* campaign paraphernalia/misc. independent expenditure supporting/opposing others (explain)\* legal defense fundraising events candidate filing/ballot fees campaign consultants If one of the following codes accurately describes the payment, you may enter the code. Otherwise, NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION OF PAYMENT POS PET OFFG PRT POL print ads professional services (legal, accounting) member communications postage, delivery and messenger services polling and survey research office expenses phone banks petition circulating meetings and appearances SUBTOTALS \$ (a)
OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD 49 AMOUNT INCURRED THIS PERIOD 정보온엄청 S RFA information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs describe the payment. returned contributions radio airtime and production costs campaign workers' salaries 6 69 (ALSO REPORT ON E) (c) AMOUNT PAID THIS PERIOD \$ 0.00 (d)
OUTSTANDING
BALANCE AT CLOSE
OF THIS PERIOD

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### Schedule G

## Contractor (on Behalf of This Committee) Payments Made by an Agent or Independent

Amounts may be rounded to whole dollars.

from Statement covers period 10/19/2024

through 2/1/2025

CALIFORNIA 460 FORM SCHEDULE G

Page \_ I.D. NUMBER 1474539 15 9 17

CODES:

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Patsy D Brown NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

contribution (explain nonmonetary)\* campaign paraphernalia/misc campaign consultants If one of the following codes accurately describes the payment, you may enter the code. Otherwise, meetings and appearances member communications

MTG OFC office expenses petition circulating

FR F

fundraising events candidate filing/ballot fees

civic donations

B

campaign literature and mailings

legal defense

CNS CNS CVC

independent expenditure supporting/opposing others (explain)\* POL PHO professional services (legal, accounting) postage, delivery and messenger services polling and survey research phone banks

print ads

SAL RFA RA radio airtime and production costs campaign workers' salaries returned contributions describe the payment.

TRS 정류 candidate travel, lodging, and meals staff/spouse travel, lodging, and meals t.v. or cable airtime and production costs

information technology costs (internet, e-mail) voter registration

transfer between committees of the same candidate/sponsor

YOT

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

	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE OR  CODE OR  DESCRIPTION OF PAYMENT  AMOUNT PAID	
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\*Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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# Schedule H Loans Made to Others\*

Amount to v

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V be rounded

0/19/2024 2/1/2025	- uge		
from 10/19/2024	Page 16 of 17	through 2/1/2025	
Statement covers period	FORM	from _10/17/2024	
nded Statement covers period	OALII OMNIA 1	10/10/2024	dollars.
	CAL JEORNIA	Statement covers period	y be rounded

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SEE INSTRUCTIONS ON REVERSE				-	through 2/1/2025	5	Page 16	of 17
Patsy D Brown							I.D. NUMBER	
T may D DIOWII			:				1474539	
HULL NAME, STREETADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				5	5	200		69
		•		FORGIVEN		RATE		PER ELECTION
		5	\$A	(s)	DATE DUE	S	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	69	RATE %	6	\$PER ELECTION**
**		s 	Î	s	DATE DUE	<b>S</b>	DATE INCURRED \$	
also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS	€9	49		€\$	-	
						(Enter (e) on		
Schedule H Summary						Schedule I, Line 3)		
1. Loans made this period					s 0.00			
2. Payments received on loans (Text of less than \$100.)	of less than \$100.)				e 0.00		**	**If Required
(Total Column (c) plus unitemized payments of less than \$100.)  3. Net change this period. (Subtract Line 2 from Line 1.)	nts of less than \$100.)				NET \$ 0.00			
(Enter the net here and on the Summary Page, Column A, Line 7.)	Page, Column A, Line 7.)							

(May be a negative number)

ω

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Schedule I Miscellaneous Inc	creases to Cash	Amounts may be a to whole dollar	ounded ars.	Statement covers period	CALIFORNIA 16
				from _10/19/2024	FORM 460
SEE INSTRUCTIONS ON REVE	ERSE			through_2/1/2025	Page 17 of 17
NAME OF FILER					I.D. NUMBER
Patsy D Brown					1474539
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESC	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
			-		e. ze re dadii
		-			
Attach additional informa	tion on appropriately labeled continuation sheets	S.		SUPTOTAL	•
chedule i Summar				SUBTOTAL	<b>\$</b> 0.00
Itemized increases to c	ash this period			\$ 0.00	
	o cash of under \$100 this period				*1
	ived this period on loans made to others. (S				
Total miscellaneous inc	reases to cash this period. (Add Lines 1, 2,	and 2 Faterbare 1			

FPPC Form 460 (Jan/2016))
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