Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from through September 25, 2024	Date of election if applicable: (Month, Day, Year)		Page 1 of 17
1. Type of Recipient Committee				
Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Printing Ports (Control Committee)	imarily Formed Ballot Measure of Confrolled Sponsored Candidate/ficeholder Committee	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be Added Committee ID N numbers	ermination)	Quarterly Statement Special Odd-Year Report ddress/ signature/ page
14	NUMBER 74539	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Brown for Mayor 2024, Patsy		NAME OF TREASURER Deborah Pepo MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE Moreno Valley CA 92557	AREA CODE/PHONE	CITY Los Angeles NAME OF ASSISTANT TREASURE	CA 90	CODE AREA CODE/PHONE 0043
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		Frances Venega MAILING ADDRESS		
CITY STATE ZIP CODE	AREA CODE/PHONE	Manager		CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		Moreno Valley OPTIONAL: FAX / E-MAIL ADDRES	S CA 92	.557
I have used all reasonable diligence in preparing and reviewing to certify under penalty of perjury under the laws of the State of Cal	his statement and to the best of my ifornia that the foregoing is true and		5	chedules is true and complete. I
Executed on September 25,2024 Executed on Septemberb 25, 2024	Ву			
Executed on	Rv	ng Officeholder/Candidate, State Méasure Propo	N. ST. ST. SERVICE ST.	nsor
Executed onDate	By	ature of Controlling Officeholder, Candidate, State ature of Controlling Officeholder, Candidate, State		

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	f_17

5.	Officeholder or Candidate Controlled Committee	c	Drimorily Community	4.00			
	NAME OF OFFICEHOLDER OR CANDIDATE	0.	Primarily Formed Ballo	t Measure	Committee	;	
	Dr Patsy D Brown		NAME OF BALLOT MEASURE				
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICT	ION		
	Mayor		- ILLO WO. OKELITEK	JONISDICT	ION		SUPPORT OPPOSE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP						
3	Moreno Valley Moreno vall CA 92557		Identify the controlling office			measure pro	ponent, if any.
			NAME OF OFFICEHOLDER, CAM	IDIDATE, OR	PROPONENT		
	Related Committees Not Included in this Statement: List any committees		1				
	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.		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
_	COMMITTEE NAME						
	I.D. NUMBER						
٨	AME OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Candi	date/Offic	eholder Co	mmittee Li	st names of
-	YES NO		officeholder(s) or candidate(s)		committee is p	rimarily forme	ed.
C	OMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	
c	ITY CTATE 710 CODE						☐ SUPPORT ☐ OPPOSE
	STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	GHT OR HELD	
=	OMMITTEE NAME						SUPPORT
	OMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE COLU	OUT OF UT	☐ OPPOSE
			WILL OF OFFICE HOLDER OR OF	ANDIDATE	OFFICE SOU	GHT OR HELD	☐ SUPPORT
N	AME OF TREASURER CONTROLLED COMMITTEE?						☐ OPPOSE
_		1	NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT
C	DMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	_					☐ OPPOSE
CI	TY STATE TIP CORE						
U	STATE ZIP CODE AREA CODE/PHONE		Attach	continuatio	n sheets if ned	cessarv	
						- Journal of the second of the	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

from ___

SEE INSTRUCTIONS ON REVERSE			through September 25, 2024	Page 3 of 17
NAME OF FILER Dr Patsy D. Brown				I.D. NUMBER
			*	1474539
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	\$		Running in Both the General Elections 1/1 to 20. Contributions Received \$ 21. Expenditures	hrough 6/30 7/1 to Date \$\frac{0.00}{0.00}\$
Expenditures Made 6. Payments Made	\$	\$	Expenditure Limit S Candidates	Summary for State
8. SUBTOTAL CASH PAYMENTS	\$	\$	(If Subject to	re Expenditures Made* Voluntary Expenditure Limit) Total to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	\$		\$ 0.00
Current Cash Statement 12. Beginning Cash Balance		To calculate Column I add amounts in Colum A to the corresponding amounts from Column of your last report. So amounts in Column A be negative figures the should be subtracted previous period amounts.	*Amounts in this section m reported in Column B. may at from nts. If	\$_0.00
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	this is the first report be filed for this calendar y only carry over the am from Lines 2, 7, and 9 any).	year, nounts	FPPC Form 460 (Jan/2016))
	1		FPPC Advice: advice	e@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	SCHEDULE
ment covers period	CALIFORNIA 460
September 25,2024	Page 4 of 17
	I.D. NUMBER
	1474539
OTHIS CALENDAL DD (JAN. 1 - D	R YEAR TO DATE
OTI	ontributor Codes D – Individual M – Recipient Committee (other than PTY or SCC) H – Other (e.g., business entity) Y – Political Party C – Small Contributor Committee
	OTI

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www.fppc.ca.gov

Schedule A (Continuation Sheet) Amounts may be rounded **Monetary Contributions Received** SCHEDULE A (CONT.) to whole dollars. Statement covers period CALIFORNIA **FORM** through September 25,2024 Page _5 NAME OF FILER I.D. NUMBER Dr Patsy D. Brown 1474539 FULL NAME, STREET ADDRESS AND ZIP CODE OF DATE IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CODE * CALENDAR YEAR (IF SELF-EMPLOYED, ENTER NAME) TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ IND □сом □отн □ PTY Scc ☐ IND □ сом Потн **PTY** □scc DIND □сом OTH ☐ PTY Scc ☐ IND □сом Потн ☐ PTY □scc ☐ IND Осом

SUBTOTAL \$ 0.00

□ OTH □ PTY □ SCC

*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 B – Part 1	An			SCHEDULE B - PART				
Loans Received		to whole dollar	rs.		Statement co	vers period	CALIFORI FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through Septem	ber 25,2024	Page 6	of 17
Dr Patsy D Brown							I.D. NUMBER 1474539	
FULL NAME, STREETADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
				PAID \$ FORGIVEN	s	% RATE	\$	\$PER ELECTION
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION**
↑ IND COM OTH PTY SCC		\$	s	\$ ————————————————————————————————————	DATE DUE	\$	DATE INCURRED	\$
				\$FORGIVEN	\$	% RATE	s	\$PER ELECTION**
IND COM OTH PTY SCC		*	5	-	DATE DUE	\$	DATE INCURRED	\$
	S	UBTOTALS \$	0.00 \$	0.00		0.00		
1. Loans received this period	s of less than \$100.) 0 paid or forgiven.) are also itemized on Scheo	tule A)		\$ 0.00 NET \$ 0.00		O P	Contributor Codes D – Individual OM – Recipient Co (other than F TH – Other (e.g., b TY – Political Party CC – Small Contrib	PTY or SCC) business entity)
				(May	be a negative number)			

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

** If required.

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Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statem	ent covers perio	od	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through Se	eptember 25, 20	024	Page 7	of [1]	
NAME OF FILER Dr Patsy Brown			1				I.D. NUMBE		
							1474539		
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)	LOAN		AMOUNT GUARANTEED THIS PERIOD		JMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□IND □COM		LENDER			CAI	LENDAR YEAR	TOBATE	
	□ OTH □ PTY □ SCC		DATE			PE (IF	R ELECTION REQUIRED)		
	□IND □COM		LENDER			CAL	ENDAR YEAR		
	□OTH □PTY □SCC		DATE			PEI (IF	R ELECTION REQUIRED)		
						\$			
	□IND □COM		LENDER			CALE \$	ENDAR YEAR		
	□ OTH □ PTY □ SCC		DATE			PER (IF F	ELECTION REQUIRED)		
						\$			
	□ IND □ COM		LENDER			CALE	NDAR YEAR		
	□OTH □PTY □SCC		DATE			PER (IF R	ELECTION EQUIRED)		
						\$			
			SUBTO	TAL \$ 0.	00	Sum: Line	nter on mary Page, e 17 only.	1	

Schedule			Amounts may be rounded to whole dollars.						SCHEDULE
Nonmon	etary Contributions Received		to whole donars.		froi	Statement covers	period	CALIF FO	ORNIA 460
SEE INSTRUCT	TIONS ON REVERSE		- Daniel Control		thre	ough September	25, 2024	Page 8	of
Dr Patsy D B								I.D. NUM 147453	
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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
	onal information on appropriately labeled o	continuation s	heets.	SUBTO	TAL\$	0.00			
Amount red (Include all	C Summary ceived this period – itemized nonmonetary I Schedule C subtotals.)				\$.00	IND - COM	(other tha	t Committee an PTY or SCC) g., business entity)
3. Total nonm	ceived this period – unitemized nonmoneta conetary contributions received this period. 1 and 2. Enter here and on the Summary				\$	00	_ PTY-	- Political P	

Summary	Schedule D Summary of Expenditures Supporting/Opposing Other		Amounts may be rounded to whole dollars.			SCHEDULE		
Candidat	tes, Measures and Committees			from		FOR		
SEE INSTRUCT	IONS ON REVERSE		14	through September	er 25, 2025	Page 9	of 17	
Dr Patsy D. E						I.D. NUME 1474539	BER	
DATE	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	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		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				
Schedule [) Summary							
1. Itemized co	ontributions and independent expenditures made	this period. (Include a	Il Schedule D subtotals)	•		© 0.0	00	
2. Unitemized	contributions and independent expenditures ma	de this period of under	r \$100		•••••	• 0.0	00	
3. Total contrib	butions and independent expenditures made this	period. (Add Lines 1 a	and 2. Do not enter on the	e Summary Page.)	тот	AL \$		

Schedule D (Continuation Sheet) Amounts may be rounded SCHEDULE D (CONT.) **Summary of Expenditures** to whole dollars. Statement covers period CALIFORNIA **Supporting/Opposing Other FORM** Candidates, Measures and Committees through September 25, 2024 NAME OF FILER I.D. NUMBER Dr PatsyD Brown 1474539 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DATE DESCRIPTION MEASURE NUMBER OR LETTER AND JURISDICTION. **AMOUNT THIS** TYPE OF PAYMENT CALENDAR YEAR TO DATE (IF REQUIRED) PERIOD OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure Monetary Contribution Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure ☐ Monetary Contribution Nonmonetary Contribution Independent ☐ Support ☐ Oppose Expenditure

SUBTOTAL \$ 0.00

Schedule E Payments Made	Amounts may to whole o				Statement covers period		SCHEDULE FORNIA 460 DRM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dr Patsy Brown	Minimum in a service of the service				through September 25, 2024	Page _ I.D. NU	MBER
CODES: If one of the following codes accurately descriced comparity of the 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	MBR member con meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	nmunications d appearance ses lating urvey researd very and mes	es :	F S T T T V	se, describe the payment. RAD radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and producandidate travel, lodging, and staff/spouse travel, lodging, a staff/spouse travel, lodging, a voter registration information technology costs in the staff of t	uction costs I meals and meals of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (OR	DESCRI	PTION OF PAYMENT		AMOUNT PAID
Payments that are contributions or independent expenditures must also be	pe summarized on Sched	lule D.			SUB	TOTAL \$	0.00
Schedule E Summary							
. Itemized payments made this period. (Include all Schedu						\$	
 Total interest paid this period on loans. (Enter amount from Total payments made this period. (Add Lines 1, 2, and 3. 	m Schedule B, Part Enter here and on t	1, Column ne Summa	(e).)ry Page, Colum	n A, Lir	ne 6.) TOT /	\$ AL \$ _0.	00

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dr Patsy D. Brown	Amounts may b to whole do				Statement covers period from through _September 25, 2024	CALIF	12 of
CODES: If one of the following codes accurately describ 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	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv	munication I appearan es ating urvey resea	s ces		wise, describe the payment RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries t.v. or cable airtime and pro candidate travel, lodging, a Staff/spouse travel, lodging, a staff/spouse travel, lodging, a staff/spouse travel, lodging, a voter registration WEB information technology cost	duction costs and meals and meals es of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	CRIPTION OF PAYMENT		AMOUNT PAID

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

SUBTOTAL \$ 0.00

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Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be roun to whole dollars.	ded	Statement cov	vers period (CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE			through Septem	ber 25, 2024	Page			
NAME OF FILER					I.D. NUMBER			
Dr Patsy D Brown					1474539			
CODES: If one of the following codes accurately describe	os the neumant way may				1474559			
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registrativ	RAD radio airtime and production costs 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					
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 PAIE THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE			
			· ·					
* Payments that are contributions or independent expenditures must also be				***				
summarized on Schedule D.	SUBTOTALS \$	\$	\$		\$ 0.00			
Schedule F Summary								
1. 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.)								
2. 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.)								
 Net change this period. (Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.) 	r the difference here and			NET	\$ 0.00			
					May be a negative number FPPC Form 460 (Jan/2016)) fppc.ca.gov (866/275-3772)			

Schedule F		Amounts may be rounded			SCH	EDULE F (CONT.		
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.		from	Statement covers period from through _September 25, 2024		CALIFORNIA 460		
NAME OF FILER			through Septem	ber 25, 2024	Page 14	of <u>17</u>		
Dr Patsy Brown					I.D. NUMBER 1474539			
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and of PRO professional services (PRT print ads	earch messenger services legal, accounting)	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production cost TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals STSE reservices					
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 PA THIS PERIO (ALSO REPORT C	D BALA	(d) JTSTANDING INCE AT CLOSE THIS PERIOD		
				,		***************************************		

SUBTOTALS \$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

Contractor (on Behalf of This Committee)		nts may be r o whole dolla			Statement covers period om rough September 25, 2024	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				tn	rough September 25, 2024	Page 15	of	
Dr Patsy D Brown					LEME . MANUAL LANGUAGE AND	I.D. NUMB	ER	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						1474539		
CNS campaign consultants	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 Lt.v. or cable airtime and productior candidate travel, lodging, and messenger services TRS staff/spouse travel, lodging, and messenger between committees of the voter registration information technology costs (inter-					tion costs neals d meals f the same c		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR .	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0.00

^{*} 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.

Cohodula II								SCHEDULE
Schedule H Loans Made to Others*			may be rounded nole dollars.	1	Statement cov	ers period	CALIFOR	NIA 460
					from		FORM	100
SEE INSTRUCTIONS ON REVERSE		****			through Septem	ber 25, 202	Page <u>16</u>	of 17
							I.D. NUMBER	
Sr Patsy D Brown		*******					1474539	
FULL NAME, STREET ADDRESS 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)	(a) OUTSTANDING BALANCE BEGINNING THI PERIOD	AMOUNT	(c) REPAYMENT C FORGIVENES THIS PERIOD	S BALANCE AI	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID \$	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
			c	PAID \$ FORGIVEN	s	RATE	\$	\$PER ELECTION**
				\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate or also be summarized on Schedule D. Loans forgiver reported on Schedule E.	n must also be	SUBTOTALS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period	ents of less than \$100.)				\$			**If Required
(Enter the net here and on the Summary	Page, Column A, Line 7.)				· · · · · · · · · · · · · · · · · · ·			

(May be a negative number)

Schedule I Miscellaneous Increases to Cash		Amounts may be rounded		SCHEDULE				
		iole dollars.	Statement from	covers period	california 460			
			through Sep	tember 24, 2024	Page 17 of 17			
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE				I.D. NUMBER			
DrPatsy D Bro	wn				1474539			
DATE	FULL NAME AND ADDRESS OF SOURCE	DI	ESCRIPTION OF REG	CEIPT	AMOUNT OF INCREASE TO CASH			
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				INCREASE TO CASH			
	У							
1								
					. =			
					<u> </u>			
Attach addit	ional information on appropriately labeled continuation sheets.			SUBTOTAL	\$ 0.00			
Schedule I	(-12)		•	0.00				
	increases to cash of under \$100 this period.				-			
2. Unitemized								
B. Total of all i	nterest received this period on loans made to others. (Schedule H, C	column (e).)	\$	0.00				
4. Total miscel	llaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter Page, Line 14.)	here and on the	nd on the					
outilitiery i	ago, and 13./				FPPC Form 460 (Jan/2016)) ce@fppc.ca.gov (866/275-3772)			

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