

Candidate Intention Statement

Date Stamp	CALIFORNIA FORM 501
	For Official Use Only

Check One: Initial Amendment (Explain)

1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) Dr. Brown, Patsy D. DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY Brea STATE CA

OFFICE SOUGHT (POSITION TITLE) Mayor AGENCY NAME _____ DISTRICT NUMBER, if applicable. _____

OFFICE JURISDICTION State (Complete Part 2.) City County Multi-County: _____ (Name of Multi-County Jurisdiction)

NON-PARTISAN OFFICE PARTY PREFERENCE: Independent

PRIMARY / GENERAL SPECIAL / RUNOFF

(Check one box, if applicable.)

2024 (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

- I did not exceed the expenditure ceiling in the primary or special election held on _____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

- On _____ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 8-9-24 (month, day, year)

Signature [REDACTED]