Recipient Committee Campaign Statement Cover Page			Date Stamp	COVER PAGE CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 1/1/2025 through 6/30/2025	Date of election if applicable: (Month, Day, Year) November 5, 2024	MO	Page 1 of 17 ENG For Official Use Only 3- 25 RUG 1 947 24
Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Pril Small Contributor Committee	inplete Parts 1, 2, 3, and 4. cimarily Formed Ballot Measure committee Controlled Sponsored Complete Part 6) marily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminat Amendment (Explain below)	L. Specia	erly Statement al Odd-Year Report
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Patsy Brown for Mayor 2024 STREET ADDRESS (NO BO BOX) CITY STATE ZIP CODE Moreno Valley CA 92557 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE	THE TOOLETTONE	Treasurer(s) NAME OF TREASURER Debprah Pepo MAILING ADDRESS CITY Los Angeles NAME OF ASSISTANT TREASURER, IF AN Frances Venegas MAILING ADDRESS	STATE ZIP CODE CA 90043	
Verification I have used all reasonable diligence in preparing and reviewing the certify under penalty of perjury under the laws of the State of Calification Executed on	fornia that the fore By -	Moreno Valley OPTIONAL: FAX / E-MAIL ADDRESS	STATE ZIP CODE CA 92557 Sponsible Unicer of Sponsor	AREA CODE/PHONE
Executed on	By	ture of Controlling Officaholder, Candidate, State Measure		·- •

FPPC Form 460 (Jan/2016))
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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA 460

FORM

Page 2 of 17

5. C	fficeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot I	Moscure	Committee	-	
N	AME OF OFFICEHOLDER OR CANDIDATE	3,		measure	Committee		
	atsy D Brown		NAME OF BALLOT MEASURE				
O	FICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER				
N	layor		BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT OPPOSE
KE	SIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Moreno Val CA 92557		Identify the controlling officehol	lder, candi	idate, or state		
	elated Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive		NAME OF OFFICEHOLDER, CANDI OFFICE SOUGHT OR HELD	IDATE, OR F			
	or make experientures on benair or your candidacy.		OF FIGE GOODS TOR RELD			DISTRICT NO	. IF ANY
CO	MMITTEE NAME I.D. NUMBER						
	IE OF TREASURER CONTROLLED COMMITTEE? ☐ YES ☐ NO	7.	Primarily Formed Candida officeholder(s) or candidate(s) for t	ate/Office which this	eholder Con committee is pi	nmittee Listimarily forme	st names of ed.
	MITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	ī	NAME OF OFFICEHOLDER OR CAN	DIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT
CITY	STATE ZIP CODE AREA CODE/PHONE	-	NAME OF OFFICEHOLDER OR CAN				☐ OPPOSE
COM	MITTEE NAME	,	ANNE OF OFFICEHOLDER OR CANE	DIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
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NAM	OF TREASURER CONTROLLED COMMUTES	N	IAME OF OFFICEHOLDER OR CANE	DIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
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COM	MITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	_					OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE		Attach co	ntinuation	sheets if nece	essary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/2025 CALIFORNIA 460 FORM 460 through 6/30/2025 Page 3 of 17

SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through _6/30/2025	Page 3 of 17
Patsy D Brown		1		I.D. NUMBER
				1474539
Contributions Received	COLUMN A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column CALENDAR YE TOTAL TO DA	TE Running in Both th	mary for Candidates e State Primary and
Monetary Contributions Schedule A, Line 3	\$	\$	General Elections	
2. Loans Received Schedule B, Line 3			1/1 th	rough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$	20. Contributions 0.0	0 , 1,000.00
4. Nonmonetary Contributions Schedule C, Line 3			Received \$ 21. Expenditures	\$ 1,000.00
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	\$ 0.00	Made \$	\$
Expenditures Made				
6. Payments Made Schedule E, Line 4	\$	\$	Expenditure Limit S Candidates	ummary for State
7. Loans Made Schedule H, Line 3		¥ ::	Candidates	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	\$	22. Cumulative	Expenditures Made*
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3				oluntary Expenditure Limit)
10. Nonmonetary Adjustment Schedule C, Line 3			Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$	\$	11	\$_1,000.000
Current Cash Statement				•
12. Beginning Cash Balance Previous Summary Page, Line 16	\$			\$
13. Cash Receipts Column A, Line 3 above		To calculate Column add amounts in Colu	mn I	
14. Miscellaneous Increases to Cash Schedule I, Line 4		A to the corresponding amounts from Column	*Amounts in this section ma	y be different from amounts
15. Cash Payments Column A, Line 8 above		of your last report. S	ome reported in Column B.	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	0.00	amounts in Column A be negative figures th	at	
If this is a termination statement, Line 16 must be zero.		should be subtracted previous period amou	ints. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$		this is the first report t filed for this calendar	peing year.	
Cash Equivalents and Outstanding Debts		only carry over the an from Lines 2, 7, and 9	nounts (if	
18. Cash Equivalents See Instructions on reverse \$		any).		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$	0.00			
Ψ			FPPC Advices advice	FPPC Form 460 (Jan/2016)) @fppc.ca.gov (866/275-3772)
				www.fppc.ca.gov

n	ns Received		Amou to	nts may be rounded o whole dollars.	Statement co			SCHEDULI
					from 1/1/2025	overs period	CA	FORM 460
					through _06/30/2	2025	Pa	ge 4 of 17
	,						-	NUMBER
	STREET ADDRESS AND ZIP CO CONTRIBUTOR IMITTEE, 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 CALENDAR Y (JAN. 1 - DEC	O DATE EAR	uni —
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					(a viaconiza)
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_				SUBTOTAL \$	İ			
uı				\$ 0.00 100\$ 0.00		OTH - 0	ndividua Recipie (other t Other (e	al ent Committee than PTY or SCC) e.g., business entity)
ui	unitemized monetary co	ontributions	of less than \$		FPP	OTH-	- C	(other t - Other (e - Political - Small C

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Schedule A (Continuation Sheet) Amounts may be rounded **Monetary Contributions Received** SCHEDULE A (CONT.) to whole dollars. Statement covers period CALIFORNIA from 1/1/2025 FORM Page _5 through 6/30/2025 NAME OF FILER I.D. NUMBER 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 N/A □сом 0.00 -□отн ☐ PTY scc СОМ □ OTH □ PTY □ scc Сом □ OTH □ PTY □ scc □сом □отн

SUBTOTAL \$

PTY
SCC
IND
COM
OTH
PTY
SCC

*Contributor Codes IND – Individual COM – Recipient Co

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	A	mounts may be re	bunded				SCHE	DULE B - PART
Loans Received		to whole dollar	rs.	1	Statement co	vers period	CALIFOR	NIA 460
					from 1/1/2025		FORM	
SEE INSTRUCTIONS ON REVERSE					through 6/30/20	025	- 6	. 17
NAME OF FILER					unough		Page 6	of <u>17</u>
Patsy D Brown							I.D. NUMBER	
							1474539	
FULL NAME, STREET ADDRESS 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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	PAID THIS	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION: TO DATE
				☐ PAID	PERIOD		-	CALENDAR YEAR
				\$. \$	RATE	s	\$
t		1.			1			PER ELECTION
TO IND COM OTH PTY SCC		•	•——	2	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
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t								PER ELECTION**
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\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{				\$	\$			
				FORGIVEN		RATE		,
+								PER ELECTION**
T IND COM OTH PTY SCC		•	•	•	DATE DUE	\$	DATE INCURRED	\$
	SI	JBTOTALS \$	\$		\$ \$,		
Schedule B Summary					((Enter (e) on Schedu	ile E, Line 3)	Aca Builder
Loans received this period				0.00)			
(Total Column (b) plus unitemized loans	of less than \$100 \							
Loans paid or forgiven this period		***************************************		s 0.00		tc	ontributor Codes	
(rotal Coldinii (c) plus loans under 5 (00	Daid or forgiven)						D – Individual	
(Include loans paid by a third party that a	are also itemized on Sched	ule A.)		0.00		00	OM - Recipient Cor other than P1	mmittee TY or SCC)
Net change this period. (Subtract Line : Enter the net here and on the Summary	Page Column A Line 2			VET \$		ОТ	H - Other (e.g., bu	usiness entity)
and the Califfinity	. 430, COMMINA, LINE Z.					SC	Y – Political Party C – Small Contribu	utor Committee
(::				(May	be a negative number)		- Giliali Collabi	dioi Committee
*Amounts forgiven or paid by another party also musi	be reported on Schedule A.							

** If required.

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Schedule B – Part 2		Amounts may be rounded to whole dollars.	Г	State	ment covers perio	. d		EDULE B - PART
Loan Guarantors		to moto donars.		from 1/2			CALIFOR FORM	
SEE INSTRUCTIONS ON REVERSE			-	through	6/30/2025		Page 7	o <u>f</u> _17
NAME OF FILER				unough			rage	
Patsy D Brown							.D. NUMBEI .474539	3
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR	(IF SELF-EMPLOYED, ENTER	LOAN		AMOUNT GUARANTEED	сим	ULATIVE	BALANCE OUTSTANDING
	+	NAME OF BUSINESS)			THIS PERIOD	10	DATE	TO DATE
	□IND □COM		LENDER			CALEN	DAR YEAR	
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	□PTY □scc		DATE	- 1		PER E	LECTION QUIRED)	B
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			SUBTO	TAL \$	0.00	Enter	on Page,	
						Line 17	only.	A PARTIE DE LA PAR

Ionmonetary Contributions Receive	d	to whole dollars.			Statement covers m_1/1/2025	period		ORNIA 46
E INSTRUCTIONS ON REVERSE ME OF FILER				thre	ough 6/30/2025		Page 8	of
atsy D Brown							I.D. NUM 147452	
DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV	OF /ICES	AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - I	re R Year	PER ELECTIO TO DATE (IF REQUIRED
	□IND □COM □OTH □PTY □SCC							
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	□IND □COM □OTH □PTY □SCC							
ch additional information on appropriately labeled edule C Summary	l continuation s	heets.	SUBTOT	AL\$	0.00			

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

3. Total nonmonetary contributions received this period.

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PTY - Political Party

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

andidat	ng/Opposing Other es, Measures and Committ	ees		from 1/1/2025		FORM 460		
E INSTRUCT	ONS ON REVERSE			through 6/30/2025	j	Page 9	of	
atsy D Brow						I.D. NUME 1474539		
DATE	NAME OF CANDIDATE, OFFICE, AND DIS MEASURE NUMBER OR LETTER AND JUR OR COMMITTEE	IRICT, OR ISDICTION, TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	E TO DATE	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution					(II NEGOINED)	
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	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
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		<u> </u>	SUBTOTAL \$	0.00				
edule D	Summary							
	ntributions and independent expenditu	res made this period. (Include	all Schedule D subtotals)			0.0	0	
nitemized (contributions and independent expen	ditures made this period of unde	er \$100		***************************************	3	0	

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pport	ry of Expenditures ing/Opposing Other ites, Measures and Committees	to whole doll	ars.	Statement covers period from 1/1/2025		CALIFORNIA 46	
E OF FILE	R			through 6/30/202	5	Page 10 of 17	
sy D Brow	wn					I.D. NUME 1474539	
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 CALENDAI (JAN. 1 - DI	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.0.7	(IF REGUIRED)
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	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
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	☐ Support ☐ Oppose	Independent Expenditure					

Schedule E	Amounts	mav	be round	ed						SCHEDU
Payments Made	to w	hole	dollars.	· ·				Statement covers period	CAL	FORNIA 46
							fro	n 1/1/2025	F	ORM 40
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							thre	ough_6/30/2025	Page	11 of 17
Patsy D Brown										JMBER
									1474	539
CODES: If one of the following codes accurately descent comparing paraphemalia/misc, campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MFR member member meeting off office e PET petition PHO phone I POL polling POS postage	er con gs an expen- circu banks and s e, deli ional	nmunicatio d appearai ses ilating s urvey rese ivery and n	nces arch			RAD RFD SAL TEL TRC TRS TSF VOT	describe the payment. 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 transfer between committees voter registration information technology costs (ection cos meals nd meals of the sar	me candidate/sponso
NAME AND ADDRESS OF PAYEE			CODE	OR		5500				
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				-		DESCR	(IP 1101	OF PAYMENT		AMOUNT PAID
Payments that are contributions or independent expenditures must also	be summarized on S	ched	ule D.					SUBT	OTAL \$	0.00
Schedule E Summary										
Itemized payments made this period. (Include all Schedu	le E subtotals.)								0.	00
Unitemized payments made this period of under \$100					****************	••••••	••••••		\$	00
Total interest paid this period on loans. (Enter amount fro	m Schedule B. F	art ·	1 Colum	ın (e			• • • • • • • • • • • • • • • • • • • •		\$	00
Total payments made this period. (Add Lines 1, 2, and 3	Enter here and	on th	a Summ	(c	Pone Calin				\$	20
. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and o	on th	e Summ	ary	Page, Colur	nn A, Li	ne 6.) TOTA	L \$ _0.0	00

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patsy D Brown		nounts may to whole d	ioliars.			Statement covers period 1/1/2025 from	Page -	SCHEDULE E (CONTECTION AND A 12 OF 17 MBER 1474539
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MTG OFC PET PHO POL POS PRO	meetings and office expension circuphone banks polling and spostage, deli	nmunication d appearan ses elating urvey resea very and m services (le	is ces arch essenger services gal, accounting)		RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production returned contributions salaries t.v. or cable airtime and production candidate travel, lodging, are staff/spouse travel, lodging, transfer between committee voter registration information technology costs	costs duction cost d meals and meals s of the san	s ne candidate/sponsor
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
				6				
								-

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

SG		1 5 6

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Schedule F	Amounts may be rou	ndod				SCHEDULE
Accrued Expenses (Unpaid Bills)	to whole dollars.	inded	Statement confrom 1/1/2025	vers period	CALIFORNI FORM	^A 460
			6/30/20	125		
SEE INSTRUCTIONS ON REVERSE			through 6/30/20	12.3	Page 13	of_17
NAME OF FILER					I.D. NUMBER	
Patsy D Brown					1474539	
CODES: If one of the following codes accurately described campaign paraphemalia/misc.	es the navment you may	enter the seds. Of	hamida di 11 m		14/4559	
CMP campaign paraphemalia/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 communication meetings and appears office expenses pet petition circulating phone banks polling and survey reservoirs professional services (PRT print ads	ons ances earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr.	and production co- ibutions kers' salaries rtime and product ef, lodging, and n avel, lodging, and en committees of on	tion costs neals I meals f the same candida	ite/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 PA THIS PERIC (ALSO REPORT)	OD BALANO	(d) STANDING CE AT CLOSE IIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	S	\$		\$ 0.00-	
Schedule F Summary					₽ 0.00-	
1. Total accrued expenses incurred this period. (Include all Scaccrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Schedaccrued expenses of \$100 or more, plus total unitemized pages). 3. Net change this period. (Subtract Line 2 from Line 1. Enter on the Summary Page, Column A, Line 9.)	dule F, Column (c) subtotal ayments on accrued exper	ls for payments on nses under \$100.)		PAID TOTAL	s \$	
,					May be a negative FPPC Form 460 (Pfppc.ca.gov (866)	(Jan/2016))

Schedule	e F		
(Continu	ation Shee	et)	
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

SCHEDULE F (CONT.)

	OUTEDOEL 1 (CONT.				
Statement covers period from _1/1/2025	CALIFORNIA 460				
through 6/30/2025	Page 14 of 17				
	I.D. NUMBER				
	1474539				

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

CMP campaign paraphernalia/misc. CNS campaign consultants

CTB contribution (explain nonmonetary)*

CVC civic donations

NAME OF FILER

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 communications MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research
POS postage, delivery and messe

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

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 PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS \$	\$	\$		\$ 0.00

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Amounts in to who	fr	Statement covers period orn 1/1/2025	FORM 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	th	nrough 6/30/2025	Page 15 of 17
Patsy D Brown			I.D. NUMBER
NAME OF AGENT OR INDEPENDENT CONTRACTOR			1474539
CODES: If one of the following codes accurately describes the payment, you campaign paraphernalia/misc. CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* MBR member community meetings and appropriate contribution (explain nonmonetary)*	nications dan	radio airtime and production cost	s

OFC office expenses CVC civic donations SAL campaign workers' salaries PET petition circulating candidate filing/ballot fees TEL t.v. or cable airtime and production costs PHO phone banks FND fundraising events TRC candidate travel, lodging, and meals POL polling and survey research IND independent expenditure supporting/opposing others (explain)* TRS staff/spouse travel, lodging, and meals POS postage, delivery and messenger services LEG legal defense TSF transfer between committees of the same candidate/sponsor professional services (legal, accounting) LIT campaign literature and mailings

VOT voter registration PRT print ads

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DECODIDETION OF THE	
(TOWNSER)	OODE OR	DESCRIPTION OF PAYMENT	AMOUNT PA
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			N.
h additional information on appropriately labeled continuation she			

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.

Schedule H		A						SCHEDULE H
			may be rounded ole dollars.	1	Statement co	vers period	CALIFOR	1210
Loans Made to Others*			olo dollarg.		from		FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE					through6/30/2	025	Page 16	of_17
NAME OF FILER							I.D. NUMBER	
Patsy D Brown							1474539	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	OUTSTANDING	(b)	(c)	(a)	(0)	(0)	(g)
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	AMOUNT LOANED THIS PERIOD	REPAYMENT O FORGIVENESS THIS PERIOD	BALANCE AT	INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				s			1.	
				FORGIVEN		RATE	*	\$
				L PORGIVER				PER ELECTION**
		\$	\$	\$	DATE DUE	\$		s
					DATE DOE		DATE INCURRED	
				☐ PAID				CALENDAR YEAR
				s	5	%	s	s
				FORGIVEN	-	RATE		2505151515
		s	s					PER ELECTION**
				•	DATE DUE	5	DATE INCURRED	\$
*Loans that are contributions to another candidate o also be summarized on Schedule D. Loans forgiven	r committee must						5 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 1 - 2 - 2	
reported on Schedule E.	must also be	SUBTOTALS	\$	\$	s	s		
					l e	(5()		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary						Ochedale I, Line 3)	J,	
1. Loans made this period(Total Column (b) plus uniterpized leans					0.00			
(15th) Coldinii (b) pius uniternizeu luaris	Ulless man 5 (00)							
Payments received on loans	*				0.00		1 -	*If Required
(Total Coldini (c) plus utiliernized payme	ents of less than \$100 \							
3. Net change this period. (Subtract Line 2	from Line 1.)				NET \$ 0.00			
(Enter the net here and on the Summary	Page, Column A, Line 7.)				-			

(May be a negative number)

Miscellaneous in	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from _1/1/2025	CALIFORNIA 46
SEE INSTRUCTIONS ON REV	ERSE		through 6/30/2025	Page 17 of 17
NAME OF FILER				
Patsy D Brown				I.D. NUMBER 1474539
DATE	FULL NAME AND ADDRESS OF SOURCE			14/4559
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional informa	tion on appropriately labeled continuation sheets.		SUBTOTAL \$	
hedule I Summary				
	ash this period		\$_0.00	
Initemized increases to	cash of under \$100 this period		\$_0.00	
otal of all interest recei	ved this period on loans made to others. (Scheo	dule H, Column (e).)	\$_0.00	
otal miscellaneous incr	eases to cash this period. (Add Lines 1, 2, and			
				FPPC Form 460 (Jan/2016)) @fppc.ca.gov (866/275-3772)

www.fppc.ca.gov