

**Statement of Organization
Recipient Committee**

MORENO VALLEY

Date Stamp

22 JUN 14 AM

**CALIFORNIA
FORM 410**

For Official Use Only

Statement Type

Initial

Not yet qualified

or

Date qualification threshold met

Amendment

Date qualification threshold met

Termination - See Part 5

Date of termination

1. Committee Information

I.D. Number
(if applicable)

NAME OF COMMITTEE

Patsy Brown for Mayor

STREET ADDRESS (NO P.O. BOX)

CITY

Moreno Valley

STATE

CA

ZIP CODE

92557

AREA CODE/PHONE

FULL MAILING ADDRESS (IF DIFFERENT)

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL)

COUNTY OF DOMICILE

Riverside County

JURISDICTION WHERE COMMITTEE IS ACTIVE

Moreno Valley CA

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Deborah Pepo

STREET ADDRESS (NO P.O. BOX)

CITY

Los Angeles

STATE

CA

ZIP CODE

90043

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Frances Venegas

STREET ADDRESS (NO P.O. BOX)

CITY

Moreno Valley

STATE

CA

ZIP CODE

92557

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Dr Patsy D. Brown

STREET ADDRESS (NO P.O. BOX)

CITY

Moreno Valley

STATE

CA

ZIP CODE

92557

AREA CODE/PHONE

3. Verification

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

Executed on

5/10/13

By

Executed on

5/10/13

By

Executed on

DATE

By

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICERHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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PROPONENT

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I.D. NUMBER

COMMITTEE NAME
Patsy D Brown

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Provident Bank	AREA CODE/PHONE (951) 242-3149	BANK ACCOUNT NUMBER pending		
ADDRESS 12460 Heacock St #3045	CITY Moreno Valley	STATE CA	ZIP CODE 92553	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		(list political party below)
Patsy D. Brown	Mayor Moreno Valley	2022	Nonpartisan <input checked="" type="checkbox"/>	Partisan	
			Nonpartisan	Partisan	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
Patsy D. Brown	Mayor - Moreno Valley CA	SUPPORT <input checked="" type="checkbox"/>	OPPOSE
		SUPPORT	OPPOSE

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COMMITTEE NAME
Patsy Brown For Mayor

4. Type of Committee (Continued)

General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box:
 CITY Committee COUNTY Committee STATE Committee

N/A

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee List additional sponsors on an attachment.

NAME OF SPONSOR		INDUSTRY GROUP OR AFFILIATION OF SPONSOR			
STREET ADDRESS	NO. AND STREET	CITY	STATE	ZIP CODE	AREA CODE/PHONE

Small Contributor Committee _____
Date qualified

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or parent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.