

Officeholder and Candidate
Campaign Statement –
Short Form

Date of election if applicable: (Month, Day, Year) 11-3-2026	☐ Amendment (Explain Below) MORENO VALLEY CLERK 2026 OCT 1 PM 3:32	Date Stamp	CALIFORNIA FORM 470 For Official Use Only
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1. Statement Covers Calendar Year 20 26 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Dr Patsy D Bown

STREET ADDRESS

23820 Ironwood Ave #203

CITY

Moreno Valley

STATE

California 92557

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

9519610594

OPTIONAL: FAX / E-MAIL ADDRESS

drpatsybrown@yahoo.com

3. Office Sought or Held

OFFICE SOUGHT OR HELD

MAYOR

JURISDICTION (LOCATION)

Moreno Valley Caliofnria

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Patsy Brown for Mayor 2026	23820 Ironwood Ave #203 Moreno Valley CA 92557	Deborah Pepo

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/30/2026

DATE

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE