

Statement of Organization
Recipient Committee

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Statement Type

Initial
 Not yet qualified or
 Date qualification threshold met

Amendment
 Date qualification threshold met

Termination - See Part 5
 Date of termination

Date Stamp
RECEIVED AND FILED
the office of the Secretary of State
of the State of California
JUN 14 2021

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REGISTRAR OF VOTERS
COUNTY OF RIVERSIDE

R/PA

1. Committee Information				I.D. Number <small>(if applicable)</small>				2. Treasurer and Other Principal Officers					
NAME OF COMMITTEE Patsy Brown For Council Woman District #2 2021				NAME OF TREASURER Deborah Pepo				STREET ADDRESS (NO P.O. BOX) [REDACTED]					
STREET ADDRESS (NO P.O. BOX) [REDACTED]				CITY Los Angeles				STATE CA		ZIP CODE 90043		AREA CODE/PHONE [REDACTED]	
CITY Moreno Valley				STATE CA		ZIP CODE 92557		NAME OF ASSISTANT TREASURER, IF ANY N/A					
FULL MAILING ADDRESS (IF DIFFERENT) same				STREET ADDRESS (NO P.O. BOX)				CITY [REDACTED]					
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) [REDACTED]				STATE [REDACTED]				ZIP CODE [REDACTED]		AREA CODE/PHONE [REDACTED]			
COUNTY OF DOMICILE Riverside		JURISDICTION WHERE COMMITTEE IS ACTIVE Moreno Valley		NAME OF PRINCIPAL OFFICER(S) Patsy D. Brown PhD				STREET ADDRESS (NO P.O. BOX) [REDACTED]					
Attach additional information on appropriately labeled continuation sheets.				CITY Moreno Valley				STATE CA		ZIP CODE 92557		AREA CODE/PHONE [REDACTED]	

3. Verification

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

Executed on 04/01/2021 BY [REDACTED]

Executed on 04/01/2021 BY [REDACTED]

Executed on _____ BY [REDACTED]

Executed on _____ BY [REDACTED]

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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I.D. NUMBER

COMMITTEE NAME Patsy Brown for Council Woman District #2 2021	I.D. NUMBER
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• **All committees must list the financial institution where the campaign bank account is located.**

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
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ADDRESS	CITY	STATE	ZIP CODE
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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		
Patsy D. Brown PhD	Councilwoman District#2	2021	Nonpartisan <input checked="" type="checkbox"/>	Partisan	(list political party below)
			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	
		SUPPORT	OPPOSE