

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
--	---	------------	---

1. Statement Covers Calendar Year 20 26.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Dr Patsy D Bown

STREET ADDRESS

[REDACTED]

CITY

Moreno Valley

STATE

California 92557

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

[REDACTED]

3. Office Sought or Held

OFFICE SOUGHT OR HELD

MAYOR

JURISDICTION (LOCATION)

Moreno Valley Caliofnia

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	[REDACTED]	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 \$
all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the

Executed on 9/30/2026

DATE

By

[REDACTED]