

**Officeholder and Candidate
Campaign Statement –
Short Form**

Date of election if applicable:
(Month, Day, Year)

11-05-2024

Amendment (Explain Below)

Date Stamp
RECEIVED
2024 SEP 26 P 3:00
CITY OF WALNUT
CITY CLERKS OFFICE

CALIFORNIA FORM 470
For Official Use Only

1. Statement Covers Calendar Year 20 24 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
MICHAEL M. BROWN

STREET ADDRESS
[REDACTED]

CITY STATE ZIP CODE
WALNTU CA 91789

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS
909-595-5555 mike@irshelp.ca

3. Office Sought or Held

OFFICE SOUGHT OR HELD
CITY COUNCIL

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)
CITY OF WALNUT

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
MICHAEL M BROWN FOR CITY COUNCIL 2024 ID# 1473831	[REDACTED] WALNUT, CA. 91789	MICHAEL M. BROWN

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 09/25/2024 DATE

By [Signature] SIGNATURE OF OFFICEHOLDER OR CANDIDATE