Recipient Committee Campaign Statement Cover Page

RECEIVED BY Page 1 Date of election if applicable: Statement covers period LOS ANGELES COUNTY For Official Use Only (Month, Day, Year) from 01/01/2022 2022 AUG -2 PM 2 24 through 06/30/2022 SEE INSTRUCTIONS ON REVERSE CAPITATUM FINANCE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure **Quarterly Statement** Semi-annual Statement State Candidate Election Committee Committee Special Odd-Year Report O Recall Termination Statement Controlled O Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Small Contributor Committee Officeholder Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Citizens for Dr. Roberta Perlman for School Board 2013 Ronald Hensen MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY ZIP CODE AREA CODE/PHONE Pomona CA 91766 909-325-0321 STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY 91766 909-210-3743 CA Pomona MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE CITY ZIP CODE AREA CODE/PHONE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification ached schedules is true and complete. I I have used all reasonable diligence in preparing and reviewing this statement and to the be certify under penalty of perjury under the laws of the State of California that the foregoing is Executed on . Executed on. Executed on \_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on \_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)), FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALIFORNIA FORM	460							
Page 2 of	15							

Officeholder or Candidate Controlled Co	ommittee	6.	Primarily Formed Ballo	t Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE	<del> </del>		
Roberta Perlman	`					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND	DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Pomona Unified School District Board Member	r					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREE	•		Identify the controlling office	holder candid	late, or etate measure pr	anonent if any
	Pomona CA 91766		NAME OF OFFICEHOLDER, CAI			ponent, ii any.
Related Committees Not included in this not included in this statement that are controlled by contributions or make expenditures on behalf of your	ou or are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
NAME OF TREASURER	CONTROLLED COMMITTEE?	<b>7</b> .	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office	eholder Committee committee is primarily form	List names of ned.
COMMITTEE ADDRESS STREET ADDRESS (NO	P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTEE NAME	ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO	CONTROLLED COMMITTEE?  YES NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE		Atta	ch continuatio	n sheets if necessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from $\frac{01/01/2022}{}$	CALIFORNIA 460
through <u>06/30/2022</u>	Page 3 of 15
	I.D. NUMBER
	1279882

Citizens for Dr. Roberta Perlman for School Board 2013 **Calendar Year Summary for Candidates** Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0.00 0.00 1. Monetary Contributions...... Schedule A. Line 3 1/1 through 6/30 7/1 to Date 0.00 57,709.00 Loans Received...... Schedule B, Line 3 20. Contributions 0.00 57,709.00 SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0.00 57,709.00 Made TOTAL CONTRIBUTIONS RECEIVED ......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 30.00 30.00 6. Payments Made..... Schedule E, Line 4 Candidates 0.00 0.00 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made\* 30.00 30.00 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6+7 \$ (if Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 30.00 30.00 **Current Cash Statement** 21,600.00 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B. 0.00add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding 0.00 \*Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash ...... Schedule I, Line 4 amounts from Column B reported in Column B. 30.00 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 21,570.00 16. ENDING CASH BALANCE ......Add Lines 12 + 13 + 14, then subtract Line 15 be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being filed for this calendar year, 0.00 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 57,709.00 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A		Amoun	ts may be rounded			SCHEDULE		
	Contributions Received	, to	whole dollars.	Statement cov	ers period	CALIFORNIA 460		
•				from <u>01/01/2022</u>	<u></u>	FC	RM 400	
SEE INSTRUCTION	S ON REVERSE			through <u>06/30/2022</u>		Page 4 of 15		
NAME OF FILER Citizens for Dr.	Roberta Perlman for School Board 2013					I.D. NUN 1279882		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	<u>-</u>					
	,	☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC					-	
	-	☐IND ☐COM ☐OTH ☐PTY ☐SCC			, in the second			
			SUBTOTAL	}				
(Include all S	Summary  eived this period – itemized monetary contribution Schedule A subtotals.)		0.0	•	IND - COM OTH	(other th	al ent Committee han PTY or SCC) e.g., business entity)	
	·	iona on icaa tiidh	. · · · · · · · · · · · · · · · · · · ·	1			ontributor Committee	
	ary contributions received this period.  and 2. Enter here and on the Summary Page. C	olumn A. Line 1	)	0		EDDC	Form 460 (Jan/2016))	

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

## Schedule B – Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

Citizens for Dr. Roberta Perlman for School Board 2013

FULL NAME STREET ADDRESS AND 710 CODE

NAME OF FILER

Amounts may be rounded to whole dollars.

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-	Statement coverage of the statement of the statement coverage of the s	ers period		1A <b>460</b>
1	through <u>06/30/20</u>	)22	Page 5	of 15
			1.D. NUMBER 1279882	
PAID IVEN RIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
	s 24,402.00	N/A %	s 21,119.00	\$ 0.00
	N/A DATE DUE	s_0.00	09/04/200! DATE INCURRED	\$ <u>0.00</u>
	\$ <u>20,000.00</u>	N/A %	s_20,000	\$ 0.00
/EN				PER ELECTION**

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	S	SUBTOTALS \$	;	;	\$	\$		
TE IND COM OTH PTY SCC		1			DATE DUE		DATE INCURRED	
	Chino, CA 91710	6,048.00	s 0.00	s 0.00	N/A	s_0.00	09/21/201:	0.00
Pomona. CA 91766				FORGIVEN		RATE		PER ELECTION**
	Hensen & Perlman, O.D.'s	1	ĺ	\$ <u>0.00</u>	\$ <u>6,048.00</u>	N/A %	\$ <u>6.048.00</u>	ş_0.00
Roberta Perlman	Optometrist			PAID			,	CALENDAR YEAR
TO IND COM OTH PTY SCC	Chino, CA 91710	\$	\$	\$	DATE DUE	\$_0.00	DATE INCURRED	\$_0.00
Pomona. CA 91766	G: G: 01710	20,000.00	0.00	0.00	N/A	s 0.00	09/01/201:	PER ELECTION**
÷ = ==================================	Hensen & Perlman, O.D.'s			FORGIVEN		RATE	·	*
Roberta Periman	Optometrist			s 0.00	s 20,000.00	N/A_%	, 20,000	0.00
				PAID	DATE DOE		DATE INCORRED	CALENDAR YEAR
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Pomona. CA 91766		24,402.00	0.00	FORGIVEN				PER ELECTION**
	Hensen & Perlman, O.D.'s			\$ 0.00	\$ 24,402.00	N/A %	\$ 21,119.00	\$ <u>0.00</u>
Roberta Periman	Optometrist			□ PAID • 0.00	, 24,402.00	N/A	, 21,119.00	CALENDAR YEAR
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	RECEIVED THIS	OR FORGIVEN THIS PERIOD*	BALANCE AT CLOSE OF THIS PERIOD	PAID THIS PERIOD		CONTRIBUTIONS TO DATE
FULL NAME, STREET ADDRESS AND ZIP CODE	OCCUPATION AND EMPLOYER	COTOTALIDING	AWOUNT	ANICONT FAID	COLOLVING	IN LINEO	OMOMAL	COMOLATIVE

Schedule B Summary

1. Loans received this period ......\$

IF AN INDIVIDUAL, ENTER

(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

1

†Contributor Codes IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A. 
\*\* If required.

(May be a negative number)

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www.fppc.ca.gov

DATE INCURRED TIPT IND ☐ COM ☐ OTH ☐ PTY ☐ SCC \$ SUBTOTALS \$ \$ (Enter (e) on Schedule E, Line 3) Schedule B Summary

0.00

175.00

1. Loans received this period ...... (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period......\$ 0.00

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

Optometrist

Chino, CA 91710

Hensen & Perlman, O.D.'s

Enter the net here and on the Summary Page, Column A, Line 2.

Roberta Perlman

Pomona, CA 91766

†Contributor Codes

N/A

RATE

0.00

IND - Individual

COM - Recipient Committee

, 175.00

01/30/201:

s\_0.00

0.00

PER ELECTION\*\*

(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

(May be a negative number)

, 175.00

N/A

DATE DUE

0.00

0.00

☐ FORGIVEN

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 1 Loans Received	Am	Amounts may be rounded to whole dollars.  Statement covers period from 01/01/2022					CALIFORNIA 460		
NAME OF FILER						Page 7 I.D. NUMBER 1279882	of <u>15</u>		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Roberta Perlman  Pomona, CA 91766  Tolda Com Com Coth Coth Scc	Optometrist Hensen & Perlman, O.D.'s Chino, CA 91710	s <u>0.00</u>	\$	PAID  \$ 0.00  FORGIVEN  \$ 0.00	\$ 175.00 N/A DATE DUE	N/A % RATE	\$ 175.00 08/30/201:	\$ 0.00 PER ELECTION**	
TO IND COM OTH PTY SCC		\$	s	PAID  S — FORGIVEN  S — FORGIVEN	\$DATE DUE	RATE	\$DATE INCURRED	\$ PER ELECTION**	
				PAID				CALENDAR YEAR	

SUBTOTALS \$

**Schedule B Summary** 1. Loans received this period ...... (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period ......\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 0.000 Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes

DATE INCURRED

IND - Individual

RATE

(Enter (e) on Schedule E, Line 3)

DATE DUE

(May be a negative number)

☐ FORGIVEN

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

COM OTH PTY SCC

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PER ELECTION

ichedule B – Part 2 .oan Guarantors		to whole dollars.		Statement covers period from 01/01/2022	OALII OKNIA		
EE INSTRUCTIONS ON REVERSE		-		through 06/30/2022	Page 8	of	
AME OF FILER Citizens for Dr. Roberta Perlman for School Board 2	2013				1.D. NUMB 1279882	ER	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE	
	□ IND		LENDER		CALENDAR YEAR	1	
	□OTH □PTY □SCC	-	DATE		PER ELECTION (IF REQUIRED)		
	□IND □COM	<del> </del>	LENDER		CALENDAR YEAR		
□COM □OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
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☐ COM ☐ OTH ☐ PTY ☐ SCC			DATE		PER ELECTION (IF REQUIRED)		
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	DOTH PTY SCC		DATE		PER ELECTION (#F REQUIRED)		
	<u> </u>		SUB	BTOTAL \$	Enter on Summary Page, Line 17 only.		

SCHEDULE B - PART 2

Schedule C			Amounts may be rounded to whole dollars.						SCHEDULE C
Nonmon	etary Contributions Received		to whole dollars.			Statement covers   n <u>01/01/2022</u>	period	CALIFO FOR	DRNIA 160
SEE INSTRUCT	TIONS ON REVERSE				thro	ough 06/30/2022		Page 9	of
Citizens for l	Dr. Roberta Perlman for School Board 2013					,		1.D. NUME 1279882	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER: (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	-	□IND □COM □OTH □PTY □SCC							-
		IND COM OTH PTY SCC				~			
		□IND □COM □OTH □PTY □SCC		,					
		□IND □COM □OTH □PTY □SCC							
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	•			
1. Amount r	e C Summary received this period – itemized nonmonetar				\$	).00	IND.	tributor Cod – Individual 1 – Recipien	t Committee
2. Amount r	received this period – unitemized nonmone	tary contribut					OTH	(other that - Other (e.g. - Political F	an PTY or SCC) g., business entity)
3. Total non (Add Line	monetary contributions received this periodes 1 and 2. Enter here and on the Summar	d. y Page, Colur	mn A, Lines 4 and 10.)	TOTA	L \$ _	0.00	_		

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be to whole dol		Statement cover from 01/01/2022	·	CALIFORNIA 460	
SEE INSTRUCTI	ONS ON REVERSE			through <u>06/30/2022</u>	2	Page of	
NAME OF FILER						1.D. NUMI 1279882	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIV CALENDA (JAN. 1 - I	RYEAR	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution			,		
		Nonmonetary Contribution	•				
	Support Doppose	independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		☐ Monetary Contribution		,			
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
			SUBTOTAL	\$			
	D Summary	e this period (Include	e all Schedule D subtotals \			s <sup>0</sup>	.00

	A		•			SCHEDULE E
Schedule E	Amounts may be to whole do			Statement covers period	CALIFO	DRNIA 460
Payments Made				from 01/01.2022	FOI	RM TOO
SEE INSTRUCTIONS ON REVERSE				through <u>06/30/2022</u>	Page 1	l 15 of
NAME OF FILER					I.D. NUM	
Citizens for Dr. Roberta Perlman for School Board 2013	· · · · · · · · · · · · · · · · · · ·				127988	2
CODES: If one of the following codes accurately descri  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member commetings and office expens petition circu phone banks polling and spostage, deliprofessional print ads	munications I appearances ies lating urvey research very and mess	enger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries t.v. or cable airtime and production TRC candidate travel, lodging, an staff/spouse travel, lodging, TSF transfer between committee voter registration web information technology costs	duction costs and meals and meals s of the same	•
NAME AND ADDRESS OF PAYEE  (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	'	CODE O	R DÉ	ESCRIPTION OF PAYMENT		AMOUNT PAID
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						,
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.		· su	IBTOTAL \$	
Schedule E Summary						······································
Itemized payments made this period. (Include all Sched	ule E subtotals.)				\$	00
2. Unitemized payments made this period of under \$100						0.00
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Par	t 1, Column	(e).)		\$ <u>0.</u>	00
4. Total payments made this period. (Add Lines 1, 2, and 3	. Enter here and on	the Summa	ry Page, Column	A, Line 6.) TC	TAL \$ _30	0.00

Schedule F Accrued Expenses (Unpaid Bills)  Amounts may be rounded to whole dollars.		Statement cover from 01/01/2022		CALIFORNIA 460	
OFF WORD MOTION ON DEVELOP			through <u>06/30/20</u>	)22	Page 12 of 15
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2013		······································			I.D. NUMBER 1279882
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearal office expenses PET petition circulating PHO phone banks POL polling and survey reserved postage, delivery and reprofessional services (IPRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cos butions kers' salaries time and product el, lodging, and m avel, lodging, and en committees of on	ion costs neals meals the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(d)  AID OUTSTANDING  DD BALANCE AT CLOSE  ON E) OF THIS PERIOD-	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$ .	\$
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized			INCU	RRED TOTA	LS \$
<ol><li>Total accrued expenses paid this period. (Include all Schaccrued expenses of \$100 or more, plus total unitemized</li></ol>	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	LS \$
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	l		N	ET \$ 0.00
				•	FPPC Form 460 (Jan/2016))

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			SCHEDULE F (CONT			
Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ea	Statement cover from 01/01/2022		CALIFORNIA 460	
,			through <u>06/30/20</u>	Page	of	
NAME OF FILER  Citizens for Dr. Roberta Perlman for School Board 2013				I.D. N 1279	UMBER 9882	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads	ns nces earch nessenger services legal, accounting)	RAD radio airtime at returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse transfer betwee VOT voter registration	nd production costs butions kers' salaries time and production co- el, lodging, and meals avel, lodging, and meals en committees of the sa	s ame candidate/sponsor	
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
			-		
•					
	SUBTOTALS	<u> </u> \$	\$	\$	\$ 0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amour to	nts may be ro whole dollar		from	01/01/2022 ugh _06/30/2022	CALIFO FOR	RM 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			· · · · · · · · · · · · · · · · · · ·	,,		I.D. NUMB	BER
Citizens for Dr. Roberta Perlman for School Board 2013		•				1279882	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			-				
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/bailot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must also be seen accurately describes	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	tition circulating thome banks  olling and survey research ostage, delivery and messenger services rofessional services (legal, accounting) rint ads  TEL t.v. or cable airtime and producting candidate travel, lodging, and mestaff/spouse travel, lodging, and mestaff/spouse travel, lodging, and transfer between committees of voter registration WEB  t.v. or cable airtime and producting candidate travel, lodging, and mestaff/spouse travel, lodging, and transfer between committees of voter registration with mestaff spouse travel, lodging, and transfer between committees of voter registration information technology costs (interpretable).			on costs  s coduction costs and meals and meals es of the same	•	
NAME AND ADDRESS OF PAYEE OR CREDITOR	summanzed on Sci		DR D	DESCRIPTION	N OF PAYMENT	<del></del>	AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)							-

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0.00

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I Miscellaneous Increases to Cash		Amounts may be	rounded	SCHED		
		to whole doll	ars.	Statement covers period	CALIFORNIA 460	
				from <u>01/01/2022</u>		
				through <u>06/30/2022</u>	Page 15 of 15	
SEE INSTRUCTIONS OF NAME OF FILER	VREVERSE				I.D. NUMBER	
	perta Perlman for School Board 2013				1279882	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
	-			44		
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		· · · · · · · · · · · · · · · · · · ·				
İ					,	
		<del></del>		<u> </u>		
	I information on appropriately labeled continuation sheets.			SUBTOTA	L\$ 0.00	
Schedule I Sur				\$ 0.00		
	ses to cash this period		\	Ψ	<del></del>	
2. Unitemized incr	reases to cash of under \$100 this period			\$ _0.00		
3. Total of all interes	est received this period on loans made to others. (Sche	dule H, Column	(e).)	\$ <u>0.00</u>		
	eous increases to cash this period. (Add Lines 1, 2, and			TOTAL \$	EPPC Form 460 (Jan/2016))	