Recipient Committee Date Stamp CALIFORNIA 460 Campaign Statement FORM MECEIVE Cover Page of 15 Date of election if applicable: Statement covers period (Month, Day, Year) from 07/01/2021 2022 JAN 31 CAMPAIGN FINANCE through 12/31/2021 SEE INSTRUCTIONS ON REVERSE 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 O State Candidate Election Committee Committee Special Odd-Year Report O Recall Termination Statement Controlled 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 Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER Treasurer(s) 3. Committee Information NAME OF TREASURER COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Citizens for Dr. Roberta Perlman for School Board 2013 Ronald Hensen MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CA 91766 909-210-3743 Pomona ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY CITY STATE CA 91766 909-210-3743 Pomona MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS ZIP CODE AREA CODE/PHONE ZIP CODE CITY AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best nd in the attached schedules is true and complete. ! certify under penalty of perjury under the laws of the State of California that the foregoing is tru Executed on. Executed on .

Executed on .

Executed on _

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

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Recipient Committee Campaign Statement Cover Page — Part 2

COVER	PAGE - PART 2
CALIFORNI FORM	^A 460
Page 2	of 15

			Primarily Formed Ballo			
W			NAME OF BALLOT MEASURE			
STRICT NUMBER IF AF	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON	SUPPORT
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				I TOT WITHCIT DIES	committee is primarily for	ned.
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Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

from 07/01/2021	CALIFORNIA 460
through 12/31/2021	Page 3 of 15
	I.D. NUMBER 1270992

Citizens for Dr. Roberta Perlman for School Board 2013 Column A Column B Calendar Year Summary for Candidates 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 1/1 through 6/30 7/1 to Date 0.00 57,709.00 Loans Received Schedule 8. 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 60.00 6. Payments Made...... Schedule E, Line 4 \$ Candidates 0.00 0.00 22. Cumulative Expenditures Made* 30.00 60.00 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 60.00 **Current Cash Statement** 21,630.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. 0.00 add amounts in Column A to the corresponding 0.00 *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some 30.00 amounts in Column A may 21,600.00 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. 17. LOAN GUARANTEES RECEIVED Schedule 8, 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 8 above FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions R	eceived		ts may be rounded whole dollars.	Statement co- from <u>07/01/2021</u>	vers period	CALIF	SCHEDULE FORNIA 460
SEE INSTRUCTIONS ON REVERSE				through 12/31/20)21	Page	4 of 15
NAME OF FILER Citizens for Dr. Roberta Perlman for S	chool Board 2013					1.D. NUI 1279882	
RECEIVED CO	TADDRESS AND ZIP CODE OF INTRIBUTOR , 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 T CALENDAR ((JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
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Schedule A Summary 1. Amount received this period – ite (Include all Schedule A subtotals.)			\$	00	CON	(other t	ALCOHOLD TO

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period.

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SCC - Small Contributor Committee

PTY - Political Party

	An	nounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1 Loans Received	edule B - Part 1				Statement cov from <u>07/01/2021</u>	4	-	HA 460
					12/31/2	021	- 5	15
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	021		of 15
NAME OF FILER							I.D. NUMBER	
Citizens for Dr. Roberta Perlman for School I	Board						1279882	
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	Optometrist Hensen & Perlman, O.D.'s			PAID 8 0.00	s 24,402.00	N/A %	ş_21,119.00	\$ 0.00
Pomona, CA 91766	Chino, CA 91710	\$ 24,402.00	s_0.00	s 0.00	N/A DATE DUE	s <u>0.00</u>	09/04/200! DATE INCURRED	PER ELECTION**
Roberta Perlman	Optometrist Hensen & Perlman, O.D.'s			PAID 8 0.00	s 20,000.00	N/A «	\$ 20,000.00	CALENDAR YEAR
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Roberta Perlman	Optometrist Hensen & Perlman, O.D.'s			0.00	s <u>6,048.00</u>	N/A «	s_6,048.00	CALENDAR YEAR
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Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan	ne of less than \$100 \			\$ <u>0.0</u>	0	(Enter (e) on Sch	edule E, Line 3)	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the Net change this period. (Subtract Lir 	00 paid or forgiven.)	edule A \					†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g.,	ommittee PTY or SCC)

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

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

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www.fppc.ca.gov

SCC - Small Contributor Committee

PTY - Political Party

(May be a negative number)

	Am	nounts may be ro	unded				SCHE	OULE B - PART 1
Schedule B – Part 1 Loans Received	to whole dollars.				Statement covered by 107/01/2021		CALIFORN FORM	HA 460
SEE INSTRUCTIONS ON REVERSE					through 12/31/20	021	Page 6	of 15
NAME OF FILER Citizens for Dr. Roberta Perlman for School E	Board						1.D. NUMBER 1279882	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
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Roberta Perlman	Optometrist Hensen & Perlman, O.D.'s			• 0.00	s 2,550.00	N/A s	s_2,550.00	s 0.00
Pomona, CA 91766	Chino, CA 91710	\$ 2,550.00	s	0.00	N/A DATE DUE	\$_0.00	12/19/13 DATE INCURRED	s 0.00
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(Total Column (c) plus loans under \$1	00 paid or forgiven.)						COM - Recipient C	ommittee

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

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

(Include loans paid by a third party that are also itemized on Schedule A.)

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PTY - Political Party

(May be a negative number)

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Statement covers period from \$07/01/2021\$ Statement covers period from \$07/01/2021\$ Page 7 of 15								SCHE	DULE B - PART	
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*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

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(May be a negative number)

					SCHEDULE B - PART			
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from 07/01/2021	FORM 460			
SEE INSTRUCTIONS ON REVERSE				through 12/31/2021	Page 8	of		
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board	2013				I.D. NUMBER 1279882	2		
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		
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Nonmone	tary Contributions Received		to whole dollars.	4		07/01/2021	period	CALIFO FOI	
SEE INSTRUCTIO	NS ON REVERSE				thro	ugh 12/30/2021		Page 9	of
NAME OF FILER Citizens for 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 CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
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Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$				
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Amounts may be rounded

INSTRUCTION	s, Measures and				through 12/31/2021		Page 10 of 15	
ME OF FILER tizens for Dr.	Roberta Perlman for Scho	ool Board 2013					1279882	
DATE	MEASURE NUMBER OR LE	NUMBER OR LETTER AND JURISDICTION. TYPE OF PAYMENT		DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTIO TO DATE (IF REQUIRED)
	Support	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					1 2337
	☐ Support	Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					Ī
				SUBTOTAL	. \$			

	Amounts may be rounded				SCHEDULE					
Schedule E Payments Made	to whole d			fi	Statement covers period on 07/01/2021	CALIF FO	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE				t	hrough 12/31/2021	- Page 1	1 of	15		
NAME OF FILER						I.D. NUM				
Citizens for Dr. Roberta Perlman for School Board 2013	AND MODEL IN NO. III AND AND AND AND ADDRESS OF THE PARTY	595 <u>- 1</u> 946 18 31 1				127988	32	500000 10 11		
CODES: If one of the following codes accurately described 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 com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearance ses lating urvey researc very and mes	h senger services	RA RF SA TE TR TR TS VO	e, describe the payment. D radio airtime and production D returned contributions L campaign workers' salaries L t.v. or cable airtime and pro C candidate travel, lodging, at S staff/spouse travel, lodging, F transfer between committee T voter registration information technology cost	duction costs nd meals and meals es of the sam	e candidat	le/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR .	DESCRIP	TION OF PAYMENT		АМО	UNT PAID		
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			SI	JBTOTAL \$				
Schedule E Summary							- E-84 A 70			
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)					\$0.	.00			
2. Unitemized payments made this period of under \$100							0.00	000000000000000000000000000000000000000		
Total interest paid this period on loans. (Enter amount from	n Schedule B. Par	t 1. Colum	n (e).)			\$ 0.	.00			
4. Total payments made this period. (Add Lines 1, 2, and 3. E	Enter here and on	the Summ	ary Page, Colu	umn A, Lir	ne 6.) To	OTAL \$ 30	0.00			

		through 12/31/202	rage	12 of 15			
THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO			NUMBER 19882				
BR member communication TG meetings and appearant office expenses ET petition circulating phone banks DL polling and survey rese postage, delivery and r RO professional services (i	earch messenger services	Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spo VOT voter registration WEB information technology costs (internet, e-mail)					
CODE OR ESCRIPTION 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			
SURTOTAL S				\$			
	FC office expenses ET petition circulating HO phone banks OL polling and survey resc Spostage, delivery and in RO professional services (RT print ads CODE OR ESCRIPTION OF PAYMENT	FC office expenses ET petition circulating HO phone banks OL polling and survey research OS postage, delivery and messenger services RO professional services (legal, accounting) RT print ads CODE OR CODE OR GESCRIPTION OF PAYMENT BALANCE BEGINNING	FC office expenses ET petition circulating HO phone banks OL polling and survey research OS postage, delivery and messenger services RO professional services (legal, accounting) RT print ads CODE OR ESCRIPTION OF PAYMENT CODE OR ESCRIPTION OF PAYMENT CODE OR	FC office expenses ET petition circulating HO phone banks OL polling and survey research OS postage, delivery and messenger services RO professional services (legal, accounting) RT print ads (a) CODE OR ESCRIPTION OF PAYMENT (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD (b) AMOUNT INCURRED THIS PERIOD (c) AMOUNT PAID THIS PERIOD (d) (ALSO REPORT ON E)			

· Schedule F

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

on the Summary Page, Column A, Line 9.)

May be a negative number FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

0.00

www.fppc.ca.gov

Sahadula E	Amounts may be rounded to whole dollars.		SCHEDULE F (CONT.			
Schedule F Continuation Sheet) Accrued Expenses (Unpaid Bills)			Statement cover 67/01/2021	ers period CALI	california 460	
The state of the s			through 12/31/2021		13 of 15	
AME OF FILER				I.D. Nt	MBER	
Citizens for Dr. Roberta Perlman for School Board 2013				1279	882	
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	erwise, describe th	e payment.		
campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings * Payments that are contributions or independent expenditures must a	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	earch messenger services legal, accounting)	TRC candidate traverses staff/spouse to TSF transfer betwee VOT voter registrations.	ibutions kers' salaries rtime and production cos el, lodging, and meals avel, lodging, and meals en committees of the sal	me 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	

SUBTOTALS \$

\$

\$ 0.00

Contractor (on Behalf of This Committee)	from 07/01/2021 CALIFORNIA 46
SEE INSTRUCTIONS ON REVERSE	through 12/31/2021 Page 14 of 15
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2013	1.D. NUMBER 1279882
NAME OF AGENT OR INDEPENDENT CONTRACTOR CODES: If one of the following codes accurately describes the payment, you may	

PET petition circulating

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PHO phone banks

PRT print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

independent expenditure supporting/opposing others (explain)*

CVC civic donations

IND

LEG

FND fundraising events

legal defense

candidate filing/ballot fees

campaign literature and mailings

		AMOUNT PAIL
4		
	A ST VIII CAN STATE OF STATE O	
		ĺ
		TOTAL* \$ 0.00
	eets.	eets.

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the egent or independent contractor as reported on Schedule E.

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

VOT voter registration

TRS staff/spouse travel, lodging, and meals

WEB information technology costs (internet, e-mail)

TSF transfer between committees of the same candidate/sponsor

Schedule I		Amounts may be rounded to whole dollars.	Statement covers period	SCHEDULE
Miscellaneous Increases to Cash		to whole dollars.	from 07/01/2021	CALIFORNIA 460
			through 12/31/2021	
SEE INSTRUCTIONS ON REVI	Page 15 of 15			
NAME OF FILER	I.D. NUMBER			
Citizens for Dr. Roberta F	1279882			
DATE	FULL NAME AND ADDRESS OF SOURCE		DESCRIPTION OF RECEIPT	AMOUNT OF
RECEIVED (IF COMMITTEE, ALSO ENT	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)			INCREASE TO CASH
1				
1				
1				
Attach additional inform	OTAL \$ 0.00			
Schedule i Summa			0.00	
	cash this period.			
2. Unitemized increase				
3. Total of all interest re				
Total miscellaneous i Summary Page, Line				
22				FPPC Form 460 (Jan/2016)) e: advice@fppc.ca.gov (866/275-3772)