Recipient Committee Campaign Statement Cover Page	* 2 18 - 11	-	Date Stamp	Additional activ	FORNIA 460 ORM 1 of 15		
	Statement covers period from 07/01/2023	Date of election if applicable: (Month, Day, Year)	(1) 1/09	FS LOTA	For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through 12/31/2023		CAMPAIGN FINANCE				
1. Type of Recipient Committee: All Committees - Cor	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:	- 113 - 7 - 7				
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Uso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Uso Complete Part 7)	Preelection.Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	ermination)	Quarterly Stat	ement /ear Report		
3. Committee Information	). NUMBER	Treasurer(s)					
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			,,,		
Citizens for Dr. Roberta Perlman for School Board 20	22.	Ronald Hensen MAILING ADDRESS					
STREET ADDRESS (NO P.O. BOX)		Pomona	STATE CA	ZIP CODE 91766	AREA CODE/PHONE 909-325-0321		
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY				
Pomona CA 91766 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	<del> </del>				
CITY STATE ZIP CO	DE AREA CODE/PHONE	СПУ	STATE	ZIP CODE	AREA CODE/PHONE		
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS				
4. Verification I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of Executed on 1-27-24  Executed on Date  Executed on Date	California that the foregoi  By —  By —  SIGNATURE OF CONTROL  BY	nowledge the information contained	isurer	:	s true and complete. I		
Executed on	Rv	gnature of Controlling Officeholder, Candidate,					

FPPC Form 460 (Jan/2016))

Officeholder or Candidate Controlled Comm	ittee			6.	Primarily Formed Ballot	Measure Comm	ittee	
NAME OF OFFICEHOLDER OR CANDIDATE			<del></del>		NAME OF BALLOT MEASURE			
Roberta Perlman					•			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIST	RICT NUMBER	IF APFLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTION	Ic	SUPPORT
Pomona Unified School District Board Member		٠					Ī	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	Pomona	STATE CA	ZIP 91766		Identify the controlling officer	nolder, candidate, or	state measure prop	onent, if any.
					NAME OF OFFICEHOLDER, CAN	DIDATE, OR PROPON	ENT	
Related Committees Not Included in this Sta not included in this statement that are controlled by you o contributions or make expenditures on behalf of your cand	r are primarily				OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER	R					L	
NAME OF TREASURER	CONTROLLE	ED COMM		7.	Primarily Formed Candi officeholder(s) or candidate(s) i	idate/Officehold for which this commit	er Committee Li tee is primarily form	st names of ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.					NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP (	CODE	AREA CO	DE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	E SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER				NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HELD	
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	CONTROLLE  SOX)	ED COMM	,		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFIC	CE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
		AREA CO	DE/PHONE		Attac	ch continuation shee	nts if necessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2022			1.D. NUMBER 1279882
Contributions Received  1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)  \$ 0.00 0.00 0.00 0.00 0.00 0.00	**Example 1.000  \$ 0.00  \$ 57,709.00  \$ 57,709.00  \$ 57,709.00  \$ 57,709.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30 7/1 to Date  20. Contributions Received \$ \$
Expenditures Made  6. Payments Made	\$\frac{30.00}{0.00}\$ \$\frac{30.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{30.00}{0.00}\$	\$\frac{60.00}{0.00}\$ \$\frac{60.00}{0.00}\$ \$\frac{0.00}{0.00}\$ \$\frac{60.00}{0.00}\$	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$
Current Cash Statement  12. Beginning Cash Balance	\$\frac{12,580.21}{0.00} \frac{0.00}{30.00} \frac{30.00}{12,550.21}	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ 0.00 \$ 0.00 \$ 57,709.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016))  FPPC Advice: advice@fppc.ca.gov (866/275-3772)  www.fppc.ca.gov

Schedule A			ts may be rounded			SCHEDULE A		
Monetary C	contributions Received	to	whole dollars.	Statement cov	ers period	CALIFORNIA 460		
	•			from <u>07/01/2023</u>	<del> </del>	F	ORM TO	
SEE INSTRUCTION	S ON REVERSE			through 12/31/20	23	Page	4 of 15	
NAME OF FILER						I.D. NI	JMBER	_
	Roberta Perlman for School Board 2022					127988	32	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF		IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE T	O DATE	PER ELECTION	
DATE	CONTRIBUTOR	CONTRIBUTOR	OCCUPATION AND EMPLOYER	RECEIVED THIS	CALENDAR	'EAR	TO DATE	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	PERIOD	(JAN. 1 - DEC	;. 31)	(IF REQUIRED)	
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			SUBTOTAL	\$		in the second		
Schedule A	Summary				دده.	ntributor (	Codes	7
	_	_	•			- Individ		ł
1. Amount rece	ived this period – itemized monetary contribution	15.	<sub>æ</sub> 0.0	00	CON		ient Committee	ł
	chedule A subtotals.)			- · · · · - · · · · · · · · · · · · · ·			r than PTY or SCC)	ł
2 Amount rece	ived this period – unitemized monetary contribut	ione of less than	\$100 <b>£</b> 0.0	00		1 — Otner ′ — Politic	(e.g., business entity)	ı
2. 7 a no ant 1606	wed this period — differinged iffolietally contilibut	10113 01 1033 11101	Ι Ψ Ι Ό ΟΨ				Contributor Committee	ا د
3. Total moneta	ry contributions received this period.				_			J
(Add Lines 1	and 2. Enter here and on the Summary Page. C	Column A. Line 1	.)TOTAL \$ 0.0	)()		FPI	PC Form 460 (Jan/2016	6))

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

## Amounts may be rounded to whole dollars.

Schedule	B - Part	1
cane Re	havian	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period from 07/01/2023	CALIFORNIA 460 FORM
through 12/31/2023	Page 5 of 15
	I.D. NUMBER
	1279882 -

Citizens for Dr. Roberta Perlman for School Board 2022

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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD •	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Roberta Perlman Pomona, CA 91766	Optometrist Hensen &Perlman ODs			PAID  \$ 0.00  FORGIVEN	s 24,402.00	N/A %	\$ <u>21,119.00</u>	\$ 0.00	
TOMORA, CA 91700	Chino, CA 91710	\$ 24,402.00	\$_0.00	ş <u>0.00</u>	N/A DATE DUE	ş <u>0.00</u>	09/04/200! DATE INCURRED	\$ 0.00	
Roberta Periman Pomona, CA 91766	Optometrist Hensen &Perlman ODs			\$ 0.00	\$ <u>20,000.00</u>	N/A %	\$_20,000.00	\$ 0.00	
TEZ IND COM COTH PTY SCC	Chino, CA 91710	\$	\$	ş <u>/0.00</u>	N/A DATE DUE	ş_0.00	09/01/201: DATE INCURRED	ş_0.00	
Roberta Perlman Pomona, CA 91766	Optometrist Hensen &Perlman ODs			DAID  0.00  FORGIVEN	\$ 6,048.00	N/A %	s_6,048.00	\$ 0.00 PER ELECTION	
† 12 IND □ COM □ OTH □ PTY □ SCC	Chino, CA 91710	\$_6,048.00	s_0.00	\$ 0.00	N/A DATE DUE	\$_0.00	09/21/201: DATE INCURRED	\$ 0.00	
		SUBTOTALS \$	5 ;	\$	\$	\$			
Sahadala D. Sammana	(Enter (e) on Schedule E, Line 3)								

Schedule B Summary

(May be a negative number)

†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

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

Schedule B – Part 1 Loans Received	. An	nounts may be rou to whole dollars			Statement cov from <u>07/31/2023</u>	•		IIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Dr. Roberta Perlman for School B	loard 2022		4.7		through 12/31/2	023	Page 6 1.D. NUMBER 1279882	of_15
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	INTERES PAID THIS PERIOD		CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Perlman  Pomona, CA 91766  † Z IND	Optometrist Hensen & Perlman, ODs Chino, CA 91710	\$ 4359.00 \$	s_0.00	PAID  \$ 0.00  FORGIVEN  \$ 0.00	\$ 4359.00 0.00 DATE DUE	N/A % RATE \$ 0.00	\$ 4359.00 09/22/13 DATE INCURRED	\$\frac{0.00}{\text{PER ELECTION}^M}\$
Roberta Perlman  Pomona, CA 91766  † Ø IND	Optometrist Hensen & Perlman, ODs Chino, CA 91710	2550.00	\$ <u>0.00</u>	9.00 PAID 5 0.00 FORGIVEN 6 0.00	\$ 2550.00 0.00 DATE DUE	N/A % RATE	\$ 2550.00 12/19/13 DATE INCURRED	S 0.00  PER ELECTION**  \$ 0.00
Roberta Periman  Pomona, CA 91766  † M IND	Optometrist Hensen & Perlman, ODs Chino, CA 91710	s_175.00	s_0.00	PAID  \$ 0.00  FORGIVEN  \$ 0.00	\$ 175.00 0.00 DATE DUE	N/A %	\$_175.00 01/30/13 DATE INCURRED	\$ 0.00  PER ELECTION*  \$ 0.00
Schedule B Summary  1. Loans received this period	<del></del>	SUBTOTALS \$		0.0		\$ (Enter (e) on So	hedule E, Line 3)	
(Total Column (b) plus unitemized loan Loans paid or forgiven this period (Total Column (c) plus loans under \$10	s of less than \$100.)				0		†Contributor Codes	

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

SCC - Small Contributor Committee

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PTY - Political Party

(May be a negative number)

	A	ounts may be rou	dad				SCHED	ULE B - PART 1
Schedule B – Part 1 Loans Received	Am	to whole dollars			Statement covered from 07/01/2023	ers périod	CALIFORN FORM	<sup>A</sup> 460
SEE INSTRUCTIONS ON REVERSE					through 12/31/20	)23	Page 7	of 15
NAME OF FILER			- 1, 147.				I.D. NUMBER	
Citizens for Dr. Roberta Perlman for School B	oard 2022				·		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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Perlman	Optometrist Hensen & Perlman, ODs			PAID \$ 0.00	s 175.00	N/A %	s_175.00	\$ 0.00
Pomona, CA 91766	Chino, CA 91710	ļ		FORGIVEN	- 1	RATE	1	PER ELECTION**
TEN IND □ COM □ OTH □ PTY □ SCC	Cambo, Carpana	\$ 0.00	\$ 0.00	\$ 0.00	N/A DATE DUE	ş <u>0.00</u>	08/30/15 DATE INCURRED	\$ <u>0.00</u>
				PAID			<del> </del>	CALENDAR YEAR
		1		s	_		s	
				FORGIVEN		RATE		PER ELECTION**
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID	İ		1 .	CALENDAR YEAR
				\$	_   \$	× .	\$	\$
				FORGIVEN		RATE	-	PER ELECTION
IND COM OTH PTY SCC		8	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	SUBTOTALS \$		•	\$	\$		
Schedule B Summary						(Enter (e) on Sched	fule E, Line 3)	
Loans received this period				s <u>0.</u>	00			
(Total Column (b) plus unitemized loan	s of less than \$100.)			À	00	Œ	Contributor Codes	
<ol><li>Loans paid or forgiven this period (Total Column (c) plus loans under \$10</li></ol>				s <u>0</u> .		11	ID – Individual OM – Recipient C	
(Include loans paid by a third party that 3. Net change this period. (Subtract Line Enter the net here and on the Summar	t are also itemized on Sche e 2 from Line 1.)	dule A.)		.NET \$ <u>0.</u>	00	Q.		PTY or SCC) business entity) by

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

\*\* If required.

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www.fppc.ca.gov

(May be a negative number)

Schedule B – Part 2 Loan Guarantors		to whole dollars.		Statem from 07/0	ent covers period 1/2023	_	CALIFOR FORM	NIA 460
SEE INSTRUCTIONS ON REVERSE				through $\frac{1}{2}$	2/31/2023	_	Page 8	of
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2	ILER for Dr. Roberta Periman for School Board 2022  NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)    IND					T	I.D. NUMBER 1279882	·
		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD		MULATIVE O DATE	BALANCE OUTSTANDING TO DATE
	1 —		LENDER			CAL!	ENDAR YEAR	
	□ОТН □РТҮ		DATE			PEI (IF	R ELECTION REQUIRED)	
	1 —	<del></del>	LENDER			CALI	ENDAR YEAR	
	□COM □OTH □PTY		DATE			\$ PEF (IF	R ELECTION REQUIRED)	
	□ IND		LENDER	-		CAL	ENDAR YEAR	
	□OTH □PTY □SCC		DATE			PEI (IF	R ELECTION REQUIRED)	
	□ IND		LENDER			CAL	ENDAR YEAR	
	□OTH □PTY □SCC	•	DATE			PEI (IF	R ELECTION REQUIRED)	
	<del></del>		SUE	BTOTAL \$	<u> </u>	Su L	Enter on mmary Page, ine 17 only.	

3CHEDULE B - PART 2

Schedule C Nonmonetary	/ Contributions Received	Amounts may be rounded to whole dollars.				Statement covers period from 07/01/2023			CALIFORNIA 460		
EE INSTRUCTIONS O	N REVERSE				thro	ough 12/31/2023		Page 9			
AME OF FILER Citizens for Dr. Rob	perta Periman for School Board 2022					1		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	DA CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)		
		□IND □COM □OTH □PTY □SCC									
		□IND □COM □OTH □PTY □SCC		·	-				·		
		OTH SCC					1				
		□IND □COM □OTH □PTY □SCC									
Attach additional	information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	\$					
Schedule C Su . Amount receive (Include all Sch	ımmary d this period – itemized nonmonetar edule C subtotals.)	y contribution	s.		\$	0.00	- IND	ntributor Codes Individual I Recipient Committee (other than PTY or SCC)			
. Total nonmonet	d this period – uniternized nonmoned ary contributions received this period ad 2. Enter here and on the Summary	İ					PT\	l – Other (e. ' – Political I	g., business entity)		

upportir	of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be ro to whole dollar		Statement cover 67/01/2023	s period	CALIFORNIA 460		
	ONS ON REVERSE			through 12/31/202	3	Page 10	of	
ME OF FILER						1.D. NUME 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	CUMULATIVE CALENDAI (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	Support Doppose	Independent Expenditure						
			SUBTOTAL	_ \$				
chedule	D Summary							
•	contributions and independent expenditures made	this period (Include:	all Schedule D subtotal	<b>:</b> )		\$ <u>.0</u>	.00	
	d contributions and independent expenditures made	, ,		•			.00	

hedule E Amounts may be rounded to whole dollars.  yments Made		Statement covers period from 07/01/2023		california 460 form			
SEE INSTRUCTIONS ON REVERSE				ţhro	ough 12/31/2023	- Page _	
NAME OF FILER				21,4 3		I.D. NU	MBER
Citizens for Dr. Roberta Perlman for School Board 2022				· · · · · · · · · · · · · · · · · · ·		12798	82
CODES: If one of the following codes accurately describ	es the payment,	you may ente	er the code. C	Otherwise,	describe the payment	•	
CMP campaign paraphernalla/misc.	MBR member co				radio airtime and productio	n costs	
CNS campaign consultants CTB contribution (explain nonmonetary)*	MTG meetings at OFC office exper				returned contributions campaign workers' salaries	<b>,</b>	
CVC civic donations	PET petition circ	ulating		TEL	t.v. or cable airtime and pro	duction cost	s
FIL candidate filing/ballot fees FND fundraising events	PHO phone bank POL polling and			TRC	candidate travel, lodging, a staff/spouse travel, lodging	nd meals	
IND independent expenditure supporting/opposing others (explain)*	POS postage, de	livery and mess	enger services	TSF	transfer between committe	es of the sar	ne candidate/sponsor
LEG legal defense LIT campaign literature and mailings	PRO professiona PRT print ads	i services (legal,	accounting)		voter registration	to (Intornat	n mail\
LIT campaign literature and mailings	PRT print ads			VVED	information technology cos	is (internet,	e-many
NAME AND ADDRESS OF PAYEE		CODE O	₹	DESCRIPTION	ON OF PAYMENT		AMOUNT PAID
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		-					
		1					
<u> </u>			<del> </del>				
<del></del>							
* Payments that are contributions or independent expenditures must also t	e summarized on Sch	edule D.			S	UBTOTAL	\$
Schedule E Summary							
Itemized payments made this period. (Include all Schedu	le E subtotals \					<b></b> \$	0.00
2. Unitemized payments made this period of under \$100							0.00
3. Total interest paid this period on loans. (Enter amount fro							0.00
4. Total payments made this period. (Add Lines 1, 2, and 3,	Enter here and o	n the Summa	ry Page Colu	mn A. Line	6) Ť	OTAL \$	0.00

CH			

Schedule F Accrued Expenses (Unpaid Bills)  SEE INSTRUCTIONS ON REVERSE  NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2022	Amounts may be round to whole dollars.	ded	Statement cove from 07/01/2023 through 12/31/20	F (	MBER
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 FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	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	ns nces earch nessenger services	RAD radio airtime ar RFD returned contril SAL campaign work TEL t.v. or cable airt TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registration	e payment.  nd production costs butions ters' salaries time and production costs el, lodging, and meals avel, lodging, and meals on committees of the san	s ne 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

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

## **Schedule F Summary**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	0.00
1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.).....

	NET	\$	0.00
*****		Ψ	May be a possible sumber

FPPC Form 460 (Jan/2016))

· ·					
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

Schedule G			SCHEDULE
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.	Statement covers period from 07/01/2023	california 460
SEE INSTRUCTIONS ON REVERSE		through <u>12/31/2023</u>	Page 14 of 15
NAME OF FILER			I.D. NUMBER
Citizens for Dr. Roberta Perlman for School Board 2022			1279882
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describes the	ne payment, you may enter the code. C	Otherwise, describe the payment.	——————————————————————————————————————
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  M O O O O O O O O O O O O O O O O O O	BR member communications TG meetings and appearances FC office expenses ET petition circulating phone banks OL polling and survey research OS postage, delivery and messenger services RO professional services (legal, accounting) RT print ads	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, airtimester between committees VOT voter registration WEB information technology costs	iction costs meals nd meals of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		-		
		+		
		-		
•				
	<del></del>			<u></u>

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0.00

<sup>\*</sup> Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<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 Aiscellaneous Increases to Cash		Amounts may be r	rounded			SCHEDULE I
		to whole dolla	ars.	Statement	covers period	CALIFORNIA 460
			from 07/01/2	2023	FORM 400	
				through 12/		Page 15 of 15
EE INSTRUCTIONS ON F	REVERSE					····
IAME OF FILER						I.D. NUMBER
Citizens for Dr. Rober	rta Perlman for School Board 2022					1279882
DATE	FULL NAME AND ADDRESS OF SOURCE		DES	CRIPTION OF REC	EIDT	AMOUNT OF
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)				—	INCREASE TO CASH
			,***			
						1
Attach additional in	nformation on appropriately labeled continuation sheets.				SUBTOTAL	\$ 0.00
schedule i Sum	mary				0.00	
I. Itemized increase	es to cash this period			\$	0.00	
2. Unitemized increa	ases to cash of under \$100 this period			\$	0.00	
	et received this period on loans made to others. (So					
I. Total miscellaneo	us increases to cash this period. (Add Lines 1, 2, a	and 3. Enter here ar	nd on the		0.00	
Julinialy Fage, I	-IIIO 171/		••••••	IVIAL 9	FPPC Advice: advic	FPPC Form 460 (Jan/2016)) e@fppc.ca.gov (866/275-3772)

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