Recipient Committee	· •			·	COVER PAGE
Commoian Statement			Date Stamp	CALI	FORNIA 460
Campaign Statement				F	ORM 400
Cover Page		1	RECE	VED	
•	Otefore and a subsequent and ad	Total of all office if a settle about	1 OR ANCE	LES 00099	of_15
	Statement covers period	Date of election if applicable: (Month, Day, Year)			For Official Use Only
•	from 07/01/2022	(Workin, Cay, rear)	2022 SEP 2	212.9	•
,			2022 SEP 2	7'PM  :	
SEE INSTRUCTIONS ON REVERSE	through <u>09/24/2022</u>	11/08/2022	0 50 Years - 1		
SEE ING! NOC HONS ON REVERSE	through		CAMPAIG	N FINANCE	
1. Type of Recipient Committee: All Committees - Com	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:	,		
☑ Officeholder, Candidate Controlled Committee ☐ P	rimarily Formed Ballot Measure	Preelection Statement		Quarterly State	ment
O State Candidate Election Committee	committee	Semi-annual Statement		Special Odd-Ye	ear Report
O Recall	2 Controlled	☐ Termination Statement		,	
	) Sponsoréd	(Also file a Form 410 Te			
	liso Complete Part 6)	Attletionerit (Explain be	now)		
General Purpose Committee O Sponsored	rimarily Formed Candidate/				
Small Contributor Committee	Officeholder Committee		,		
*	Nso Complete Part 7)			<del></del>	
		<u> </u>			
3. Committee Information	NUMBER	Treasurer(s)			,
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	· · · · · · · · · · · · · · · · · · ·	NAME OF TREASURER	<del></del>	<del></del>	
Citizens for Dr. Robert Perlman for School Board 202	2	Ronald Hensen			
	_	MAILING ADDRESS	<del></del>	<del></del>	
		III III III III III III III III III II	•	,	•
STREET ADDRESS (NO P.O. BOX)	<del></del>	CITY	CTATE	7ID CODE	ADEA CODE ELICIDE
STREET ADDRESS (NO P.O. BOX)		_	STATE	ZIP CODE	AREA CODE/PHONE
<u>'</u>	the state of the s	Pomona	CA	91766	909-325-0321
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	ER, IF ANY		
Pomona CA 91760					
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	-	31
		•			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
*					
OPTIONAL: FAX / E-MAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·	OPTIONAL: FAX / E-MAIL ADDRE	SS		
٤	,				
The state of the s	<del></del>		<del></del>	<del></del>	
4. Verification					
I have used all reasonable diligence in preparing and reviewing			in the attac	ned schedules is	true and complete. I
certify under penalty of perjury under the laws of the State of	California that the foregoing i				
4/25/22	<b>D</b> .		·		
Executed on Date /	Бу		***************************************		
Every 19/25/27	, <b>p</b> v.				
Executed on	Signature of Control	olling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer	of Sponsor	
Executed on	, By				
Date	S 8	gnature of Controlling Officeholder, Candidate, S	tate Measure Proponent		
Executed on	Ву			<del></del>	'
Date		gnature of Controlling Officeholder, Candidate, S	tate Measure Proponent	<del>-</del>	

COVER PAGE

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	f 15

Officeholder or Candida	te Controlled Committee	e		6.	Primarily	Formed Ballo	t Measure (	Committee	,	
NAME OF OFFICEHOLDER OR C	ANDIDATE	· ·			NAME OF BA	LLOT MEASURE				
Roberta Perlman										
OFFICE SOUGHT OR HELD (INCL		NUMBER IF APPL	ICABLE)		BALLOT NO.	OR LETTER	JURISDICTIO	ON .		SUPPORT OPPOSE
Pomona Unified School Dis							<u> </u>			1 OPPOSE
RESIDENTIAL/BUSINESS ADDRE	SS (NO. AND STREET) CITY Pom	stat iona CA			Identify the	controlling office	holder, candid	late, or state	measure prop	onent, if any.
		<del></del>	<del></del>		NAME OF OF	FICEHOLDER, CA	NDIDATE, OR P	ROPONENT		
Related Committees Not not included in this statement the contributions or make expenditu	nat are controlled by you or are	primarily formed t			OFFICE SOU	GHT OR HELD	·		DISTRICT NO	IFANY
NAME OF TREASURER	cc	NUMBER  ONTROLLED COMI  ☐ YES ☐ N		7.	Primarily officeholder(	Formed Cand	lidate/Office for which this	eholder Co committee is	ommittee Li primarily forme	st names of ed.
	TREET ADDRESS (NO P.O. BOX)				NAME OF OF	FICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
COMMITTEE NAME	STATE ZIP CODE	AREA C	ODE/PHONE		NAME OF OF	FICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
			<del>ٽ يومينان</del>		NAME OF OF	FICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS ST		YES N			NAME OF OF	FICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE	AREA C	ODE/PHONE	,		Atta	ch continuatio	n sheets if n	ecessary	

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from <u>07/01/2022</u> FORM Page 3 through <u>09/24/2022</u> I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2022 1279882

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
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	\$\frac{0.00}{0.00}\$ \$\frac{0.00}{1,880.00}\$ \$\frac{1,880.00}{1,880.00}\$	\$\frac{0.00}{57,709.00}\$ \$\frac{57,709.00}{57,709.00}\$ \$\frac{1,880.00}{1}\$	20. Contributions Réceived \$  21. Expenditures Made \$ \$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  8. Schedule F, Line 3  11. TOTAL EXPENDITURES MADE  Add Lines 8 + 9 + 10	\$ 6,193.41. 0.00 \$ 6193.41 0.00 0.00 6193.41	\$\frac{6193.41}{0.00}\$ \$\frac{6193.41}{0.00}\$ \$\frac{0.00}{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{21,570.00}{0.00}\frac{0.00}{0.00}\frac{6193.41}{15,376.59}\$	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 filed for this calendar year, only carry over the amounts.	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts  18. Cash Equivalents	\$ 0.00 \$ 57,709.00	from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

Schedule /	A	Amour	nts may be rounded			SCHEDULE /		
	Contributions Received	to	whole dollars.	Statement cov	•	CALI	FORNIA 460	
				from <u>07/01/2022</u>	· · · · · · · · · · · · · · · · · · ·		ORM 400	
SEE INSTRUCTIO	NS ON REVERSE			through <u>09/24/20</u>	22	Page	4 of 15	
NAME OF FILER Citizens for D	r. Roberta Perlman for School Board 2022					1.D. NO 127988	JMBER 32	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR Y (JAN. 1 - DEC	EAR	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						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	3				
(Include all	eived this period – itemized monetary contributions Schedule A subtotals.)		•		IND- COM OTH PTY	(other - Other ( - Political	ent Committee than PTY or SCC) (e.g., business entity)	
(Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.) <b>TOTAL \$</b> <u>0.0</u>	(O	PPC Adviće: advi		C Form 460 (Jan/2016)) .ca.gov (866/275-3772) www.fppc.ca.gov	

	Am	ounts may be ro	undoff				SCHEE	OULE B - PART 1
Schedule B – Part 1	Alli	to whole dollars		Γ	Statement cov	ers period	CALIFORN	IIA AGO
Loans Received					from 07/01/2022		FORM	<sup>114</sup> 460
SEE INSTRUCTIONS ON REVERSE					through 09/24/2	022	Page 5	of 15
NAME OF FILER				·			I.D. NUMBER	
Citizens for Dr. Roberta Perlman for School B	loard 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)	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			PAID	24 402 00	2764	21.110.00	CALENDAR YEAR
	Hensen & Perlman, OD's			s <u>0.00</u>	s 24,402.00	N/A %	\$ 21,119.00	\$ 0.00
Pomona, CA 91766	5385 Walnut Ave.			FORGIVEN		RATE	1	PER ELECTION**
	Chino, CA 91710	24,402.00	0.00	g 0.00	N/A	s 0.00	09/04/200!	0.00
TEND COM OTH PTY SCC			-		DATE DUE		DATE INCURRED	
Roberta Perlman	Optometrist			9.00	s 20,000.00	N/A %	, 20,000.00	s 0.00
Pomona, CA 91766	Hensen & Perlman, OD's 5385 Walnut Ave.			FORGIVEN		RATE		PER ELECTION**
Tomona, CA 71700	Chino, CA 91710	20,000.00	0.00	0.00	N/A	s_0.00	09/01/201:	s 0.00
TO IND COM OTH PTY SCC.	Chino, CA 91/10	8	\$	\$	DATE DUE	8	DATE INCURRED	\$
Roberta Perlman	Optometrist			PAID	<del> </del>		<del></del>	CALENDAR YEAR
NO OOL OO T WANTED	Hensen & Perlman, OD's			\$ <u>0.00</u>	<sub>\$</sub> 6,048.00	N/A	s 6,048.00	, 0.00
Pomona, CA 91766	5385 Walnut Ave.			FORGIVEN		RATE		PER ELECTION**
	Chino, CA 91710	6,048.00	0.00	0.00	N/A	0.00	09/21/201;	s 0.00
TO IND COM COTH PTY SCC		\$	\$	\$	DATE DUE	\$_0.00	DATE INCURRED	\$ 0.00
	S	UBTOTALS \$	5 (	\$	\$	\$ .		
Sala dala D. Salamana				<del></del>		(Enter (e) on Sch		
Schedule B Summary				0.0	0		•	
1. Loans received this period				\$	· · · · · · · · · · · · · · · · · · ·			
(Total Column (b) plus uniternized loar 2. Loans paid or forgiven this period	is of less than \$100.)			0.0	0		†Contributor Codes	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)	***************************************					IND - Individual COM - Recipient C	ommittad
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)		0.0	0			PTY or SCC)
3. Net change this period. (Subtract Lin	e 2 from Line 1.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.NET \$ 0.0	U		OTH - Other (e.g.,	
Enter the net here and on the Summa	ry Page, Column A, Line 2.						PTY - Political Part SCC - Small Contri	
				(M	ley be a negative number)	(		

\*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

	Am	ounts may be ro	undad				SCHE	ULE B - PART 1
Schedule B – Part 1	011	to whole dollar		Γ	Statement cov	ers period	CALIFORN	14 460
Loans Received					from <u>07/01/2022</u>		FORM	<sup>11A</sup> 460
SEE INSTRUCTIONS ON REVERSE					through <u>09/24/2</u>	022	Page 6	of 15
NAME OF FILER				·			I.D. NUMBER	
Citizens For Dr. Roberta Perlman for School I	Board 2022						1279882	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDÍVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	N 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	\$ 4359.00	N/A	\$ 4359.00	S
Pomona, CA 91766	5385 Walnut Ave. Chino, CA 91710	4359.00	0.00	FORGIVEN	N/A	RATE s_0.00	09/22/201;	PER ELECTION**
MIND COM COTH PTY SCC					DATE DUE		DATE INCURRED	
Roberta Perlman	Optometrist Hensen & Perlman, O.D.'s			□ PAID \$ 0.00	\$ 2550.00	N/A	s 2550.00	\$
Pomona, CA 91766	5385 Walnut Ave. Chino, CA 91710	2550.00	0.00	FORGIVEN	N/A	s_0.00	12/19/13	PER ELECTION**
Z IND COM OTH PTY SCC		\$	\$		DATE DUE		DATE INCURRED	
Roberta Perlman	Optometrist Hensen & Perlman, O.D.'s		,	PAID    0.00	s 175.00	N/A %	s_175.00	CALENDAR YEAR
Pomona, CA 91766	5385 Walnut Ave.			☐ FORGIVEN		RATE		PER ELECTION
	Chino, CA 91710	175	0.00	0.00	N/A	s_0.00	01/30/201:	
MIND COM OTH PTY SCC		,	*		DATE DUE		DATE INCURRED	3
	s	SUBTOTALS \$	5	<u> </u>	\$	\$		es Gere
Schedule B Summary						(Enter (e) on Sche	dule E, Line 3)	
Loans received this period		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ <u>0.0</u>	10			
(Total Column (b) plus uniternized loar 2. Loans paid or forgiven this period				\$ <u>0.0</u>	0	11	Contributor Codes ND Individual	
(Total Column (c) plus loans under \$10 (Include loans paid by a third party that 3. Net change this period. (Subtract Lin Enter the net here and on the Summa	at are also itemized on Sche e 2 from Line 1.)	dule A.)		NET \$ 0.0	10	C	OTH - Other (e.g., I PTY - Political Part	PTY or SCC) business entity)
	, , , , , , , , , , , , , , , , , , , ,					Į S	CC - Small Contri	butor Committee

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

\*\* If required.

(May be a negative number)

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

Schedule B – Part 1 Loans Received		Statement cov from <u>07/01/2022</u>	•	CALIFORNIA 460				
EE INSTRUCTIONS ON REVERSE IAME OF FILER Citizens for Dr. Roberta Perlman for School B	loard 2022	· · · · · · · · · · · · · · · · · · ·			through <u>09/24/2</u> 6	022	Page 7 1.D. NUMBER 1279882	of 15
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		N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Roberta Perlman Pomona, CA 91766	Optometrist Hensen & Perlman, O.D.s	,		□ PAID  8 0.00 □ FORGIVEN	\$ 175.00	N/A %	\$_175.00	\$ 0.00
□ IND □ COM □ OTH □ PTY □ SCC	Chino, CA 91710	\$	ş_0.00	\$ <u>0.00</u>	N/A DATE DUE	s_0.00	08/30 2015 DATE INCURRED	\$ <u>0.00</u>
□IND □COM □OTH □PTY □SCC		\$	s	\$	DATE DUE	RATE  \$% RATE	DATE INCURRED	S PER ELECTIONS  \$ CALENDAR YEAR  \$ PER ELECTIONS
	<u> </u>	UBTOTALS \$	\$	<b>*</b>	\$	\$	Colors the controller Smith SA to collection	
Constructed this period	ns of less than \$100.)  00 paid of forgiven.)  at are also itemized on Sche  e 2 from Line 1.)	dule A )		\$ 0.0	00		Contributor Codes	committee PTY or SCC) business entity) ty
*Amounts forgiven or paid by another party also m	nust be reported on Schedule A.	1		•	-			

\*\* If required.

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

SCHEDULE B - PART 1

Schedu	le C		Amounts may be rounded						SCHEDULE (
	netary Contributions Received		to whole dollars.			Statement covers p m 07/01/2022	eriod	CALIFORNIA 460	
SEE INSTRUC	TIONS ON REVERSE				thre	ough <u>09/24/2022</u>		Page 8	of
NAME OF FILE		· ,	· · · · · · · · · · · · · · · · · · ·					I.D. NUM	BER
Citizens for	Dr. Roberta Perlman for School Board 2022							127988	
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 SERV		AMOUNT/ FAIR MARKET VALUE	D, CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/22	Associated Pomona Teachers Comittee For Quality Leadership	□IND  ②COM □OTH □PTY □SCC	,	Campaign Flye	er	1,880.00	1,880.0	)	1,880.00
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL S	\$			1
1. Amount (Include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone						- IND COI OTI	other th I – Other (e. ' – Political I	nt Committee an PTY or SCC) g., business entity)
3. Total no (Add Lir	nmonetary contributions received this periodies 1 and 2. Enter here and on the Summar	d. y Page, Colur	mn A, Lines 4 and 10.)	TOTA	\ <b>L</b> \$ _	1,880.00	_		Similario Committee

Schedu	le C		Amounts may be rounded					SCHEDULE	
Nonmo	netary Contributions Received		to whole dollars.			Statement covers   07/01/2022	period	CALIF FC	ORNIA 460
SEE INSTRUC	TIONS ON REVERSE				thro	ough <u>09/24/2022</u>		Page 9	of 15
NAME OF FILE	ER .	· / /		·		<del></del>		I.D. NUN	
Citizens for	Dr. Roberta Perlman for School Board 2022							127988	32
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	CALE	JLATIVE TO DATE NDAR YEAR 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
09/12/22	Associated Pomona Teachers Comittee For Quality Leadership	☐IND  ☐COM ☐OTH ☐PTY ☐SCC		Campaign Flye	er	1,880.00	1,880	.00	1,880.00
		□IND □COM □OTH □PTY □SCC							
,		OTH SCC							
		□IND □COM □OTH □PTY □SCC				·			
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	\$	61-5		
1. Amount (include	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmone	•				1,880.00 1,880.00	III	other to TH – Other (e TY – Political	al ent Committee han PTY or SCC) e.g., business entity)
3. Total no (Add Lir	nmonetary contributions received this periodies 1 and 2. Enter here and on the Summan	i. y Page, Colur	mn A, Lines 4 and 10.)	TOTA	L \$ _1	1,880.00	_	· · · · · · · · · · · · · · · · · · ·	

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be rou to whole dollars		Statement cover 07/01/20222	s period	CALIFORNIA 460		
•	ONS ON REVERSE			through <u>09/24/2022</u>	2	Page 10	of 15	
NAME OF FILER						1.D. NUMB 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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution Nonmonetary Contribution						
· · · · · · · · · · · · · · · · · · ·	Support Oppose	Independent Expenditure  Monetary					· · · · · · · · · · · · · · · · · · ·	
		Contribution  Nonmonetary Contribution  Independent						
<u> </u>	Support Dppose	Expenditure  Monetary Contribution  Nonmonetary					<del>, , , , , , , , , , , , , , , , , , , </del>	
<u> </u>	☐ Support ☐ Oppose	Contribution Independent Expenditure						
,		·	SUBTOTAL	\$				
	D Summary					0	,	
	contributions and independent expenditures mad					🌣 🗕	00	
	ed contributions and independent expenditures made the ributions and independent expenditures made the						00	

Cabadula E	chedrile F Amounts may be rounded Statement covers b					SCHEDULE			
Schedule E Payments Made	to whole do			Statement covers period	CALIF	ORNIA 460			
				from <u>07/01/2022</u>		/ KJVI			
SEE INSTRUCTIONS ON REVERSE				through <u>09/24/2022</u>	Page_				
NAME OF FILER					I.D, NUI				
Citizens for Dr. Roberta Perlman for School Board 2022				, 	12798	82			
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 independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delir	munications I appearances es ating	nger services	RAD radio airtime and product returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg transfer between comm VOT voter registration WEB information technology of	ction costs ries production costs g, and meals ing, and meals ittees of the san	ne candidate/sponsor			
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	,	CODE OR	DE\$	CRIPTION OF PAYMENT		AMOUNT PAID			
		,							
	,			,					
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.			SUBTOTAL	\$			
Schedule E Summary									
1. Itemized payments made this period. (Include all Schedule	e E subtotals.)		*********************		\$	0.00			
2. Unitemized payments made this period of under \$100					\$_1	5.00			
3. Total interest paid this period on loans. (Enter amount from									
4. Total payments made this period. (Add Lines 1, 2, and 3. I									

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cover 61/01/2022	-	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			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. NUM 127988	
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	monetary)* OFC office expenses OFC petition circulating Supporting/opposing others (explain)*  MTG meetings and appearances OFC office expenses SAL campaign workers' salaries TEL t.v. or cable airtime and producti Candidate travel, lodging, and TRS staff/spouse travel, lodging, and TRS staff/spouse travel, lodging, and TRS staff/spouse travel, lodging, and TRS transfer between committees of PRO professional services (legal, accounting) VOT voter registration			ction costs meals d meals of the same	•	
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 F THIS PER (ALSO REPORT	IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
		-	·			
•						
					,	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$		\$	<b>.</b>	\$	
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche	accrued expenses under s	3100.)			ALS \$	.00
<ol> <li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized plus</li></ol>	er the difference here and				<b>VET \$</b>	.00
•		,				y be a negative number Form 460 (Jan/2016))

Schedule F	Amounts may be rounded	process and the second	SCHEDULE F (CON		
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	tó whole dóllars.	Statement covers period from 07/01/2022	FORM 460		
	·	through <u>09/24/2022</u>	Page 13 of 15		
NAME OF FILER			I.D. NUMBER		
Citizens for Dr. Roberta Perlman for School Board 2022	·		1279882		
CODES: If one of the following codes accurately describe					
CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member communications MTG meetings and appearances	RAD radio airtime and production of RFD returned contributions	costs		
CTB contribution (explain nonmonetary)*  CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salaries TEL t.v. or cable airtime and produ	iction costs		
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and			
FND fundráising events	POL polling and survey research	TRS staff/spouse travel, lodging, a			
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	POS postage, delivery and messenger services PRO professional services (legal, accounting)	TSF transfer between committees VOT voter registration	of the same candidate/sponsor		

PRT print ads

campaign literature and mailings

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER LD. 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
	<u> </u>				
	···		1		
	the common or a second consequence of the consequen				
	SUBTOTALS	<u>                                     </u>	\$	\$	\$ 0.00

WEB information technology costs (internet, e-mail)

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

Schedule G							SCHEDULE (
Payments Made by an Agent or Independent Amounts Contractor (on Behalf of This Committee)					Statement covers period n	california 460	
				thr	ough 09/24/2022	- Page 14	of 151 <del>275</del>
SEE INSTRUCTIONS ON REVERSE	<u> </u>				and the same of th	I.D. NUMBE	
NAME OF FIGHT Citizens for Dr. Roberta Perlman for School Board 2022						1279882	
NAME OF AGENT OR INDEPENDENT CONTRACTOR	<del></del>		<del></del>		And the state of t	1279002	<del></del>
CCDES: If one of the following codes accurately describes	the payment	t vou may	enter the code.	Otherwise	describe the payme	nt.	The statement with the attraction of
CIMP carchaign paraphernalialmisc. CIMS carchaign consultants corclibation (explain non-monetary)* covic donations cardidate filing/pallot fees find fraising events in o independent expenditure supporting/opposing others (explain)* log all defense carchaign literature and mailings **Payments that are contributions or independent expenditures must also be seen to the carchaign payments.	PRO professio PRT print ads	and appearance, see see see see see see see see see s	nces	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and production candidate travel, lodging, staff/spouse travel, lodging transfer between committee voter registration information technology confidence.	s oduction costs and meals g, and meals ses of the same ca	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (1º COMMITTEE, AASO ENTER LD, NUMBER)	A CONTRACTOR	CODE	OR	DESCRIPTIO	N OF PAYMENT		AMOUNT PAID
	,						
	andreas and a state of the stat	460-1					

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0.00

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

Schedule I	Amounts may be rounded to whole dollars.		SCHEDULE	
Miscellaneous Increases to Cash	to whole donars.	Statement covers period	CALIFORNIA 460	
		from 07/01/2022		
		through 09/24/2022	Page 15 of 15	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER			I.D. NUMBER	
Citizens för Dr. Roberta Perlman for School Board 2022			1279882	
DATE FULL NAMÉ AND ADDRESS OF SOURCE RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	E	DESCRIPTION OF RECEIPT	AMOUNT OF	
Attach additional information on appropriately labeled continuation shee	ets.	SUBTOTAL	.\$ 0.00	
Schedule I Summary  1. Itemized increases to cash this period		¢ 0.00		
Uniternized increases to cash of under \$100 this period				
3. Total of all interest received this period on loans made to others.	_			
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2 Summary Page, Line 14.)	2, and 3. Enter here and on t	the TOTAL \$ 0.00	FPPC Form 460 (Jan/2016))	

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