Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
•	Statement covers period from 09/25/22	Date of election if applicable: (Month, Day, Year)	2022 OC	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 10/22/22	11/08/22	CAMPA	05746
1. Type of Recipient Committee: All Committees - Committe	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)  General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Committee Controlled Consorred Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination Amendment (Explain below)	. □ sp	uarterly Statement pecial Odd-Year Report
3. Committee Information	D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Citizens for Dr. Roberta Perlman for School Board 20	022	NAME OF TREASURER Ronald Hensen MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	· · · · · · · · · · · · · · · · · · ·	CITY Pomona		CODE AREA CODE/PHONE 1766 909-210-0321
Pomona CA 9176	6 909-210-3743	NAME OF ASSISTANT TREASURER, IF ANY		700 909-210-0321
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	x	MAILINGADDRESS		
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP	CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of	California that the foregoi		attached s	schedules is true and complete. I
Executed on 10/23/27 Executed on 10/23/27	By ————————————————————————————————————	rolling Officehölder, Candidate, State Measure Proponent or R	esponsible Officer of Spo	onsor .
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure	e Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure	e Proponent	<del></del>

FPPC Form 460 (Jan/2016))

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

10/26/22 +M COVER PAGE

## Recipient Committee Campaign Statement Cover Page — Part 2

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

. Officeholder or Candidate Contr	rolled Committee		6	<b>3.</b>	Primarily Formed Ballo	t Measure (	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE	<del></del>		<del></del>	V. 5
Roberta Perlman									
OFFICE SOUGHT OR HELD (INCLUDE LOCA	ATION AND DISTRICT NUMBER	IF APPLICABLE	=)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Pomona Unified School District									OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. A	AND STREET) CITY	STATE 2	ZIP		,	, , , , , , , , , , , , , , , , , , , ,			
	Pomona	CA 917	766		Identify the controlling office	holder, candid	date, or state	measure prop	onent, if any.
			<del></del>		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	ROPONENT		
Related Committees Not Include	ed in this Statement: L	ist any committ	ees						
not included in this statement that are con	trolled by you or are primarily				OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
contributions or make expenditures on be	half of your candidacy.				*				
COMMITTEE NAME	I.D. NUMBE	R	_						
NAME OF TREASURER	CONTROLL	ED COMMITTEE	7	7.	<b>Primarily Formed Cand</b>	idate/Office	eholder Co	mmittee <i>Li</i>	st names of
NAME OF TREASURER	☐ YES		. r		officehoider(s) or candidate(s)	for which this	committee is p	orimanly forme	ed.
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)	□NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
50MIII 1227.001.125	The state of the s						1		☐ SUPPORT☐ OPPOSE
CITY	STATE ZIP CODE	AREA CODE/PI	HONE		NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOL	IGHT OR HELD	
					The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1011102000	GITI ON TILLED	SUPPORT
COMMITTEE NAME	I.D. NUMBE	R							OPPOSE
Ocialist LEE sevine	I.D. HOMBE	.,			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
-									OPPOSE
NAME OF TREASURER	CONTROLL	ED COMMITTEE	?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
	☐ YES	□ NO							☐ SUPPORT ☐ OPPOSE
COMMITTEE ADDRESS STREET ADD	DRESS (NO P.O. BOX)		_				1		□ OPPOSE.
·									
CITY	STATE ZIP CODE	AREA CODE/PI	HONE		Attac	ch continuatio	on sheets if n	ecessary	

## 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 09/25/22	CALIFORNIA 460
through <u>10/22/22</u>	Page 3 of 15
	I.D. NUMBER
	1279882

Citizens for Dr. Roberta Perlman for School Board 2022 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD 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 1.880.00 57,709.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 1,880.00 57,709.00 Made TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 **Expenditures Made Expenditure Limit Summary for State** 2,520.29 8,663.70 6. Payments Made...... Schedule E, Line 4 Candidates 0.00 0.00 7. Loans Made ...... Schedule H, Line 3 22. Cumulative Expenditures Made\* 2,520.29 8,663.70 8. SUBTOTAL CASH PAYMENTS ...... Add Lines 6+7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) ......Schedule F, Line 3 Date of Election Total to Date 0.00 0.00 (mm/dd/yy) 10. Nonmonetary Adjustment......Schedule C. Line 3 2520,29 8.663.70 **Current Cash Statement** 15,376.59 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 To calculate Column B. 0.00 add 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. 2520.29 of your last report. Some 15. Cash Payments ...... Column A, Line 8 above amounts in Column A may 12,856.30 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 B, Part 2 \$ only carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 18. Cash Equivalents...... See instructions on reverse 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 /	Δ		ts may be rounded		SCHEDULE					
	Contributions Received	to	whole dollars.	Statement countries from 09/25/22	vers period	CALIFORNIA 460				
SEE INSTRUCTION	NS ON REVERSE			through 10/22/22		Page 4 of 15				
NAME OF FILER					,	I.D. NU 127988				
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 T CALENDAR (JAN. 1 - DE	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								
		□IND □COM □OTH □PTY □SCC								
			SUBTOTAL	\$						
(Include all	A Summary  eived this period – itemized monetary contribution Schedule A subtotals.)				IND CO OTI PT	other) H – Other ( Y – Politica	ial ient Committee than PTY or SCC) (e.g., business entity)			
3 Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C			00	<u> </u>	FPP	C Form 460 (Jan/2016)) :.ca.gov (866/275-3772) www.fppc.ca.gov			

## Amounts may be rounded to whole dollars.

chedule B – Part 1	
cans Received	

	SCHEDOLE B - PART 1					
Statement covers period	CALIFORNIA 460					
from <u>09/25/22</u>	FORM 460					
through 10/10/22	Page 5 of 15					
	I.D. NUMBER					
	1279882					

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Citizens for Dr. Roberta Perlman for School Baard 2022

Citizens for Dr. Roberta Periman for School b	12/9002							
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+	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Periman Pomona, CA 91766	Optometrist Hensen & Perlman ODs			\$ 0.00	ş 24,402.00	N/A %	s_21,119.00	\$ 0.00
TO IND COM OTH PTY SCC	Chino, CA 91710	\$	\$_0.00	ş <u>0.00</u>	N/A DATE DUE	ş_0.00	09/4/2009 DATE INCURRED	ş <u>0.00</u>
Roberta Periman	Optometrist Hensen & Perlman ODs			9 0.00	\$ <u>20,000.00</u>	N/A %	\$_20,000.0C	\$ 0.00
Pomona, CA 91766	Chino, CA 91710	\$ 20,000.00	\$	\$ 0.00	N/A DATE DUE	s_0.00	9/1/2013 DATE INCURRED	PER ELECTION 8
Roberta Periman	Optometrist Hensen & Perlman ODs			\$ 0.00	s 6,048.00	N/A %	\$ <u>6,048.00</u>	s 0.00
Pomona, CA 91710	Chino, CA 91710	\$	ş_0.00	S 0.00	N/A DATE DUE	\$_0.00	9/21/2013 DATE INCURRED	PER ELECTION 8
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.) 0.00 Enter the net here and on the Summary Page, Column A. Line 2.

†Contributor Codes

IND - Individual

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

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

(May be a negative number)

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

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•	A	ounts may be ro	undad				SCHE	DULE B - PAR
Schedule B – Part 1	All	Γ	Statement cov	ers period	CALIFORNIA 460			
Loans Received					from <u>09/25/22</u>		FORM	··· 400
SEE INSTRUCTIONS ON REVERSE				1	through 10/22/2	2	Page 6	of <u>15</u>
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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIV CONTRIBUTIO TO DATE
Roberta Perlman	Optometrist Hensen & Perlman,ODs			PAID \$ 0.00	ş <u>4359.00</u>	N/A %	ş_4,359	\$ 0.00
Pomona, CA 91766  †ZI IND   COM   OTH   PTY   SCC	Chino, CA 917	\$	ş_0.00	FORGIVEN	N/A DATE DUE	ş <u>0.00</u>	09/22/13 DATE INCURRED	PER ELECTIO
Roberta Perlman	Hensen Permane	<b>1</b> 5		9.000 S SORONEN	ş <u>2,550.00</u>	N/A %	s_2,550.00	\$ 0.00
Pomona, CA 91766	Chimo, la 1710	\$	\$	FORGIVEN  \$ 0.00	N/A DATE DUE	ş_0.00	12/19/13 DATE INCURRED	9 0.00
Roberta Perlman  Pomona, CA 91766	HENSON Perhandi	<b>5</b>		□ PAID  \$ 0.00  FORGIVEN	ş 175.00	N/A RATE	ş_175.00	\$ 0.00
† ☑ IND □ COM □ OTH □ PTY □ SCC	chivo la 91700	s_175.00	\$_0.00	\$ 0.00	N/A DATE DUE	s_0.00	01/30/13 DATE INCURRED	PER ELECTIO
	S	UBTOTALS \$	;	5	\$	\$		
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loar	ns of less than \$100.)					(Enter (e) on Schee		
<ol> <li>Loans paid or forgiven this period</li> <li>(Total Column (c) plus loans under \$10</li> <li>(Include loans paid by a third party that</li> </ol>	00 paid or forgiven.)			\$ <u>0.0</u>		11	Contributor Codes ND – Individual COM – Recipient C (other than	

(May be a negative number)

\*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.

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

PTY - Political Party

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

SCC - Small Contributor Committee

				Am	nounts may be ro	٠	SCHEDULE B - PAR						
Schedule Loans Re		t 1			to whole dollar			Statement cov from <u>09/25/2022</u>	-	CALIFORN FORM	<sup>IIA</sup> 460		
SEE INSTRUCTION	ONS ON REVE	RSE						through 10/22/2	2	Page 7	of_15		
Citizens for Da	r. Roberta Pe	rlman fo	r School I	Board 2022			,			1279882			
FULL NAME, S	TREET ADDRI OF LENDE	R		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIV CONTRIBUTIO TO DATE		
Roberta Perla Pomona, CA				Optometrist Hensen & Perlman,OD			\$ 0.00	ş <u>175.00</u>	N/A %	s_175.00	\$ 0.00		
	ом □ отн	□ PTY	□ scc	Chino, CA 91710	\$ 0.00	\$_0.00	\$ 0.00	N/A DATE DUE	ş_0.00	08/30/201: DATE INCURRED	\$ <u>0.00</u>		
							\$ FORGIVEN	\$	% RATE	\$	\$PER ELECTIO		
† DIND DO	ом 🗆 отн	☐ PTY	☐ scc		\$	\$	PAID	DATE DÚE	\$	DATE INCURRED	SCALENDAR YE		
							\$		RATE	s	\$PER ELECTIO		
†   IND	ом 🗆 отн	□ PTY	□ scc		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
			,		SUBTOTALS S	3	\$	\$	\$	Vi.			
(Total Col	eived this pumn (b) plu	period is uniten	nized loar	ns of less than \$100.)			0.0		(Enter (e) on Scheo	iule E, Line 3)  Contributor Codes			
<ol><li>Loans pai</li></ol>	id or forgive	en this po	eriod				\$ <u></u>	<del></del>		JD – Individual			

0.00

\*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.

(Total Column (c) plus loans under \$100 paid or forgiven.)

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

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PTY - Political Party

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

Schedu	le C		Amounts may be rounded				SCHEDULE C			
	netary Contributions Received		to whole dollars.	ŀ	Statement covers period from 09/25/22			ORNIA 460		
SEE INSTRUC	TIONS ON REVERSE				thro	ough <u>1022/22</u>		Page 8	of	
NAME OF FILE Citizens for	Pr. Roberta Perlman for School board 2022							i.D. NUM 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)	
09/12/22	Associated Pomona Teachers Committee 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	TAL S		100 C	10.1		
1. Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.)				\$	1,880.00	IND	•		
2. Amount	received this period – unitemized nonmone	tary contributi				1,880.00	PTY	– Other (é – Political I	.g., business entity)	
3. Total no	nmonetary contributions received this pendones 1 and 2. Enter here and on the Summan	i. v Page, Colur	mn A I ines 4 and 10 )	TOTA	LS 1	1,880.00				

Schedule	C		to whole dollars.				SCHEDULE C			
Nonmone	tary Contributions Received	to whole deliate.				Statement covers p	eriod	CALIFORNIA 160		
					fron	09/25/22		FO	RM TOO	
SEE INSTRUCTIO	NS ON REVERSE			ough <u>10/22/22</u>		Page 9 of 15				
NAME OF FILER					,			I.D. NUMI	BER	
Citizens For D	r. Roberta Perlman for School Board 2022							1279882	2	
DATE RECEIVED		CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)		PER ELECTION TO DATE (IF REQUIRED)	
		□IND □COM □OTH □PTY □SCC				·				
		□IND □COM □OTH □PTY □SCC			ı			•		
	_	□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	·							
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL S	\$				
Schedule (	Summary							ntributor Co		
1. Amount red (Include all	ceived this period – itemized nonmonetar Schedule C subtotals.)	y contribution	S.		\$	0.00	_   co	(other th	nt Committee an PTY or SCC)	
2. Amount red	ceived this period – unitemized nonmone	tary contribut	ions of less than \$100		\$	).00	PT	/ - Political I	g., business entity) Party ontributor Committee	
3. Total nonm (Add Lines	onetary contributions received this period 1 and 2. Enter here and on the Summar	d. y Page, Colur	mn A, Lines 4 and 10.)	TOTA	<b>1L</b> \$ _	0.00	_			

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees	Amounts may be to whole do		Statement covers period from 09/25/22		CALIFORNIA 460 FORM  10 15	
SEE INSTRUCTIONS ON REVERSE			through 10/22/22		Page	or
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2022	,	-			1.D. NUME 1279882	
NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR DATE 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 ☐ Oppose	Independent Expenditure					
	Monetary Contribution		1.			
	Nonmonetary Contribution					
☐ Support ☐ Oppose	Independent Expenditure					
		SUBTOTAL	\$			
Schedule D Summary						
Itemized contributions and independent expenditures made	e this period. (Includ	e all Schedule D subtotals.)			s <sup>0</sup>	.00
2. Unitemized contributions and independent expenditures ma	ade this period of un	nder \$100			s 0	.00
3. Total contributions and independent expenditures made this						.00

Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 09/25/2022		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through 10/22/22	Page	·	
NAME OF FILER  Citizens for Dr. Roberta Perlman for School Board 2022					1.D. NUI		
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 com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si	munications d appearance ses lating urvey resear very and me	es ch ssenger 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 information technology costs	luction cost d meals and meals s of the san	ne candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT	- 11	AMOUNT PAID	
Rick Hernandez			Graphic Design/ Pr	rinting		1,095.00	
Downey, 90241							
Sarai Arellano		CNS				1,000.00	
Ontario, CA		,					
Red Brick Printing			Banners			338.29	
* Payments that are contributions or independent expenditures must also	be summarized on Sche	dule D.		SU	BTOTAL	\$	
Schedule E Summary							
1. Itemized payments made this period. (Include all Sched	ule E subtotals.)				\$	2433.29	
2. Uniternized payments made this period of under \$100							
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)						0.00	
4. Total payments made this period. (Add Lines 1, 2, and 3	. Enter here and on	the Sumn	nary Page, Column A	, Line 6.) <b>TO</b>	TAL \$ _2	2520.29	

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

					OCHEDOLE
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement coverage from 09/25/22	ers period CA	ALIFORNIA 460 FORM
			through 10/22/22	2	age 12 of 15
SEE INSTRUCTIONS ON REVERSE			unough	P	age 12 of 15
NAME OF FILER				I.D	. NUMBER
Citizens for Dr. Roberta Perlman for School Board 2022				12	279882
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	nerwise, describe th	e payment.	<u> </u>
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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese PSC postage, delivery and r PRO professional services (1) PRT print ads	nces earch nessenger services	TRC candidate trave TRS staff/spouse tra	butions kers' salaries time and production el, lodging, and meal avel, lodging, and me en committees of the on	s eats same candidate/sponsor
NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING	(b) AMOUNT INCURRED	(c) AMOUNT PAID THIS PERIOD	(d)' OUTSTANDING BALANCE AT CLOSE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PATMENT	OF THIS PERIOD	THIS PERIOD	(ALSO REPORT ON E	
				·	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ ·	\$ :	<b>3</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 of \$100 or more, plus total unitemized parts of \$100 or more, plus total unitemized parts.)	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).	,	.PAID TOTALS	\$
3. Net change this period. (Subtract Line 2 from Line 1. Ent	er the difference here and			NET	s 0.00

May be a negative number

FPPC Form 460 (Jan/2016))

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

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	tinuation Sheet) rued Expenses (Unpaid Bills)  to whole dollars.  Statement covers per properties of the properties of t				SCHEDULE F (CONT. LIFORNIA 460 FORM of 15	
NAME OF FILER		·	·	1	NUMBER 19882	
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  * Payments that are contributions or independent expenditures must all	monmonetary)*  MTG meetings and appearances office expenses petition circulating fees phone banks pOL polling and survey research ture supporting/opposing others (explain)*  PRO professional services (legal, accounting) nd mailings  MTG meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting) print ads  RFD returned contributions campaign workers' salaries t.v. or cable airtime and producti candidate travel, lodging, and messenger services TRS					
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

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)  SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2022 NAME OF AGENT OR INDEPENDENT CONTRACTOR		nts may be r whole dolla		1	Statement covers period m 09/25/22 rough 10/22/22	CALIFO FOR 14 I.D. NUMB 1279882	of ER
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	MBR member co MTG meetings a OFC office expe PET petition circ phone ban polling and postage, do PRO professions PRT print ads	ommunication appearan ases culating ks survey reses elivery and m al services (k	ns ces	RAD RFD SAL TEL TRC TRS TSF VOT	e, describe the payment radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and proc candidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology costs.	duction costs and meals and meals s of the same of	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
Attach additional information on appropriately labeled continual	tion sheets					TOTAL* :	. 000

<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	Amo	ounts may be r	ounded	SCHEDULE			
Miscellaneous Increases to Cash		to whole dolla	irs.	Statement covers period	CALIFORNIA 460		
				from <u>09/25/22</u>	FORM 400		
			į	through 10/22/22	Page 15 of 15		
SEE INSTRUCTIO	NS ON REVERSE		l		I.D. NUMBER		
NAME OF FILER							
Citizens for Dr	Roberta Perlman for School Board 2022				1279882		
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		DESC	CRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH		
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Attach addi	tional information on appropriately labeled continuation sheets.			SUBTOTA	AL\$ 0.00		
Schedule 1	Summary						
1. Itemized in	creases to cash this period.		***************************************	\$ <u>0.00</u>			
2 Unitemized	I increases to cash of under \$100 this period			s <u>0.00</u>			
				, , , , , , , , , , , , , , , , , , , ,	_		
3. Total of all	interest received this period on loans made to others. (Schedule	H, Column	(e).)	\$			
	ellaneous increases to cash this period. (Add Lines 1, 2, and 3. E			0.00			
Summary F	Page, Line 14.)			TOTAL \$	FPPC Form 460 (Jan/2016))		
				FPPC Advice: ac	dvice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		