CALIFORNIA FORM

Date Stamp

## **Recipient Committee**

Cover Page	1
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Page 1 of 15 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from 10/23/22 11/08/22 through 12/31/22 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 O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report Termination Statement Recall Controlled (Also file a Form 410 Termination) (Also Complete Part 5) Sponsored Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Citizens For Dr. Roberta Perlman for School Board 2022 Ronald Hensen MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CHY ZIP CODE AREA CODE/PHONE Ca 91766 909-210-3743 Pomona AREA CODE/PHONE ZIP CODE CITY STATE NAME OF ASSISTANT TREASURER, IF ANY CA 91766 909-210-3743 Pomona MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE CITY STATE ZIP CODE CITY ZIP CODE 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 ached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the fore Executed on Executed on 1.5 Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on . Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

Officeholder or Candidate Controlled Com	mittee	6.	6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE		<del></del>	NAME OF BALLOT MEASURE		<del></del>	
Roberta Perlman						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBER IF APPLIC	CABLE)	BALLOT NO. OR LETTER	JURISDICTIO	DN	SUPPORT
Pomona Unfied SChool District						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE	ZIP	Ideal's the containing of	-1-1-1		
	Pomona CA	91766	Identify the controlling office	· · · · · · · · · · · · · · · · · · ·		oponent, it any.
Related Committees Not Included in this S not included in this statement that are controlled by you contributions or make expenditures on behalf of your co	or are primarily formed to		NAME OF OFFICEHOLDER, CA		DISTRICT N	O. IF ANY
COMMITTEE NAME  NAME OF TREASURER	I.D. NUMBER  CONTROLLED COMM	//////////////////////////////////////	Primarily Formed Candifficeholder(s) or candidate(s			
	YES N	ю.				
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	.D SUPPORT DPPOSE
		ODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER  COMMITTEE ADDRESS STREET ADDRESS (NO P.	CONTROLLED COMM		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HEI	D SUPPORT OPPOSE
		ODE/PHONE	Atta	ach continuatio	n sheets if necessary	

## **Campaign Disclosure Statement Summary Page**

Amounts may be rounded to whole dollars.

Statement covers period from 10/23/22 CALIFORNIA 460

through 12/31/22 Page 3 of 15

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		through.		. 490
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2022				I.D. NUMBER 1279882
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE		mary for Candidates e State Primary and
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{1,400.00}{0.00}\$ \$\frac{1400.00}{3,807.75}\$ \$\frac{5,207.00}{}	\$\frac{1,400.00}{57,709.00}\$\$ \$\frac{57,709.00}{5,687.00}\$\$ \$\frac{59,589.00}{5}\$		\$\$
Expenditures Made  6. Payments Made Schedule E, Line 4  7. Loans Made Schedule H, Line 3  8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7  9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3  10. Nonmonetary Adjustment Schedule C, Line 3  11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$\frac{1,336.00}{0.00}\$ \$\frac{1336.00}{0.00}\$ \$\frac{0.00}{1336.00}\$ \$\$	\$\frac{9,999.70}{0.00}\$ \$\frac{9,999.70}{0.00}\$ \$\frac{0.00}{9,999.70}\$	Territoria de la companya della companya della companya de la companya della comp	Summary for State  re Expenditures Made*  Voluntary Expenditure Limit)  Total to Date
Current Cash Statement  12. Beginning Cash Balance	\$ 0.00	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 from Lines 2, 7, and 9 (if any).	*Amounts in this section neported in Column B.	ay be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 57,709.00		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) ice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A		Amoun	ts may be rounded			SCHEDULE A		
	Contributions Received	to	whole dollars.	Statement cov	ers period	CALIFORNIA 460		
Monetan y	Contributions received			from 10/23/22		FI	ORM 40	U
				HOM			Ò I VIÀI	
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/22		Page	4 of 15	_
NAME OF FILER				<del></del>		I.D. NU	IMBER	
Citizens for I	Dr. Roberta Perlman for School Board 2022					127988	32	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION	
DATE RECEIVED	CONTRIBUTOR	CODE *	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR Y	EAR	TO DATE	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF BUSINESS)	PERIOD	(JAN. 1 - DEC	. 31)	(IF REQUIRED)	
11/01/2022	PACE of CSEA ID#761128	□IND		1400.00	1400.00		1400.00	
		<b></b> COM	•			-		
	Sacramento, CA 95814	□OTH □PTY				- 1		
	Sacramento, CA 93014	scc				1		
		□IND						
		СОМ		1		- 1		
	1	□отн						
		☐ PTY				-		
		□scc						
		DIND		1		1		
		СОМ				1		
		□OTH □PTY			<del>,</del>	1		
		scc						
		□IND						
		СОМ				- 1		
		□отн						
		□PTY				l		
		□scc						
		DIND		}				
		СОМ				- 1		
		□OTH □PTY						
		scc						
			SUBTOTAL	<b>5</b>				
Schedule	A Summary				(*Con	tributor (	odes	$\overline{\overline{}}$
	eceived this period - itemized monetary contribution	ne				- Individu		
	Il Schedule A subtotals.)		s <sup>14</sup>	00.00	COM		ient Committee	-
(moduce a	a container i containe j				ОТН	.7	than PTY or SCC) (e.g., business entity	۱,
2. Amount re	eceived this period – unitemized monetary contribute	tions of less than	\$100\$ <u>0.0</u>	90	PTY	Politica		
3. Total mon	etary contributions received this period.		_		<u></u>			ر
(Add Line	s 1 and 2. Enter here and on the Summary Page, 0	Column A, Line 1	.) TOTAL \$ 14	00.00		FPP	C Form 460 (Jan/20	16))
•				F	PPC Advice: advic		.ca.gov (866/275-37	

www.fppc.ca.gov

\*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.)

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

0.00

(May be a negative number)

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

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

PTY - Political Party

SCC - Small Contributor Committee

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

	Amounts may be rounded				SCHEDULE B - PART 1				
Schedule B – Part 1	An	to whole dollars			Statement cov	ers period	CALIFORNIA 460		
Loans Received					from 10/23/22	<del></del>	FORM	" 40U	
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	2	Page 6	of <u>15</u>	
NAME OF FILER							I.D. NUMBER		
Citizens For Dr. Roberta Perlman for School	Board 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	THIS PERIOD	N BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Roberta Perlman	Optometrist Hensen & Perlman, ODs			\$ 0.00	\$ 4359.00	N/A %	\$ <u>4359.00</u>	\$	
Pomona, CA 91766	5385 Walnut Ave. Chino, CA 91766	4359.00 s	s_0.00	s 0.00	N/A	ş <u>0.00</u>	09/22/201:	PER ELECTION**	
T IND □ COM □ OTH □ PTY □ SCC				PAID	DATE DUE		DATE INCURRED	CALENDAR YEAR	
Roberta Perlman	Optometrist Hensen & Perlman, ODs			\$ 0.00	s 2550.00	N/A %	\$_2550.00	\$	
Pomona, CA 91766	5385 Walnut Ave. Chino, CA 91766	2550.00	0.00	FORGIVEN  0.00	N/A	s_0.00	12/19/13	PER ELECTION**	
TEND COM OTH PTY SCC		\$	\$		DATE DUE		DATE INCURRED		
Roberta Perlman	Optometrist Hensen & Perlman, ODs			9.00	s 175.00	N/A <sub>%</sub>	s_175.00	CALENDAR YEAR	
Pomona, CA 91766	5385 Walnut Ave. Chino, CA 91766	175.00	0.00	FORGIVEN	N/A	0.00	01/30/13	PER ELECTION*	
† ₩ IND □ COM □ OTH □ PTY □ SCC	Chino, CA 71700	\$	s	\$	DATE DUE	\$ 0.00	DATE INCURRED	\$	
		SUBTOTALS \$	;	\$	\$	\$			
Schedule B Summary			, , , , , , , , , , , , , , , , , , ,			(Enter (e) on Scho	edule E, Line 3)		
Loans received this period  (Total Column (b) plus unitemized loar	ne of less than \$100 \	***************************************							
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgi∨en.)		·			·	Contributor Codes ND – Individual COM – Recipient C		
Net change this period. (Subtract Lin Enter the net here and on the Summa	e 2 from Line 1.)			.NET \$ 0.0	00	- 1	OTH - Other (e.g., PTY - Political Part	business entity) ty	

\*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

(May be a negative number)

SCC - Small Contributor Committee

	A		undad				SCHE	OULE B - PART 1
Schedule B – Part 1	Am	ounts may be ro to whole dollar			Statement cov	ers period	CALIFORN	
Loans Received					from 10/23/22	<del></del>	FORM	700
SEE INSTRUCTIONS ON REVERSE					through 12/31/2	2	Page 7	of 15
NAME OF FILER							I.D. NUMBER	
Citizens For Dr. Roberta Perlman for School	Board 2022						1279882	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVÍDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	RECEIVED THIS	AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Periman	Optometrist Hensen & Perlman, ODs 5385 Walnut Ave.			DAID  \$ 0.00  FORGIVEN	s <u>175.00</u>	N/A %	s_175.00	\$ 0.00
Pomona, CA 91766	Chino, CA 91766	0.00	0.00	s 0.00	N/A	s 0.00	08/30/201:	s 0.00
TO IND COM OTH PTY SCC	Cimio, cri 71700	\$	\$	\$	DATE DUE	\$ 5.55	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$	. s	RATE	s	\$
	·			FORGIVEN		RAIE		PER ELECTION**
TO IND COM OTH PTY SCC		s	s	s	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID			1	CALENDAR YEAR
				\$ FORGIVEN	s	FATE	s	\$PER ELECTION*
TO IND COM OTH PTY SCC	and the state of t	s	\$	s	DATE DUE	3	DATE INCURRED	\$
	S	SUBTOTALS S	\$	\$	\$	\$		
Schedule B Summary						(Enter (e) on Sche	dule E, Line 3)	
Loans received this period				s <u>0.0</u>	90			
(Total Column (b) plus unitemized loar	ns of less than \$100.)			0.0	00	G	Contributor Codes	
<ol><li>Loans paid or forgiven this period (Total Column (c) plus loans under \$1</li></ol>				\$		· ļi	ND - Individual	
(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.)		4	. NET \$	00		COM – Recipient C (other than) OTH – Other (e.g., PTY – Political Part	PTY or SCC) business entity)
Enter the het here and on the Summa	ry rage, Column A, Line 2.						CC Small Contri	

\*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

(May be a negative number)

SCC - Small Contributor Committee

Schedu	le C		Amounts may be rounded						SCHEDULE C
Nonmo	netary Contributions Received		to whole dollars,			Statement covers	period	CALIF	ORNIA 160
					fror	n 10/23/22	<del></del>	FO	RM 400
SEE INSTRUC	TIONS ON REVERSE			:	thro	ough 12/31/22	<del></del>	Page 8	of
NAME OF FILE				<del></del>	<del></del>		<del></del>	I.D. NUM	
Citizens for	Dr. Roberta Perlman for School Board 2022							1279882	2
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 - 1	re R year	PER ELECTION TO DATE (IF REQUIRED)
10/28/22	Associated Pomona Teachers Committee for Quality Leadership	☐IND  ☐COM ☐OTH ☐PTY ☐SCC	·	Campaign Flye	er	1890.00	5687.00		5687.00
11/02/22	Associated Pomona Teachers Committee for Quality Leadership	☐IND  COM ☐OTH ☐PTY ☐SCC		Campaign Flye Mailing	er	1917.00	5687.00		5687.00
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	TAL S	\$			
Schedul	e C Summary	<del></del>					*Con	tributor Co	des
1. Amount (Include	received this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	ls.		\$	3807.00		•	nt Committee
	received this period – unitemized nonmone		ions of less than \$100		\$_	0.00	PTY	– Òther (e – Political i	.g., business entity)
3. Total no (Add Lir	nmonetary contributions received this period les 1 and 2. Enter here and on the Summan	d. y Page, Colur	mn A, Lines 4 and 10.)	TOTA	L\$Ĵ	3807.00			

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollar		Statement cover	rs period	CALIFORNIA 460		
	ONS ON REVERSE			through <u>12/31/22</u>		Page 9 of 15		
NAME OF FILER Citizens for D	r. Roberta Perlman for School Board 2022					1.D. NUMI 1279882		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATI\ CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$				
Schedule	D Summary							
	ontributions and independent expenditures made	e this period. (Include a	all Schedule D subtotals.)			\$ <u>0</u>	.00	
2. Unitemize	d contributions and independent expenditures m	ade this period of unde	er \$100	,		\$ _0	.00	
3. Total contr	ibutions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter on the	ne Summary Page	e.) TO	)TAL \$ _0	.00	

Summary Supporti Candidat	ation Sheet) y of Expenditures ng/Opposing Other tes, Measures and Committees	Amounts may be r to whole dolla	ounded rs.	Statement cover from 10/23/22 through 12/31/22	's period	SCHEDULE D (CONT period CALIFORNIA 460 FORM Page 10 of 15		
Citiens for Dr	Roberta Perlman for School Board 2022	<del></del>			OLDANI ATIN	1279882		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	PERIOD CALEND		AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		Monetary Contribution						
		☐ Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
		<del>,</del>	SUBTOTA	.L \$				

Schedule E An Payments Made	nounts may b to whole do				Statement covers period from 10/23/22	CALIF FO	FORNIA 460	
SEE INSTRUCTIONS ON REVERSE					through 12/31/22	- Page.	11 of 15	
NAME OF FILER						I.D. NU	MBER	
Citizens for Dr. Roberta Perlman for School Board						12798	382	
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS contribution (explain nonmonetary)*  COPC 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  NAME AND ADDRESS OF PAYEE  MBR member communications  MBR member communications  meetings and appearances  OFC office expenses  OFC office expenses  OFC office expenses  PET petition circulating  PHO phone banks  POS postage, delivery and messenger services  professional services (legal, accounting)  NOT voter registration  NES DESCRIPTION OF PAYMENT.  DESCRIPTION OF PAYMENT.								
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID	
Sarai Arellano		CNS					1,000.00	
Ontario, CA								
Mailchimp		WEB					87.00	
Atlanta, Georgia 30308								
Switchboard		PHO					249.00	
District of Columbia 20033								
* Payments that are contributions or independent expenditures must also be summa	rized on Sche	dule D.			s	UBTOTAL	\$	
Schedule E Summary							,	
1. Itemized payments made this period. (Include all Schedule E sub	ototals.)					\$_	1336.00	
2. Unitemized payments made this period of under \$100							0.00	
Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)							0.00	

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement covers period CA from 10/23/22		FORM 460
SEE INSTRUCTIONS ON REVERSE			through 12/31/22	<u>.</u> P	Page 12 of 15
NAME OF FILER				1	). NUMBER
Citizens for Dr. Roberta Perlman for School Board 2022	· · · · · · · · · · · · · · · · · · ·				279882
CODES: If one of the following codes accurately describe  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  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 appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and reprofessional services (I	ns nces earch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production costs butions wers' salaries time and production el, lodging, and meal avel, lodging, and meal en committees of the on	s eals same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(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 summarized on Schedule D.	SUBTOTALS S		. 9	<b>S</b>	\$
Schedule F Summary  1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a	chedule F, Column (b) sul accrued expenses under \$	ototals for \$100.)	INCU	RRED TOTALS	\$
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized page 100 or more)	edule F. Column (c) subtot	als for payments on			0.00
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	***************************************	*****************	NET	\$ 0.00  May be a negative number  EDBC Form 460 (lap/2016)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ied	Statement cover from 10/23/22 through 12/31/22		SCHEDULE F (CONTINUE OF 15 OF 15
NAME OF FILER					NUMBER
Citizens for Dr. Roberta Perlman for School Board 2022				127	9882
CODES: If one of the following codes accurately describes  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  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	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (In PRT print ads	ns nces earch nessenger services egal, accounting)	RAD radio airtime al RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra TSF transfer between	nd production costs butions kers' salaries time and production co el, lodging, and meals avel, lodging, and mea en committees of the s	ls ame candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b)  AMOUNT INCURRED  THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
			``		
	SUBTOTALS S		•	•	\$ 0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amounts may be rounded to whole dollars.		fre	Statement covers period from 10/23/22		CALIFORNIA 460	
. OFF INSTRUCTIONS ON DEVEDEE				th	rough 12/31/22	Page <u>14</u>	of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER						I.D. NUMB	ER
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 payment,	you may	enter the cod	e. Otherwis	e, describe the payment		
CMP campaign paraphemalia/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  * Payments that are contributions or independent expenditures must also be s	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads			RFE SAL TEL TRO TRS S TSF VOT	radio airtime and production costs returned contributions SAL campaign workers' salaries t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals STRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration NEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALBO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	ON OF PAYMENT	····	AMOUNT PAID
		1	-				1

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 0.00

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

Schedule I		Amounts may be	rounded		SCHEDULE I		
Miscellaneous Increases to Cash		to whole dollars.		Statement covers period from $\frac{10/23/22}{}$	CALIFORNIA 460		
					15 15		
SEE INSTRUCTIONS ON REVI	ERSE			through <u>12/31/22</u>	Page 15 of 15		
NAME OF FILER					I.D. NUMBER		
Citizens for Dr. Roberta F	Perlman for School Board 2022				1279882		
DATE	FULL NAME AND ADDRESS OF SOUR	ICE	DES	CRIPTION OF RECEIPT	AMOUNT OF		
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	)	DES	ORIF HOW OF RECEIFT	INCREASE TO CASH		
			**************************************	· · · · · · · · · · · · · · · · · · ·			
	•						
					,		
Attach additional infon	mation on appropriately labeled continuation sh	neets.		SUBTOTA	L\$ 0.00		
Schedule I Summa	iry		<del></del>	0.00			
1. Itemized increases to	cash this period			\$ <u>0.00</u>	_		
2. Unitemized increase	s to cash of under \$100 this period			\$ 0.00			
	eceived this period on loans made to other						
4. Total miscellaneous l Summary Page, Line	increases to cash this period. (Add Lines 1 e 14.)	ı, ∠, and 3. Enter nere a	na on the	TOTAL \$	FPPC Form 460 (Jan/2016))		
,g-, -m-	•			• **	vice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov		