Recipient Committee Campaign Statement Cover Page

Date Stamp CALIFORNIA **FORM** RECEIVED BY of 15 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from 01/01/2021 CAMPAIGN FINANCE through 06/30/2021 SEE INSTRUCTIONS ON REVERSE 2. Type of Statement: 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Preelection Statement Quarterly Statement Semi-annual Statement State Candidate Election Committee Special Odd-Year Report Committee Termination Statement O Recall Controlled Sponsored (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Also Complete Part 6) General Purpose Committee Primarily Formed Candidate/ Sponsored Officeholder Committee Small Contributor Committee Political Party/Central Committee (Also Complete Part 7) I.D. NUMBER 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 2013 Ronald Hensen MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) ZIP CODE AREA CODE/PHONE 91766 909-325-0321 Pomona CA CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 91766 909-210-3743 CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS AREA CODE/PHONE AREA CODE/PHONE ZIP CODE ZIP CODE CITY OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on. Signature of Treasurer or Assistant Treasurer Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor SS 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))

COVER PAGE

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Recipient Committee Campaign Statement Cover Page — Part 2

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

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Roberta Perlman					
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Pomona Unified School Board Member					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP Pomona CA 91766	identify the controlling offic			onent, if any.
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT	
Related Committees Not Included in not included in this statement that are control contributions or make expenditures on behalf	lied by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER				
COMMITTEE NAME	I.D. NUMBER CONTROLLED COMMITTEE?	7. Primarily Formed Can	didate/Offic	eholder Committee	ist names of
		officeholder(s) or candidate(s	s) for which this	committee is primarily form	ed.
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Can officeholder(s) or candidate(s	s) for which this	pholder Committee L committee is primarily form	ed.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE CITY STA	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate(s	R CANDIDATE	committee is primarily form	SUPPORT
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)	NAME OF OFFICEHOLDER OF	R CANDIDATE	OFFICE SOUGHT OR HELI	SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

I.D. NUMBER

1279882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Dr. Roberta Perlman for School Board 2013

19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above

Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running In Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 0.00 0.00 1. 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 0.00 0.00 Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0.00 57,709.00 Made **Expenditures Made Expenditure Limit Summary for State** 30.00 30.00 Payments Made...... Schedule E, Line 4 \$ Candidates 0.00 0.00 Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made* 30.00 30.00 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 30.00 30.00 **Current Cash Statement** 21,660.00 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. of your last report. Some 30.00 15. Cash Payments Column A, Line 8 above amounts in Column A may 21,630.00 be negative figures that 16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15 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).

57,709.00

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Schedule A Amounts may be rounded to whole dollars.				SCHE				
Monetary C	Contributions Received	10	whole dollars.	Statement con from 01/01/2021	vers period	california 460		
SEE INSTRUCTION	S ON REVERSE			through 06/30/20	21	Page :	4 of 15	
NAME OF FILER	. Roberta Perlman for School Board 2013					1.D. NUI 1279882		
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						
		OTH						
		OTH						
			SUBTOTAL \$;		TOTAL O		
Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)				I 10		Contributor Codes ID – Individual OM – Recipient Committee (other than PTY or SCC)		
	eived this period – unitemized monetary contribut ary contributions received this period.	tions of less than	\$100\$ <u>0.0</u>	0	PTY	- Other (e - Political	.g., business entity)	

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	Amounts may be rounded				SCHEDULE B - P					
Schedule B – Part 1 Loans Received	to whole dollars.				Statement covers period from 01/01/2021			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>06/30/20</u>	021	Page 5	of 15		
NAME OF FILER							I.D. NUMBER			
Citizens for Dr. Roberta Perlman for School I	Board 2013						1279882			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE		
Roberta Perlman Pomona, CA 91766	Optometrist Hensen & Perlman, OD's			PAID • 0.00 • FORGIVEN	\$ 24,402.00	N/A %	s 21,119.00	\$ 0.00		
† ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chino, CA 91710	\$ 24,402.00	\$_0.00	\$ <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 † Z IND	Optometrist Hensen & Perlman, OD's Chino, CA 91710	20,000.00	\$ 0.00	\$ 0.00 FORGIVEN 0.00	\$ 20,000.00 N/A DATE DUE	N/A % RATE \$ 0.00	\$ 20,000.00 09/01/201: DATE INCURRED	\$ 0.00 PER ELECTION** \$ 0.00		
Roberta Periman Pomona, CA 91766 Toldant Com Com Com Pty Scc	Optometrist Hensen & Perlman, OD's Chino, CA 91710	\$_6,048.00	s_0.00	\$ 0.00 FORGIVEN	\$ 6,048.00 N/A DATE DUE	N/A % PATE \$ 0.00	\$ 6,048.00 09/21/201: DATE INCURRED	\$ 0.00 PER ELECTION** \$ 0.00		
		SUBTOTALS S	:	•	\$	\$				
Schedule B Summary 1. Loans received this period	ns of less than \$100.) 00 paid or forgiven.)	adule A \		\$ <u>0.00</u>)		†Contributor Codes IND – Individual COM – Recipient C	ommittee PTY or SCC)		

(May be a negative number)

ber)

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

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received	Amounts may be rounded to whole dollars.				Statement cov from <u>01/01/2021</u>		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Dr. Roberta Perlman for School E	Page 6 I.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	(b) AMOUNT RECEIVED THIS PERIOD	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 Perlman Pomona, CA 91766 ↑ ☑ IND □ COM □ OTH □ PTY □ SCC	Optometrist Hensen & Perlman, OD's Chino, CA 91710	\$ 4,359.00	\$ 0.00	\$ 0.00 FORGIVEN 0.00	\$ 4,359.00 0.00 DATE DUE	N/A * RATE * 0.00	\$ 4,359.00 09/22/13 DATE INCURRED	\$ 0.00 PER ELECTION \$ 0.00
Roberta Perlman Pomona, CA 91766 † Ø IND	Optometrist Hensen & Perlman, OD's Chino, CA 91710	2,550.00	\$ 0.00	\$ 0.00 FORGIVEN	\$ 2,550.00 N/A DATE DUE	N/A % RATE \$ 0.00	\$ 2,550.00 12/19/13 DATE INCURRED	\$ 0.00 PER ELECTION \$ 0.00
Roberta Perlman Pomona, CA 91766 Tell IND	Optometrist Hensen & Perlman, OD's Chino, CA 91710	ş_175.00	\$_0.00	PAID \$ 0.00 FORGIVEN \$ 0.00	* 175.00 N/A DATE DUE	N/A % RATE \$ 0.00	\$ 175.00 01/30/201: DATE INCURRED	\$ 0.00 PER ELECTION** \$ 0.00
		SUBTOTALS \$			\$	\$ (Enter (e) on Sche	dule E. Line 3)	
1. Loans received this period (Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period	ns of less than \$100.)			0.00			Contributor Codes	

(May be a negative number)

0.00

(other than PTY or SCC)

COM - Recipient Committee

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

PTY - Political Party

SCC - Small Contributor Committee

*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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Schedule B – Part 1 Loans Received				Amounts may be rounded to whole dollars.				Statement cov from 01/01/2021		CALIFORNIA 460		
	RUCTIONS	ON REVE	RSE						through <u>06/30/20</u>	021	Page 7	of 15
NAME OF		berta Pe	rlman fo	or School E	Board 2013						1279882	
FULL N	AME, STREI	ET ADDRI	ESS AND 2	ZIP CODE	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	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
	a Perlman a, CA 917				Optometrist Hensen & Perlman, ODs Chino, CA 91766	175.00	, 0.00	90.00 FORGIVEN	s 175.00 N/A	N/A % RATE \$ 0.00	s 175.00 08/30/201:	\$ 0.00 PER ELECTION \$ 0.00
T IND	СОМ					s	s	PAID FORGIVEN	\$DATE DUE	% RATE	\$ DATE INCURRED	CALENDAR YEAR S PER ELECTION*
[†] □ IND	СОМ	Пои	LI PIY	scc		\$	\$	PAID FORGIVEN	\$		\$	\$ PER ELECTION
† IND	СОМ	□ отн	☐ PTY	□ scc					DATE DUE		DATE INCURRED	
1. Loar (Tota 2. Loar (Tota (Incli 3. Net	al Column ns paid or al Column ude loans change th	ed this p n (b) plu r forgive n (c) plu s paid b nis perio	period s uniter en this p is loans by a third od. (Su	nized load eriodunder \$1 I party that btract Lir	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Schele 2 from Line 1.)	edule A.)		\$ 0.00 \$ 0.00		C	Contributor Codes ND – Individual COM – Recipient C	ommittee PTY or SCC) business entity)

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

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SCC - Small Contributor Committee

(May be a negative number)

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			SCHEDULE B - PART 2					
Schedule B – Part 2 Loan Guarantors	to whole dollars.			Statement covers period from 01/01/2021	CALIFORNIA 46			
SEE INSTRUCTIONS ON REVERSE				through 06/30/2021	Page 8	of 15		
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board	2013		•		I.D. NUMBER 1279882			
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE		
	□IND □COM		LENDER		CALENDAR YEAR			
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
	□IND		LENDER		CALENDAR YEAR			
	□COM □OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
	□IND □COM		LENDER		CALENDAR YEAR			
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)			
	□IND		LENDER		CALENDAR YEAR			

DATE

SUBTOTAL \$

□ COM □ OTH

□ PTY □ SCC PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule C Amounts may be rounded to whole dollars			Amounts may be rounded to whole dollars.				SCHEDULE		
Nonmonetary Contributions Received					Statement covers period CALIFORNIA m 01/01/2021 FORM		RNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE				thro	ough _06/30/2021		Page 9	of
NAME OF FILER Citizens for Di	r. Roberta Perlman for School Board 2013							1.D. NUMB 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	CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC							
		□IND □COM □OTH □PTY □SCC							
		OTH SCC							
		OTH SCC							
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL \$				
Amount red (Include all Amount red	C Summary ceived this period – itemized nonmonetar I Schedule C subtotals.) ceived this period – unitemized nonmone nonetary contributions received this period	tary contributi					OTH	l - Other (e.g / - Political P	c Committee in PTY or SCC) o., business entity)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollars	Statement covers period from 01/01/2021		CALIFORNIA 460		
	IONS ON REVERSE			through 06/30/2021		Page 10 of 15	
NAME OF FILER Citizens for I	Or. Roberta Perlman for School Board 2013					1.D. NUMB 1279882	ER
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	CALEND	VE TO DATE PAR 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					
			SUBTOTAL	\$			
Schedule	D Summary						20
	contributions and independent expenditures made						
2. Unitemize	ed contributions and independent expenditures m	ade this period of unde	r \$100			\$ <u>0.0</u>	

Schedule E Payments Made	Amounts may to whole o		Statement covers period from 01/01/2021	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through <u>06/30/2021</u>	Page 11 of 15		
NAME OF FILER				I.D. NUMBER		
Citizens for Dr. Roberta Perlman for School Board 2013				1279882		
CODES: If one of the following codes accurately compaign 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 legal defense campaign literature and mailings	MBR member cor MTG meetings ar OFC office expen PET petition circ PHO phone bank POL polling and s ain)* POS postage, de	mmunications and appearances ses ulating s	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro candidate travel, lodging, a staff/spouse travel, lodging.	on costs douction costs and meals and meals and meals es of the same candidate/sponsor		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID		
* Payments that are contributions or independent expenditures m	ust also be summarized on Sch	edule D.	S	UBTOTAL \$		
Schedule E Summary						
1. Itemized payments made this period. (Include all S	Schedule E subtotals.)					
Unitemized payments made this period of under \$	3100			\$ <u>30.00</u>		
3. Total interest paid this period on loans. (Enter amo	ount from Schedule B, Pa	rt 1, Column (e).)		\$ <u>0.00</u>		
4. Total payments made this period (Add Lines 1.2)			olumn A Line 6) T	OTAL \$ 30.00		

SCHEDULE F	

Accrued Expenses (Unpaid Bills)	to whole dollars.	from 01/01/2021	ers period	FORM 460		
SEE INSTRUCTIONS ON REVERSE			through 06/30/20	21	Page 12 of 15	
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2013				4100	I.D. NUMBER 1279882	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense 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 re 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 air TRC candidate trave TRS staff/spouse tra TSF transfer betwee VOT voter registratio	nd production costs butions lers' salaries time and productio el, lodging, and me avel, lodging, and re en committees of the	n costs als meals he 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 PAI THIS PERIOI (ALSO REPORT OI	D BALANCE AT CLOSE	
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule F Summary	SUBTOTALS		•	S	\$	
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized Total accrued expenses paid this period. (Include all Schaaccrued expenses of \$100 or more, plus total unitemized 	accrued expenses under sedule F. Column (c) subto	\$100.)als for payments on			0.00	

May be a negative number FPPC Form 460 (Jan/2016))

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Schedule F	
(Continuation Sheet	t)
Accrued Expenses	(Unpaid Bills)

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE F	(CONT)

Statement covers period from 01/01/2021	CALIFORNIA 460
through <u>06/30/2021</u>	Page 13 of 15
	I.D. NUMBER

Citizens for Dr. Roberta Perlman for School board 2013

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

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)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$	\$	\$	\$ 0.00

Schedule (G			
Payments	Made by	an Agent	or Independent	
Contracto	r (on Beh	alf of Thi	s Committee)	

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from 01/01/2021 through 06/30/2021	CALIFORNIA 460
	Page 14 of 15
1	I.D. NUMBER 1279882

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LEG

Citizens for Dr. Roberta Perlman for School Board 2013

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions OFC office expenses CTB contribution (explain nonmonetary)* SAL campaign workers' salaries CVC civic donations petition circulating PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals IND

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services legal defense PRO professional services (legal, accounting)

PRT print ads TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0.00

^{*} 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 Miscellaneous Increases to Cash		Amounts may be rounded		SCHEDUL	
		to whole dollars.	Statement covers period from 01/01/2021	CALIFORNIA 460	
			through _06/30/2021	Page 15 of 15	
SEE INSTRUCTIONS ON REVER NAME OF FILER	RSE			I.D. NUMBER	
Citizens for Dr. Roberta Pe	erlman for School Board 2013			1279882	
DATE	FULL NAME AND ADDRESS OF SOUR	CE	DESCRIPTION OF RECEIPT	AMOUNT OF	
RECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	INCREASE TO CASH	
	ation on appropriately labeled continuation sh	peets.	SUBTOTA	L \$ 0.00	
Schedule I Summai	•		\$ 0.00		
	cash this period			_	
2. Unitemized increases	to cash of under \$100 this period		\$ 0.00	_	
	eived this period on loans made to others			_	
	creases to cash this period. (Add Lines 1		TOTAL \$ 0.00		
	•			FPPC Form 460 (Jan/2016)) vice@fppc.ca.gov (866/275-3772)	