No Postmark

RECEIVED BY LOS ANGELES COUNTY Recipient Committee CALIFORNIA 460 Campaign Statement FORM **Cover Page** Page 1 of 15 Date of election if applicable: Statement covers period (Month, Day, Year) For Official Use Only from _01/01/2021 015746 through __06/30/2021 SEE INSTRUCTIONS ON REVERSE 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☑ Officeholder, Candidate Controlled Committee
○ State Candidate Election Committee
○ Recall Preelection Statement Semi-annual Statement Primarily Formed Ballot Measure Quarterly Statement Committee Controlled Sponsored Special Odd-Year Report Termination Statement (Also file a Form 410 Termination) (Also Complete Part 5) Amendment (Explain below) (Aleo Complete Part 6) ☐ General Purpose Committee Primarily Formed Candidate/ Q Sponsored Small Contributor Committee Political Party/Central Committee Officeholder Committee (Also Complete Perl 7) ID. NUMBER 3. Committee Information Treasurer(s) COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE, NAME OF TREASURER Citizens for Dr Roberta Perman for School Board 2013 Ronald Hensen MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY AREA CODE/PHONE ZIP CODE 9093250321 Pomona CA 91766 CITY ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY 91766 909-210-3743 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS STATE ZIP CODE AREA CODE/PHONE 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 this statement and to the best of ad schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true Signature of Controlling Officeholder, Candidate, State Measure Proponen Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE -	PART 2
FORM 4	60
Page 2 of 15	_

AME OF OFFICEHOLDER OR CANDIDATE Roberta Periman					NAME OF BALLOT MEASURE			
						T		
FFICE SOUGHT OR HELD (INCLUDE LOCATION AND D	ISTRICT NUMBER	IF APPLIC	ABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	SUPPORT
Pomona Unified School District								OPPOSE
ESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP					
	Pomona	C	9176		Identify the controlling office	eholder, candid	fate, or state measure p	roponent, if any.
					NAME OF OFFICEHOLDER, CA	NDIDATE, OR P	ROPONENT	
telated Committees Not included in this	Statement: //	ef east con	a malfillman					
ot included in this statement that are controlled by yo	u or are primarily				OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
ontributions or make expenditures on behalf of your o	candidacy.							
OMMITTEE NAME	I.D. NUMBER	3						
				-	Dd	11-1-1-10-11	. b . l d O l M	220000000000
AME OF TREASURER	CONTROLL	ED COMMI	TTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	for which this	enoider Committee committee is primarily fo	List names of med.
	☐ YES	□ NO						
OMMITTEE ADDRESS STREET ADDRESS (NO F	O. BOX)				NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	SUPPOR
								☐ OPPOSE
ITY STATE Z	IP CODE	AREA COL	E/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD
								SUPPOR
OMMITTEE NAME	I.D. NUMBER		-					☐ OPPOSE
Signal Control Control	I.D. NOMBE	`			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPOR
								OPPOSE
AME OF TREASURER	CONTROLL	ED COMMI	TTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT OR HE	
	□ YES	□ NO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGHT ON HE	SUPPOR
OMMITTEE ADDRESS STREET ADDRESS (NO F	O. BOX)							OPPOSE

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE		through.	00/30/2021	Page or
NAME OF FILER Roberta Periman				1.D. NUMBER 1279882
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	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	\$ 0.00 0.00 \$ 0.00 0.00 \$ 0.00	\$ 0.00 57,709.00 \$ 57,709.00 0.00 \$ 57,709.00	20. Contributions Received \$ 21. Expenditures Made \$	\$ \$
Expenditures Made 6. Payments Made	\$ 30.00 0.00 \$ 30.00 0.00 0.00 \$ 30.00	\$ 30.00 0.00 \$ 30.00 0.00 0.00 \$ 30.00		Summary for State ve Expenditures Made* b Whintery Expenditure Limit Total to Date \$
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 18 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 18 If this is a termination statement, Line 16 must be zero.	\$ 21,660.00 0.00 0.00 30.00 \$ 21,630.00	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	*Amounts in this section reported in Column B.	may be different from amounts
17. LOAN GUARANTEES RECEIVED	\$ 0.00 \$ 0.00 \$ 57,709.00	filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if eny).	FPPC Advice: ad	FPPC Form 460 (Jan/2016) vice@fppc.ca.gov (866/275-3772 www.fppc.ca.gov

Schedule / Monetary (A Contributions Received		ts may be rounded whole dollars.	Statement con	vers period	CALIFORNIA 460 FORM Page 4 of 15	
SEE INSTRUCTION	NS ON REVERSE			through06/30/20	21		
Roberta Perlo	nan					1.D. NUI 127988	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (P COMMITTEE, ALBO ENTER LD. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUBINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
		OTH SCC					
		OTH SCC					
		OTH SCC					
		OTH SCC					
		OTH SCC					
			SUBTOTAL				
	Summary elved this period – itemized monetary contribution Schedule A subtotals.)		\$ 0	.00	IND	(other t	al ant Committee than PTY or SCC)
	eived this period – uniternized monetary contribut	tions of less than	\$100\$ <u>0</u>	.00	PTY	- Political	e.g., business entity) I Party Contributor Committee
3. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, 0	Column A, Line 1	.)TOTAL \$ _0	.00	PPC Advice: adv		Form 460 (Jan/2016 ca.gov (866/275-377)

Schedule B - Part 1	Ar	nounts may be ro to whole dollar			Statement cov	rers period	The second second	JULE B - PART
Loans Received			EAV.		from 01/01/2021		FORM	460
SEE INSTRUCTIONS ON REVERSE	(4-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2				through06/30/20	121	Page 5	of
NAME OF FILER Roberta Perlman							1.D. NUMBER 1279882	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO ENTER LO. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIR OR FORGIVER THIS PERIOD	N BALANCE AT	PAID THIS PERIOD		CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Periman	Optometrist Hensen& Perlman, ODs			PAID 8_0.00	8_24,402.00	N/ NATE	8_21,119.0	0.00
Pomona, CA 91766	Chino, Ca 91710	24,402.0	s_0.00	FORGIVEN	N/A	\$_0.00	09/04/2009	PER ELECTION
Roberta Periman	Optometrist			PAID 0.00	20,000.00	NV .	DATE INCURRED	CALENDAR YEAR
Pomona, CA 91766	Hensen& Perlman, ODs Chino, Ca 91710	20,000,0	0.00	FORGIVEN 0.00	N/A DATE DUE	0.00	09/01/2013 DATE INGURRED	PER ELECTION ^M 3 0.00
Roberta Periman Pomona, CA 91766	Optometrist Hensen& Perlman, ODs			PAID \$ 0.00	\$_6,048.00	N/ s	8_6,048.0	CALENDAR YEAR 8_0.00
† 27 IND COM OTH PTY SCC	Chino, Ca 91710	6,048.00	80.00	\$_0.00	N/A DATE DUE	ş0.00	09/21/2013 DATE INCURRED	PER ELECTION ^M
		SUBTOTALS 1			\$	\$		
Schedule B Summary 1. Loans received this period				\$ 0.	00	(Enter (e) on Scr	secule E, Line 3)	
(Total Column (b) plus uniternized loar Loans paid or forgiven this period (Total Column (c) plus loans under \$1((Include loans paid by a third party tha Net change this period. (Subtract Lin Enter the net here and on the Summa	ns of less than \$100.) 00 paid or forgiven.) at are also itemized on Schole 2 from Line 1.)	edule A.)	***************************************	\$ 0.	00		†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Par SCC – Small Contr	ommittee PTY or SCC) business entity) ty
*Amounts forgiven or paid by another party also m ** if required.	nust be reported on Schedule A.			,	fay be a negative number)		FPPC Form	n 460 (Jan/2016)

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

0-1-4-1-B B-44	An	nounts may be ro	unded	4			SCHEDULE B - PART 1		
Schedule B – Part 1		to whole dollar	a .		Statement cov	ers period	CALIFORN	MA 460	
Loans Received					from 01/01/2021		FORM	400	
SEE INSTRUCTIONS ON REVERSE					through05/30/20	21	Page 6	of _15	
NAME OF FILER							I.D. NUMBER		
Roberta Periman							1279882		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE ALSO BITTER LO. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF SUBINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIL OR FORGIVE THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	
Roberta Periman	Optometrist Hensen& Perlman, ODs			D PAID 0.00	\$ 4,359.00	N/ s	a_4359.00	CALENDAR YEAR 8_0.00	
Pomona, CA 91766	Chino, Ca 91710	4,359.00	80.00	FORGIVEN \$_0.00	N/A DATE DUE	\$	09/22/13 DATE INCURRED	PER ELECTION ⁶⁶ 80.00	
Roberta Perlman	Optometrist Hensen& Periman, ODs			9 0.00	4_2,550.00	N/ s	s_2550.00	S 0.00	
Pomona, CA 91766	Chino, Ca 91710	2,550.00	0.00	0.00	N/A DATE DUE	s0.00	12/19/13 DATE INCURRED	PER ELECTION®	
Roberta Perlman Pomona, CA 91766	Optometrist Hensen& Perlman, ODs			0.00	s_175.00	N/ S	8_175.00	CALENDAR YEAR 8_0.00	
TED IND COM OTH PTY SCC	Chino, Ca 91710	175.00	s	\$_0.00	N/A DATE DUE	s_0.00	01/30/13 DATE INCURRED	PER ELECTION®	
		SUBTOTALS S			\$	\$			
Schedule B Summary 1. Loans received this period				\$ 0	.00	(Enter (e) on Sche	dule E. Line 3)		
(Total Column (b) plus uniternized loar 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party the 3. Net change this period. (Subtract Lin Enter the net here and on the Summa	00 paid or forgiven.) at are also itemized on Scho	edule A.)		.NET \$ _0	.00	0	Contributor Codes ND – Individual COM – Recipient C (other than DTH – Other (e.g., PTY – Political Par SCC – Small Contr	committee PTY or SCC) business entity) ty	
*Amounts forgiven or paid by another party also m ** If required.	nust be reported on Schedule A.					PPC Advice: a	dvice@fppc.ca.go	n 460 (Jan/2016)) w (866/275-3772) www.fppc.ca.gov	

Schedule B – Part 1 Loans Received	An	nounts may be ro to whole dollar			Statement cov	ers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				1	through _06/30/20	21	Page 7	of _15
NAME OF FILER							I.D. NUMBER	
Roberta Periman							1279882	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LO. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAI OR FORGIVE THIS PERIO	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Periman	Optometrist			PAID				CALENDAR YEAR
	Hensen& Perlman, ODs			1 0.00	\$_175.00	N/	8_175.00	8_0.00
Pomona, CA 91766	1			FORGIVEN		RATE		PER ELECTION
	Chino, Ca 91710	0.00	0.00	0.00	N/A	. 0.00	08/30/13	0.00
TO MD COM OTH PTY SCC		1.			DATE DUE		DATE INCURRED	
				PAID			1	CALENDAR YEAR
				1		N/	1	
			1	FORGIVEN		RATE		PER ELECTION
								PER ELECTION
Imag Com Bon Env Bon		1	1	1	DATE DUE	1	DATE INCURRED	1
TEND COM OTH PTY SCC		-		PAID	Direction .		DATE INCORRED	CALENDAR YEAR
				-		RATE	*	-
				FORGIVEN				PER ELECTION**
TO NO COM OTH PTY SCC		1		3	DATE DUE	s	DATE INCURRED	
		SUBTOTALS :			1	\$		
					-	(Enter (e) on Sche	dule E, Line 3)	
Schedule B Summary 1. Loans received this period				. 0	.00			
(Total Column (b) plus uniternized loar	ns of less than \$100.)	***************************************	***************************************			_		
2. Loans paid or forgiven this period					.00		Contributor Code	
(Total Column (c) plus loans under \$1	00 paid or forgiven.)						ND - Individual COM - Recipient C	Committee
(Include loans paid by a third party that	at are also itemized on Sche	edule A.)			0.00		(other then	PTY or SCC)
Net change this period. (Subtract Lin				NET \$ _			OTH - Other (e.g., PTY - Political Par	
Enter the net here and on the Summa	ry Page, Column A, Line 2.				May be a negative number)		SCC - Small Contr	
*Amounts forgiven or paid by another party also n	wat he renorted on Cohect to A)						
** If required.	ruel de raported on Schedule A.						FPPC Form	n 460 (Jan/2016))
C 11 radius at		,				PPC Advice: ac		w (866/275-3772)

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2021	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through 06/30/2021	Page 8	of 15	
NAME OF FILER Roberta Periman					1.D. NUMBER 1279882	1	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF BELF-EMPLOYED, ENTER MAJE OF SUBMESS)	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 □COM		LENDER		CALENDAR YEAR		
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER		CALENDAR YEAR		
	OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)		
	□IND □COM		LENDER		CALENDAR YEAR		
	DOTH DPTY DSCC		DATE		PER ELECTION (IF REQUIRED)		
		St. 100 100 100 100 100 100 100 100 100 10	SUBT	OTAL \$	Enter on Summery Page, Line 17 only.		

Schedule C			Amounts may be rounded					SCHEDULE		
Nonmone	tary Contributions Received		to whole dollars.		from	01/01/2021	period	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE				thro	06/30/2021		Pege 9 of 15		
Roberta Perin	nan							I.D. NUME 127988	BER	
DATE RECEIVED		CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (# SELF-EMPLOYEO, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES		FAIR MARKET CALE		TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)	
		OTH SCC								
		OTH SCC								
		OTH SCC								
		OTH SCC								
Attach addition	onal information on appropriately labeled	continuation	sheets.	SUBTO	TAL S					
1. Amount rec	C Summary Delived this period – itemized nonmonetar Schedule C subtotals.)					0.00	IND		nt Committee	
	ceived this period – unitemized nonmone					0.00	_ PTY	- Other (e. - Political I		
3. Total nonm	onetary contributions received this period 1 and 2. Enter here and on the Summar	1.				0.00	Sco	- Smea Co	ontributor Committee	

ndidates	J/Opposing Oth s, Measures and is on reverse				from 01/01/2021 through 06/30/2021		FORM 4	
E OF FILER berta Perima							1.D. NUMB 127988	
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 AR YEAR DEC. 31)	PER ELECTION TO DATE
	Support	Oppose	Monetary Contribution Nonmonetary Contribution Independent					
	Support	Oppose	Expenditure Monetary					
	Support	Оррове	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
				SUBTOTA	AL \$			

Schedule E Payments Made	to whole dollars.			Statement covers period from 01/01.2021		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				e	hrough06/30/2021		of
ÑAME OF FILER Roberta Periman						1	JMBER 9882
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralaing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s	nmunications d appearance ses elating s survey resear ivery and me	es ch ssenger services	RA RF SA TE TR TR TS VO	e, describe the payment. D radio cirtime and production D returned contributions. L campaign workers' salaries L t.v. or cable airlime and proc C candidate travel, lodging, ar S tant/spouse travel, lodging, transfer between committee voter registration EB information technology cost	duction cos and meals and meals s of the sa	s me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPT	TION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be Schedule E Summary	e summarized on Sch	edule D.			Su	IBTOTAL	.\$
Itemized payments made this period. (Include all Schedul	e E subtotals.)					\$_	0.00
Uniternized payments made this period of under \$100							0.00
 Total interest paid this period on loans. (Enter amount fror Total payments made this period. (Add Lines 1, 2, and 3. 		1.50					

SCHEDULE F

Schedule F Accrued Expenses (Unpaid Bills)	Statement cover from 01/01/2021 through 06/30/20		LIFORNIA 460				
SEE INSTRUCTIONS ON REVERSE NAME OF FILER ROBERTA PERIMAN				I.D.	NUMBER 279882		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants contribution (explain nonmonetary)* CVC vict donations FIL candidate filing/ballot fees fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET prition circulating PHO phone banks POL polling and survey rese PPS postage, delivery and r PRO professional services (PRT	nts nces serch messenger services	therwise, describe the payment. RAD radio airlime and production costs RFD returned contributions SAL campaign workers' salaries TEL tv. or cable airlime and production costs TRC candidate travel, lodging, and meals TSF staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spo VOT voter registration WEB information technology costs (internet, e-mail)				
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		
 Payments that are contributions or independent expenditures must also be summarized on Schedule D. 	SUBTOTALS	\$			\$		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total uniternized	Schedule F, Column (b) sul accrued expenses under S	btotals for \$100.)	INCU	RRED TOTALS	\$		
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total uniternized)	edule F, Column (c) subtot payments on accrued exp	tals for payments on enses under \$100.).		PAID TOTALS	\$		
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	ter the difference here and	j		NET	\$		
,					May be a negative number FPPC Form 460 (Jan/2016))		

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

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement covers period from 01/01/2021		CALIFORNIA 460	
		through06/30/20	21	Page 13	of15	
NAME OF FILER Roberta Perlman					I.D. NUMBER 1279882	
CODES: If one of the following codes accurately described compaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees finD independent expenditure supporting/opposing others (explain)* LEG legal defense competing interature and mailings * Payments that are contributions or Independent expenditures must	MBR member communication MTG meetings and appears office expenses PET petition circulating PHO phone banks POL polling and survey resipostage, delivery and PRO professional services (PRT print ads	ons noces earch messenger services legal, accounting)	RAD radio airtime a RFD returned contri SAL campaign worl TEL tv. or cable air TRC candidate trav TRS staff/spouse tr	nd production or butions kers' salaries time and produced, lodging, and savel, lodging, an en committees con	ction costs meals id meals of the same can	35.0
NAME AND ADDRESS OF CREDITOR (F COMNITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(e) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT F THIS PER (ALSO REPORT	IOD BAI	(d) DUTSTANDING LANCE AT CLOSE F THIS PERIOD
,						

SUBTOTALS \$

\$ 0.00

Schedule G							SCH	EDULE G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Amounts may be rounded to whole dollars.			ed		ement covers period 01/01/2021	CALIFORNIA 460		
				throug	h_06/30/2021	Page 14	of	15
SEE INSTRUCTIONS ON REVERSE						I.D. NUMBE		
NAME OF FILER								
Roberta Periman						1279882		
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately describe	s the payment,	you may enter	the code. Ot	herwise, d	escribe the payment.			
CMP campaign paraphemalia/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 * Payments that are contributions or independent expenditures must also be	POS postage, di PRO professiona PRT print ads	ind appearances nises culating ks I survey research elivery and messer al services (legal, a		RFD ret SAL car TEL t.v. TRC car TRS sta TSF tra VOT voi	sic airlime and production of unred contributions mpaign workers' salaries or cable airlime and produ- ndidate travel, lodging, and aff/spouse travel, lodging, an afer between committees ter registration ormation technology costs (ction costs meals nd meals of the same o		ponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DE	SCRIPTION O	F PAYMENT		AMOUN	IT PAID
			886					
Attach additional information on appropriately labeled continue	ation 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				SCHEDULE	
					covers period 021	CALIFORNIA 460	
			through			Page 15 of 15	
NAME OF FILER	INS ON REVERSE					I.D. NUMBER	
	Dr. Roberta Perlman for School Board 2013					1279882	
DATE	FULL NAME AND ADDRESS OF SOURCE		DES	CRIPTION OF REC	FIPT	AMOUNT OF	
RECEIVED	(IF COMMITTEE, ALBO ENTER LD. NUMBER)		DESCRIPTION OF RESERVE		, EIF1	INCREASE TO CASH	
					1		
					1		
					1		
					1		
					1		
Attach additional information on appropriately labeled continuation sheets.						0.00	
Schedule I	Summary			-	0.00		
1. Itemized increases to cash this period.							
2. Unitemized increases to cash of under \$100 this period							
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)							
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)					0.00		
						FPPC Form 460 (Jan/2016)) #fppc.ca.gov (866/275-3772) www.fppc.ca.gov	