Recipient Committee Campaign Statement Cover Page

Cé	ampaign Statement over Page		RECEIVED BY	FORM 460
		Statement covers period from 01/01/2023	(Month, Day, Year)  2023 JUL 17 PM 2	For Official Use Only
SEE	EINSTRUCTIONS ON REVERSE	through <u>06/30/2023</u>	- CAMPAIGN FINA	NOE
١.	Type of Recipient Committee: All Committees - Cor	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 Controlled Sponsored Use Complete Part 5) Primarily Formed Candidate/ Officeholder Committee Use Camplete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarterly Statement Special Odd-Year Report
3.	Committee Information	). NUMBER	Treasurer(s)	
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER	
	Citizens for Dr. Roberta Perlman for School Board 20	22	Ronald Hensen MAILING ADDRESS	
	' 197	-	MAILING ADDRESS	
	STREET ADDRESS (NO P.O. BOX)		CITY	E ZIP CODE AREA CODE/PHONE
		·	Pomona CA	91766 909-325-0321
	CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	
	Pomona CA 91760 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS	
	WAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F.O. BOX	`	WALLING ADDRESS	
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	E ZIP CODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS	,	OPTIONAL: FAX / E-MAIL ADDRESS	
ī	Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Executed on   Executed on   Executed on   Date  Executed on	California that th  Signature of Control  By	ting Unicencider, Candidate, State Measure Proponent or Responsible O	
	Executed on	Bu .	nature of Controlling Officeholder, Candidate, State Measure Proponent	
	Date Date	Sig	mature of Controlling Officeholder, Candidate, State Measure Proponent	

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

Date Stamp

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
- 2	. 15

Officeholder or Candidate Controlled Com	mittee			6,	, P	rimarily Formed Ballot	Measure C	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE				. *	N	AME OF BALLOT MEASURE			<del></del>	·······
Roberta Perlman										
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	STRICT NUMBE	R IF APPLIÇA	ABLE)		B	ALLOT NO. OR LETTER	JURISDICTIO	N .	T <sub>-</sub>	SUPPORT
Pomona Unified School District Board Member										OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		-				<u> </u>	
	Pomona	CA	91766		ic	lentify the controlling officeh	older, candid	ate, or state	measure prop	onent, if any.
					N	AME OF OFFICEHOLDER, CAN	DIDATE, OR P	ROPONENT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Related Committees Not Included in this S	Statement:	List any com	nmittees							
not included in this statement that are controlled by you	or are primaril				ō	FFICE SOUGHT OR HELD			DIŞTRICT NO.	IFANY
contributions or make expenditures on behalf of your co	andidacy.									
COMMITTEE NAME	I.D. NUMB	ER			-					,
	1									
NAME OF TREASURER	CONTROL	LED COMMI	TTEE2	7.	. P	rimarily Formed Candi	date/Office	holder Co	mmittee <i>u</i>	st names of
NAME OF TREASURER	☐ YES				0	fficeholder(s) or candidate(s) f	or which this d	committee is	primarily forme	ed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.					N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	
,	,									SUPPORT OPPOSE
CITY STATE ZI	P CODE	AREA COL	DE/PHONE		N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	
							_		Jonn On Head	SUPPORT
COMMITTEE NAME	I.D. NUMB	ER			_					☐ OPPOSE
					N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT
										OPPOSE
NAME OF TREASURER	CONTROL	LED COMM!	TTEE?		N	AME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	Clauppopr
	☐ YES	□ №								☐ SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)				_					1 OFFOSE
		~~ XBEX 63-								
CITY STATE ZI	PCODE	AREA COL	DE/PHONE			Attac	h continuatio	n sheets if n	ecessary	

## Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from 01/01.23 **FORM** through <u>06/30/2</u>023 Page 3 I.D. NUMBER

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

Contributions Received  1. Monetary Contributions	(F \$	Column A TOTAL THIS PERIOD ROMATTACHED SCHEDULES)  0.00  0.00  0.00  0.00  0.00	\$	Column B CALENDAR YEAR TOTAL TO DATE  0.00  57,709.00  57,709.00  0.00  59,709.00	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections  1/1 through 6/30  7/1 to Date  20. Contributions Received \$ \$  21. Expenditures Made \$ \$
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	0.00	\$	39,709.00	wave \$
Expenditures Made  6. Payments Made  7. Loans Made  8. SUBTOTAL CASH PAYMENTS  9. Accrued Expenses (Unpaid Bills)  10. Nonmonetary Adjustment  11. TOTAL EXPENDITURES MADE  12. Beginning Cash Balance  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  17. Loans Made  8. Schedule E, Line 3  18. Schedule F, Line 3  19. Add Lines 8 + 9 + 10  10. Current Cash Statement  11. TOTAL EXPENDITURES MADE  12. Beginning Cash Balance  13. Cash Receipts  14. Miscellaneous Increases to Cash  15. Cash Payments  16. ENDING CASH BALANCE  17. Add Lines 12 + 13 + 14, then subtract Line 15  18. If this is a termination statement, Line 16 must be zero.	\$ \$ \$	30.00 0.00 30.00 0.00 0.00 30.00 12,610.21 0.00 0.00 30.00 12,580.21	add A t aim of y am be she	30.00  0.00  30.00  0.00  0.00  30.00  30.00  calculate Column B, d amounts in Column o the corresponding nounts from Column B your last report. Some nounts in Column A may negative figures that ould be subtracted from evious period amounts. If is the first report being	Expenditure Limit Summary for State Candidates  22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election Total to Date (mm/dd/yy)  \$  *Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	file	d for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts  18. Cash Equivalents See instructions on reverse  19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	0.00 57,709.00		m Lines 2, 7, and 9 (if	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule /	Δ	Amoun	ts may be rounded				SCHEDULE A
_	Contributions Received	to	whole dollars.	Statement cov from <u>01/01/2023</u>	vers period		FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through <u>06/30/20</u>	23	Page	4 of 15
NAME OF FILER	r. Roberta Perlman for School Board 2023			<u> </u>		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, BYTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	ÆAR	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	\$			
Amount red     (Include all     Amount red	A Summary  ceived this period – itemized monetary contribution I Schedule A subtotals.)  ceived this period – unitemized monetary contributed are contributed this period.			OTU Objects in horizona softes			
(Add Lines	s 1 and 2. Enter here and on the Summary Page, C	column A, Line 1	.) <b>TOTAL</b> \$ <u>0.0</u>	00 F	PPC Advice: adv		C Form 460 (Jan/2016)) :.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part 1	Am	Statement covers period						
		to whole dollar	s.	- 1		-	CALIFORN	HA 460
Loans Received					from <u>01/01/2023</u>		FORM	400
SEE INSTRUCTIONS ON REVERSE					through 06/30/2	023	Page 5	of 15
NAME OF FILER							I.D. NUMBER	
Citizens for Dr. Roberta Perlman for School I	Board 2023						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	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTION TO DATE
Roberta Periman	Optometrist Hensen & Perlman, OD's			9.00	ş <u>24,402.00</u>	N/A %	s_21,119.00	\$ 0.00
Pomona, CA 91766	5385 Wainut Ave Chino, CA 91710	\$ 24,402.00	s_0.00	5 0.00	N/A	\$ 0.00	09/04/200!	PER ELECTION
TO IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
Roberta Perlman	Optometrist Hensen & Perlman, OD's			\$ 0.00	ş <u>20,000.00</u>	N/A %	s_20,000.00	\$ 0.00
Pomona, CA 91766	5385 Walnut Ave Chino, CA 91710	20,000.00	0.00	FORGIVEN  0.00	N/A	s 0.00	09/01/201:	PER ELECTION*
TEN IND □ COM □ OTH □ PTY □ SCC	Ciano, Crivitio	\$	\$		DATE DUE		DATE INCURRED	,
Roberta Perlman	Optometrist Hensen & Perlman, OD's			□ PAID \$ 0.00	ş <u>6,048.00</u>	N/A %	s_6,048.00	\$ 0.00
Pomona, CA 91766	5385 Walnut Ave Chino, CA 91710	6,048.00	\$ 0.00	FORGIVEN  \$ 0.00	N/A	\$_0.0 <sub>0</sub>	09/21/201:	PER ELECTION
TEN IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
	. 8	SUBTOTALS S	\$	\$	\$	\$		
Schedule B Summary  1. Loans received this period (Total Column (b) plus unitemized loa	ne of less than \$100 )					(Enter (a) on Sci	hedule E, Line 3)	
<ol> <li>Loans paid or forgiven this period (Total Column (c) plus loans under \$1 (Include loans paid by a third party the</li> <li>Net change this period. (Subtract Line)</li> </ol>	100 paid or forgiven.) at are also itemized on Sche	edule A.)		0.0			†Contributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g.,	ommittee PTY or SCC)
Enter the net here and on the Summa	ary Page, Column A, Line 2.				tay be a negative number)		PTY - Political Part SCC - Small Contr	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

Schedule B – Part 1	Am	ounts may be ro		г	Statement cov	am marlad		ULE B - PART
Loans Received		to whole dollar	s.		from <u>01/01/2023</u>	•	CALIFORN FORM	<sup>IIA</sup> 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Dr. Roberta Perlman for School B	oard 2023	·			through <u>06/30/2</u>	023	Page 6 I.D. NUMBER 1279882	of <u>15</u>
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	BALANCEAT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTION TO DATE
Roberta Perlman  Pomona, CA 91766  † Z IND	Optometrist Hensen & Perlman, OD's 5385 Walnut Ave. Chino, CA 91710	s_4359.00	ş <u>0.00</u>	\$ 0.00 \$ 0.00   FORGIVEN   0.00	\$ 4359.00 N/A DATE DUE	N/A %	\$_4359.00 9/22/2013 DATE INCURRED	\$ 0.00 PER ELECTION
Roberta Perlman  Pomona, CA 91766	Optometrist Hensen & Perlman, OD's 5385 Walnut Ave. Chino, CA 91710	2550.00 s	\$0.00	\$\frac{0.00}{0.00}\$	\$ 2550.00 N/A DATE DUE	N/A % RATE \$ 0.00	\$_2550.00 12/19/13 DATE INCURRED	\$ 0.00  PER ELECTION  \$ 0.00
Roberta Perlman  Pomona, CA 91766  † Z IND COM OTH PTY SCC	Optometrist Hensen & Perlman, OD's 5385 Walnut Ave. Chino, CA 91710	s_175.00	s_0.00	\$ 0.00    FORGIVEN   0.00	\$ 175.00 0.00 DATE DUE	N/A % RATE  0.00	\$_175.00 	\$ 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 (Total Column (c) plus loans under \$10	ns of less than \$100.)			0.0		∫† II	Contributor Codes ND – Individual COM – Recipient C	

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

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

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

\*\* If required.

(May be a negative number)

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

PTY - Political Party

(other than PTY or SCC)

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

SCC - Small Contributor Committee

	Am	ounts may be ro	unded	_			SCHED	DULE B - PART 1
Schedule B – Part 1		to whole dollars		Ī	Statement cov	ers period	CALIFORN	114 460
Loans Received					from <u>01/01/2023</u>		FORM	<sup>IIA</sup> 460
SEE INSTRUCTIONS ON REVERSE					through <u>06/30/2</u> 6	023	Page 7	of 15
NAME OF FILER							I.D. NUMBER	
Citizens for Dr. Roberta Perlman for School B	oard 2022						1279882	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Perlman	Optometrist			PAID	175.00	27		CALENDAR YEAR
,	Hensen & Perlman, ODs		1	\$ <u>0.00</u>	\$ 175.00	N/A *	\$ 175.00	\$ <u>0.00</u>
Pomona, CA 91766	,			FORGIVEN	Į.	RATE		PER ELECTION**
	Chino, CA 91710	s 0.00	\$ 0.00	s 0.00	N/A	s_0.00	08/30/202:	s 0.00
PT IND COM OTH PTY SCC					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				\$	. \$	%	s	\$
		`		FORGIVEN		RATE		PER ELECTION**
			ļ	s		s		
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	,	DATE DUE		DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	.   \$	%	s	s
				FORGIVEN	i	RATE		PER ELECTION**
								PERELECTION
TO IND COM OTH PTY SCC		\$	*	*	DATE DUE		DATE INCURRED	\$
	•	SUBTOTALS \$	5	\$	\$	\$		
Schedule B Summary						(Enter (e) on Sche		THE CHARGEST STATE SUPPLIES
				.0.0	00			
<ol> <li>Loans received this period     (Total Column (b) plus unitemized loan</li> </ol>	e of less than \$100 \	• • • • • • • • • • • • • • • • • • • •	······································	—				
Loans paid or forgiven this period	is of less than \$100.)			\$ 0.0	00		Contributor Codes	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						ND – Individual OM – Recipient C	ommittee
(Include loans paid by a third party tha	t are also itemized on Sche	edule A.)		4 0.0	<b>10</b>		(other than I	PTY or SCC)
3. Net change this period. (Subtract Lin	e 2 from Line 1.)		••••••••••••	.NET \$			TH ~ Other (e.g., I TY ~ Political Part	business entity)
Enter the net here and on the Summar	y Page, Column A, Line 2.						CC – Political Part	
				(1	May be a negative number)	C		
*Amounts forgiven or paid by another party also m	ust be reported on Schedule A.	<b>1</b>						

\*\* If required.

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www.fppc.ca.gov

Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.	`	Staten from 01/0	nent covers period 01/2023		
SEE INSTRUCTIONS ON REVERSE				through _	06/30/2023	Page 8	of
IAME OF FILER Citizens for Dr. Roberta Perlman for School Board	2023					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		PER ELECTION (IF REQUIRED)				
	□IND □COM		LENDER			CALENDAR YEAR	
	□OTH □PTY □SCC		DATE			PER ELECTION (IF REQUIRED)	<u>.</u>
	□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)	
			SUE	STOTAL S	\$	Enter on Summary Page, Line 17 only.	

SCHEDULE B - PART 2

Schedule C		Amounts may be rounded						SCHEDULE (
Nonmonetary Contributions Received		to whole dollars.		from	tatement covers p 01/01/2023	eriod	CALIF FO	ORNIA 160
SEE INSTRUCTIONS ON REVERSE	,			l .	ugh <u>06/30/2023</u>		Page 9	of
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2023						I.D. NUMBER 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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALEN	ATIVE TO ATE DAR YEAR - DEC 31)	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							
Attach additional information on appropriately labeled	d continuation	sheets.	SUBTO	TAL \$				
Schedule C Summary  1. Amount received this period – itemized nonmoneta (Include all Schedule C subtotals.)	etary contributi					OT PT	other th) H – Other (e. Y – Political F	at Committee an PTY or SCC) g., business entity)
<ol><li>Total nonmonetary contributions received this period (Add Lines 1 and 2. Enter here and on the Summa)</li></ol>	id. ry Page, Colur	nn A, Lines 4 and 10.)	ТОТА	L \$ _0	00	_		, , , , , , , , , , , , , , , , , , , ,

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be roo to whole dollars	Statement cove from 01/01/2023	rs period	CALIFORNIA 460		
	•			through <u>06/30/202</u>	23	Page 10	of 15
IAME OF FILER	Or. Roberta Perlman for School Board 2023		· · · · · · · · · · · · · · · · · · ·			I.D. NUMBER 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	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution					
		Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
·	Support Dppose	Independent Expenditure					
		Monetary Contribution					·
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
			SUBTOTAL	\$			
Schedule	D Summary						
	contributions and independent expenditures made	e this period. (Include a	all Schedule D subtotals.)			s <u>0</u>	.00
2. Unitemize	ed contributions and independent expenditures m	ade this period of unde	r \$100			s 0	.00
	tributions and independent expenditures made th						.00

Schedule E Payments Made	Amounts may be rounded to whole dollars.				Statement covers period from 01/01/2023	FO	ORNIA 460
SEE INSTRUCTIONS ON REVERSE			<del></del>		through <u>06/30/2023</u>	Page _	
Citizens dor Dr. Robeerta Perlman for School Board 2023						12798	
CODES: If one of the following codes accurately describe campaign paraphernalia/mlsc. 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 LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munication d appearances lating urvey reseavery and m	s ces		RAD radio airtime and product RFD returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between comm VOT voter registration web information technology of the same control of the payment of the	ction costs ries production costs g, and meals ing, and meals ittees of the san	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.				SUBTOTAL	\$
Schedule E Summary							
Itemized payments made this period. (Include all Schedule E subtotals.)							0.00
2. Unitemized payments made this period of under \$100							80.00
3. Total interest paid this period on loans. (Enter amount from	n Schedule B, Par	t 1, Colu	mn (e).)			\$ <u>_</u>	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. I							

SCHEDULE E

			SCHEDULI				
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement cove	ers period CALI	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through <u>06/30/20</u>	Page	of 15		
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board for 2023				I.D. NU 1279	JMBER 882		
CODES: If one of the following codes accurately described campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MBR member communication MTG meetings and appearar OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and n PRO professional services (I PRT print ads	ns nces arch nessenger services	RAD radio airtime ar returned contril SAL campaign work TEL. t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registration	nd production costs butions ters' salaries time and production costel, lodging, and meals avel, lodging, and meals are committees of the sar	ne 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 \$		5 9		\$		

١.	accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	URRED TOTALS \$
	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$ 0.00

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.			fro	§tatement covers period from 01/01.2023		CALIFORNIA 460	
	NSTRUCTIONS ON REVERSE				thr	dugh 06/30/2023	- Page 14	of	
	OF FILER						I.D. NUMBE	R	
Citiz	ens for Dr. Roberta Perlman for School Board 2023						1279882		
NAME	OF AGENT OR INDEPENDENT CONTRACTOR								
,									
COI	DES: If one of the following codes accurately describes	s the payment	vou may	enter the code	Otherwise	describe the paymen	t.		
CNS CTB CVC FIL FND IND LEG LIT	fundraising events independent expenditure supporting/opposing others (explain)*	PRO profession PRT print ads	and appearan enses rculating nks d survey resea delivery and m nal services (le	ces arch essenger services	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procandidate travel, lodging, ar staff/spouse travel, lodging, transfer between committee voter registration information technology cost	duction costs nd meals and meals as of the same c	-	
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION	N OF PAYMENT		AMOUNT PAID	
	(II. GOMMITTIES ALGO ENTER TO HOMBER)	· · · · · · · · · · · · · · · · · · ·	<del> </del>	T					
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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		
Miscellaneous Increases to Cash		to whole dollars.		Statement cover from 01/01/2023	s period	CALIFORNIA 460		
					23	Page 15 o	<sub>f</sub> 15	
SEE INSTRUCTIONS ON REVERSE							•	
NAME OF FILER						I.D. NUMBER	: `.	
Citizens for Dr. Ro	berta Perlman for School Board 2023					1279882	٠.	
DATE	FULL NAME AND ADDRESS OF	SOURCE	DESC	RIPTION OF RECEIPT	:	AMOUNT	OF	
RECEIVED	(IF COMMITTEE, ALSO ENTER I,D. NU	JMBER)	DESC	RIPTION OF RECEIPT		INCREASE TO	CASH	
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Attach additiona	al information on appropriately labeled continuation	on sheets.			SUBTOTAL	0.00	•	
Schedule   Su	mmary		<del></del>		<del></del>		<del></del>	
	ases to cash this period			,\$ <u>0.00</u>	· · · · · · · · · · · · · · · · · · ·			
O Uniterwined inc	to cook of under \$100 this haried		,	<b>©</b> 0.00				
2. Uniternized inc	reases to cash of under \$100 this period							
3. Total of all inter	rest received this period on loans made to o	thers. (Schedule H, Column (e).)		,\$_ <del>0,00</del>				
	eous increases to cash this period. (Add Lir			0.00	•			
Summary Page	e, Line 14.)			TOTAL \$		FPPC Form 460	(Jan/2016))	
		·		FPI	PC Advice: advic	e@fppc.ca.gov (86		