Recipient Committee Campaign Statement Cover Page		RECEIVE	te Stamp	CALIFORNIA 460
	Statement covers period from 07/01/2020	Date of election if applicable: (Month, Day, Year)	S COUNTY 7/2021 PM 2: 12	Page 1 of 15 For Official Use Only 015746
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020	- CA IPAIGN	FINANCE	C07434
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure ommittee Controlled Sponsored Complete Part 6) rimarily Formed Candidate/ fficeholder Committee So Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)	Quarti	erly Statement al Odd-Year Report
Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Citizens for Dr. Roberta Perlman for School Board 20	NUMBER 13	Treasurer(s) NAME OF TREASURER Ronald Hensen MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY Pomona	STATE ZIP COI	
Pomona CA 91766 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	909-210-3743	NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP COI	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
Verification Nave used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of			ned sche	edules is true and complete. I
Executed on 1-26-21 Executed on 1-26-21 Date	By ————————————————————————————————————		of Sponsor	ss
Executed on	By	signature of Controlling Officeholder, Candidate, State Measure Pro	ponent	Management of the Control of the Con

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on ___

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

Recipient Committee Campaign Statement Cover Page — Part 2

R PAGE - PART 2
NIA 460
700
of 15

Officeholder or Candidate Contro	lied Committee	6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Roberta Perlman							
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON	Пп	SUPPORT
Pomona Unified School District							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY STATE ZIP Pomona CA 91766		Identify the controlling office	nolder, candi	date, or state measure	e propor	nent, if any.
			NAME OF OFFICEHOLDER, CAN	IDIDATE, OR P	PROPONENT		
	I in this Statement: List any committees olled by you or are primarily formed to receive if of your candidacy.		OFFICE SOUGHT OR HELD		DISTRIC	CT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Candi officeholder(s) or candidate(s)	idate/Office	eholder Committee	ee List	names of
	YES NO						
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY ST	ATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDR	ESS (NO P.O. BOX)						OPPOSE
OTHER ADDRESS	ino						1
CITY ST	ATE ZIP CODE AREA CODE/PHONE		Attac	ch continuation	on sheets if necessar	v	
			Allan	vorundan	on anesto n necessar	,	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period CALIFORNIA 460 from 07/01/2020 through 12/31/2020 Page 3 ___ of __15 I.D. NUMBER 1279882

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens For Dr. Roberta Perlman for School Board 2013

Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Loans Received	0.00	57,709.00	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 57,709.00	20. Contributions Received \$\$
4. Nonmonetary Contributions	0.00	0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0.00	\$ 57,709.00	Made \$ \$
Expenditures Made	40.00	40.00	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 30.00	\$ 60.00	Candidates
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	The state of the s	\$ 60.00	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 30.00	\$ 60.00	\$
Current Cash Statement			
Beginning Cash Balance Previous Summary Page, Line 16	\$ 21,690.00	To calculate Column B,	
13. Cash Receipts Column A, Line 3 above	0.00	add amounts in Column A to the corresponding	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	amounts from Column B	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	30.00	of your last report. Some amounts in Column A may	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$ 21,660.00	be negative figures that should be subtracted from	
If this is a termination statement, Line 16 must be zero.		previous period amounts. If this is the first report being	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	filed for this calendar year, only carry over the amounts	
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	
18. Cash Equivalents See instructions on reverse	\$ 0.00	w.1/.	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 57,709.00		FPPC Form 460 (Jan/2016))
			FPPC Advice: advice@fppc.ca.gov (866/275-3772)
			www.fonc.ca.gov

www.fppc.ca.gov

Schedule A	A						SCHEDULE
	Contributions Received	FORM 12/31/2020 FORM 12/31/2020 Page 4 I.D. NUMBER 1279882 I.D. NUMBER I					
SEE INSTRUCTION	NS ON REVERSE		through 12/31/2020 Page 4 I.D. NUMBER 1279882 I.D. NUMBER 127982 I.D. NUMBER 127982 I.D.	4 of _15			
NAME OF FILER						1	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	1	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR	YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□COM □OTH □PTY					
		□ COM □ OTH □ PTY					
		□ COM □ OTH □ PTY					
		□ COM □ OTH □ PTY					
		COM					
***************************************			SUBTOTAL	\$			
	Summary eived this period – itemized monetary contribution Schedule A subtotals.)		\$ 0.0	00	COM	(other	ial ient Committee than PTY or SCC)
	eíved this period – unitemized monetary contribu	tions of less than	\$100\$ <u>0.0</u>	00	PTY	- Politica	(e.g., business entity) at Party Contributor Committee
Total monetal(Add Lines 1)	ary contributions received this period. 1 and 2. Enter here and on the Summary Page. (Column A. Line 1	.)TOTAL \$ 0.0	00		FPP	C Form 460 (Jan/2016)

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

Sched	ule	B -	Part	1
Loans	Re	ceiv	ed	

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA

Loans Received					from <u>07/01/2020</u>)	FORM	400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through 12/31/2	020	Page 5	of _15
Citizens for Dr. Roberta Perlman for School B	soard						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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	AMOUNT PAIE OR FORGIVEN THIS PERIOD	BALANCE AT	INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE
Roberta Periman Pomona, CA 91766	Optometrist Hensen & Perlman	24 402 00	0.00	\$ 0.00	\$ <u>24,402.00</u>	N/A %	ş <u>21,119.00</u>	s 0.00 PER ELECTION**
TIND COM OTH PTY SCC	Chino, CA 91710	\$ 24,402.00	\$	\$ 0.00	N/A DATE DUE	\$ 0.00	9/04/2009 DATE INCURRED	\$ 0.00
Roberta Perlman Pomona, CA 91766 Tolera Description of the present the prese	Optometrist Hensen & Perlman . Chino, CA 91710	20,000.00	s	\$ 0.00 FORGIVEN 0.00	\$ 20,000.00 N/A DATE DUE	N/A % RATE %	\$ 20,000.00 9/01/2013 DATE INCURRED	\$ 0.00 PER ELECTION** \$ 0.00
Roberta Periman Pomona, CA 91766 Told IND	Optometrist Hensen & Perlman Chino, CA 91710	s_6,048.00	s_0.00	PAID \$ 0.00 FORGIVEN \$ 0.00	\$ 6,048.00 N/A DATE DUE	N/A % RATE \$ 0.00	\$ 6,048.00 9/21/2013 DATE INCURRED	\$ 0.00 PER ELECTION** \$ 0.00
	1	SUBTOTALS S	;	\$	\$	\$		
Schedule B Summary 1. Loans received this period	s of less than \$100.)			0.0		-	†Contributor Codes IND – Individual COM – Recipient C	

(May be a negative number)

Statement covers period

(other than PTY or SCC) OTH - Other (e.g., business entity)

COM - Recipient Committee

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.

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

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

	Δn	nounts may be ro	unded				SCHED	DULE B - PART
Schedule B – Part 1 Loans Received	~	to whole dollar			Statement cov from <u>07/01/2020</u>		CALIFORN FORM	^{IIA} 460
SEE INSTRUCTIONS ON REVERSE					through 12/31/20	020	Page 7	of 15
NAME OF FILER							I.D. NUMBER	
Citizens for Dr. Roberta Perlman for School E	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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Roberta Perlman	Optometrist			PAID	175.00	NT/A	175.00	CALENDAR YEAR
3	Hensen & Perlman, O.D.s			\$ 0.00	\$ <u>175.00</u>	N/A %	\$_175.00	\$ 0.00
Pomona, CA 91766	Chino, CA 91710	4===00		FORGIVEN		Note		PER ELECTION
TEZ IND COM OTH PTY SCC		\$	\$	\$ <u>0.00</u>	N/A DATE DUE	\$_0.00	DATE INCURRED	\$ <u>0.00</u>
-				PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$;	\$	\$	\$		
Schedule B Summary						(Enter (e) on Sch	edule E, Line 3)	
1. Loans received this period				\$ 0.0	0			
(Total Column (b) plus unitemized loar				e 0.0	0		†Contributor Codes	
Loans paid or forgiven this period(Total Column (c) plus loans under \$1				Ф —			IND - Individual COM - Recipient C	ommittee
(Include loans paid by a third party that		edule A.)		0.0	0	1		PTY or SCC)

*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.

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www.fppc.ca.gov

PTY - Political Party

(May be a negative number)

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

SCC - Small Contributor Committee

Schedule B - Part 2 **Loan Guarantors**

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2020	CALIFORNIA 460
through 12/31/2020	Page 8 of 15
h	I.D. NUMBER

AME OF FILER Citizens for Dr. Roberta Perlman for School Board					1.D. NUMBER 1279882	2
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 OUTSTANDIN TO DATE
	□IND □COM		LENDER		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
· · · · · · · · · · · · · · · · · · ·	□IND		LENDER		CALENDAR YEAR	
	□ COM □ OTH □ PTY		DATE		PER ELECTION (IF REQUIRED)	
	SCC	-	LENDER		\$CALENDAR YEAR	
	□COM □OTH □PTY	-	DATE	_	PER ELECTION (IF REQUIRED)	
<u> </u>	□scc		LENDER	_	\$CALENDAR YEAR	
	□IND □COM □OTH □PTY	-	DATE		PER ELECTION (IF REQUIRED)	
	□scc	_		_	\$ Enter on	

Schedule Nonmone	tary Contributions Received		Amounts may be rounded to whole dollars.			Statement covers period CALIFORNIA FORM			
SEE INSTRUCTION	ONS ON REVERSE				thro	ough 12/31/2020		Page 9	of
NAME OF FILER Citizens for D	r. Roberta Perlman for School Board 2013	4.00						I.D. NUME 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	CALENDA	ATIVE TO ATE AR 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 additi	ional information on appropriately labeled	continuation	sheets.	SUBTO	TAL \$	}			
Amount re (Include al	C Summary ceived this period – itemized nonmonetar I Schedule C subtotals.)						UND COM	(other that I – Other (e.g. ' – Political F	t Committee an PTY or SCC) g., business entity)
3. Total nonn (Add Lines	nonetary contributions received this period at and 2. Enter here and on the Summan	d. y Page, Colur	nn A, Lines 4 and 10.)	ТОТА	L \$ _	0.00	_ scc	– Small Co	ntributor Committee

ge 10 of 15	20 Page 10	through <u>12/31/202</u>			Committees	es, Measures and	
NUMBER					hool Board		E OF FILER
AR TO DATE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT THIS PERIOD	DESCRIPTION (IF REQUIRED)	TYPE OF PAYMENT	OFFICE, AND DISTRICT, OR LETTER AND JURISDICTION, DMMITTEE	MEASURE NUMBER OR	DATE
				Monetary Contribution		(**)	
				Nonmonetary Contribution			4
				Independent Expenditure	☐ Oppose	☐ Support	
				Monetary Contribution			
				Nonmonetary Contribution			
				Independent Expenditure	Oppose	☐ Support	
				Monetary Contribution			
				Nonmonetary Contribution			
				Independent Expenditure	Oppose	Support	
		\$	SUBTOTAL				
						D Summanı	bodulo
0.00	. 0	,	II Oshadula Dayibbatala	a this paried (backeds a		D Summary	
	\$		Il Schedule D subtotals		endent expenditures made	contributions and indepe	Itemized o

				SCHEDULE E	
Schedule E	Amounts may to whole		Statement covers period	CALIFORNIA 460	
Payments Made			from 07/01/2020		
SEE INSTRUCTIONS ON REVERSE			through 12/31/2020	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 des	scribes the payment,	you may enter the code.	Otherwise, describe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain) LEG legal defense LIT campaign literature and mailings		and appearances nses culating ks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology costs	duction costs and meals and meals and meals s 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 must	also be summarized on Sc	hedule D.	SU	JBTOTAL \$	
Schedule E Summary					
1. Itemized payments made this period. (Include all Sch	nedule E subtotals.)				
2. Unitemized payments made this period of under \$10	0				
3 Total interest paid this period on loans. (Enter amour	t from Schedule B. P.	art 1 Column (e)		s 0.00	

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2020	california 460	
through 12/31/2020	Page 12 of 15	
	I.D. NUMBER	_

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2013 1279882

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs CVC civic donations candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals ND fundraising events POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) VOT voter registration legal defense campaign literature and mailings WEB information technology costs (internet, e-mail) PRT print ads (d) (b) AMOUNT PAID OUTSTANDING NAME AND ADDRESS OF CREDITOR CODE OR OUTSTANDING AMOUNT INCURRED DESCRIPTION OF PAYMENT BALANCE BEGINNING THIS PERIOD BALANCE AT CLOSE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) THIS PERIOD OF THIS PERIOD OF THIS PERIOD (ALSO REPORT ON E)

* 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 Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) May be a negative number

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SCHEDULE	F	(CONT.)

Schedule	F
(Continu	ation Sheet)
Accrued	Expenses (Unpaid Bills)

NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2020	CALIFORNIA 460
through 12/31/2020	Page 13 of 15
	I.D. NUMBER
	1279882

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.

RAD radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals POL polling and survey research TRS staff/spouse travel, lodging, and meals fundraising events

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.

-	\$

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	nts may be rounded o whole dollars.	fro	Statement covers period m 07/01/2020	CALIFOR	SCHEDULE C
			thi	ough 12/31/2020	Page 14	of 15
SEE INSTRUCTIONS ON REVERSE					I.D. NUMBE	
NAME OF FILER Citizens for Dr. Roberta Perlman for School Board 2013					1279882	
NAME OF AGENT OR INDEPENDENT CONTRACTOR					12/9862	
CODES: If one of the following codes accurately describes	the navment	you may enter the o	ode Othenvise	describe the navment		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be a	PRO professiona PRT print ads	ind appearances inses culating ks survey research elivery and messenger sen al services (legal, accountil	RFD SAL TEL TRC TRS Vices TSF TS	t.v. or cable airtime and prod candidate travel, lodging, an staff/spouse travel, lodging,	luction costs d meals and meals s of the same ca	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION	ON 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		Amounts may be rounded		SCHEDULE	
Miscellaneous Increases to Cash		to whole dollars.	Statement covers period from 07/31/2020	CALIFORNIA 460	
	There		through	Page 15 of 15	
SEE INSTRUCTIONS ON REV NAME OF FILER	ERSE			I.D. NUMBER	
	Perlman for School Board 2013			1279882	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	·	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH	
Attach additional info	mation on appropriately labeled continuation sheets.		SUBTOTAL	.\$ 0.00	
Schedule Summ	ary		0.00		
1. Itemized increases t	to cash this period.		\$ <u>0.00</u>	-	
	es to cash of under \$100 this period			_	
	eceived this period on loans made to others. (So			_	
4. Total miscellaneous	increases to cash this period. (Add Lines 1, 2, a e 14.)	and 3. Enter here and on the	0.00	== EPPC Form 460 / Jan / 2016)	

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