Executed on \_

Date

Recipient Committee Campaign Statement Cover Page		RECEIVED	Date Stamp  BY COUNTY	CALIFORNIA 460
	Statement covers period	Date of election if applicable:	0.00	Page 1 of 17
	from6/1/2022	(Month, Day, Year)	PM 4: 04	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12/31/2022	11/8/2022 CAMPAIGN F	IMANCE SECTION	020449
1. Type of Recipient Committee: All Committees - Con	nplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
✓ Officeholder, Candidate Controlled Committee  ○ State Candidate Election Committee  ○ Recall (Also Complete Part 5)  □ General Purpose Committee  ○ Sponsored ○ Small Contributor Committee	rimarily Formed Ballot Measure committee Controlled Sponsored (see Complete Part 6) crimarily Formed Candidate/ Officeholder Committee (see Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) Bank of America rejected a do the name on the account perfe	□ Speci	terly Statement al Odd-Year Report ating it did not match
	NUMBER 1412571	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1712071	NAME OF TREASURER		
Gerson For School Board 2018		Jeremy L. Gerson MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
• • • • • • • • • • • • • • • • • • • •		Torrance	CA 9050	
Torrance CA 90505		NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
JeremyLGerson@gmail.com				
<ol> <li>Verification         I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of the state</li></ol>	ng this statement and to the best of my ki California that the fc	nowledge the information contained herein and	d in the attached sch	edules is true and complete. I
Executed on9/11/2023	, E			
Date 9/11/2023  Date	E		le Officer of Sponso	i .
Executed on	E		and .	

## Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2								
CALII FO	FORNIA DRM	460						
Page_	2 0	f17_						

Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Ballot	Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE	-		NAME OF BALLOT MEASURE			
Jeremy L. Gerson						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Governing Board Member, Torrance Unified						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT			Identify the controlling office	nolder, candidate	e, or state measure p	oponent, if any.
Torrance	e, CA 90505		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PROPO	DNENT	-
Balatad Committees Not included in this Stat	amant: 11-4					
Related Committees Not Included in this Stat not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D. NUMBER					
NAME OF TOP LOUDED	CONTROLLED COMMITTEE?	7.	<b>Primarily Formed Candi</b>	idate/Officeho	older Committee	List names of
NAME OF TREASURER			officeholder(s) or candidate(s) i	for which this con	mmittee is primarily for	med.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE O	FFICE SOUGHT OR HEL	
				1	,	SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE O	FFICE SOUGHT OR HEL	D SUPPORT
						☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE O	FFICE SOUGHT OR HEL	<u></u>
			NAME OF OPPOSITE OF OR	(NDIDATE O	FFIGE SOUGHT ON HEL	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE 0	FFICE SOUGHT OR HEL	D SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO					OPPOSE
GONNINI I EE ADDRESS (NO F.O. BC						
CITY STATE ZIP CO	DE AREA CODE/PHONE		Attac	ch continuation s	sheets if necessary	

## Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statem	ent covers period 6/1/2022	CALIFORNIA 460
through	12/31/2022	Page3 of17
		I.D. NUMBER 1412571

NAME OF FILER Gerson For School Board 2018 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and **General Elections** O 1. Monetary Contributions...... Schedule A, Line 3 \$ \_\_\_\_\_ 1/1 through 6/30 7/1 to Date 2000 2. Loans Received...... Schedule B. Line 3 0 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 0 Nonmonetary Contributions..... Schedule C, Line 3 21. Expenditures 0 2000 Made 5. TOTAL CONTRIBUTIONS RECEIVED......Add Lines 3 + 4 \$ \_\_\_\_\_ **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ \_\_\_\_\_ **Candidates** 7. Loans Made...... Schedule H. Line 3 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) ...... Schedule F, Line 3 Date of Election Total to Date 0 (mm/dd/vv) 10. Nonmonetary Adjustment...... Schedule C, Line 3 **Current Cash Statement** 3632 12. Beginning Cash Balance ...... Previous Summary Page, Line 16 \$ \_\_ To calculate Column B. add amounts in Column 13. Cash Receipts ...... Column A, Line 3 above A to the corresponding \*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 amounts in Column A may 3632 be negative figures that 16. ENDING CASH BALANCE ......Add 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. only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 3632 18. Cash Equivalents...... See instructions on reverse \$ \_\_\_\_\_ 2000 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ \_\_\_\_\_ FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	Monetary Contributions Received		whole dollars.	Statement covers period 6/1/2022 from 12/31/2022		CALIFORNIA <b>460</b> FORM  Page 4 of 17		
SEE INSTRUCTION	DNS ON REVERSE	<del></del>					JMBER	
	or School Board 2018					1412		
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR \ (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						
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL	0				
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. Ill Schedule A subtotals.)			_	IND COM	other) Other –	ual ient Committee than PTY or SCC) (e.g., business entity)	
3. Total mon	eceived this period – uniterflized monetary contribution letary contributions received this period. is 1 and 2. Enter here and on the Summary Page, Col			0		' – Politic C – Small	al Party Contributor Committee	

Schedule Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement covers period from6/1/2022 through12/31/2022				CALIFORNIA FORM  Page 5 of 1.D. NUMBER	
Gerson For	School Board 2018						14125	571	
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)	AMOUN RECEIVED PERIOD	THIS	CUMULATIVE T CALENDAR \ (JAN. 1 - DEC	YEAR	PER ELI TO D (IF REQ	ATE
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
-		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		OTH SCC							

SUBTOTAL \$

0

\*Contributor Codes

IND - Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

,	Δm	ounts may be rou	ınded				SCHE	DULE B - PART 1
Schedule B – Part 1	Aiii	to whole dollars			Statement cov	-	CALIFORN	<sup>IA</sup> 460
Loans Received					from 6/1/	2022	FORM	400
SEE INSTRUCTIONS ON REVERSE					through12/3	31/2022	Page 6	of17
NAME OF FILER			-				I.D. NUMBER	
Gerson For School Board 2018							1412571	
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	AMOUNT RECEIVED THIS PERIOD	(¢) AMOUNT PAI OR FORGIVE THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Jeremy L. Gerson				PAID \$0	s <u>2000</u>	O_%	s2000_	s0
Torrance, CA 90501		s2000	s0	FORGIVEN 0	N/A DATE DUE	s0	9/25/18 DATE INCURRED	PER ELECTION** \$
			,	PAID  FORGIVEN	s	%	s	CALENDAR YEAR \$ PER ELECTION**
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID  \$  FORGIVEN		RATE	\$	\$ PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 \$	• (	\$ 2000	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	0_			
(Total Column (b) plus unitemized loan  2. Loans paid or forgiven this period  (Total Column (c) plus loans under \$10  (Include loans paid by a third party tha	00 paid or forgiven.)		······································	\$		IN C	Contributor Codes  D – Individual  DM – Recipient Control  (other than F  TH – Other (e.g., other)  TY – Political Party	ommittee PTY or SCC) business entity)
Net change this period. (Subtract Line Enter the net here and on the Summar		•••••			May be a negative number)		CC – Small Contri	

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

\*\* If required.

		A			EDULE B - PART 2		
Schedule B – Part 2 Loan Guarantors		Amounts may be rounded to whole dollars.		Staten	ent covers period	CALIFOR	
Loan Guaranțors				from	6/1/2022	FORM	
SEE INSTRUCTIONS ON REVERSE				through _	12/31/2022	Page7	of17
NAME OF FILER						I.D. NUMBER	
Gerson For School Board 2018						1412571	
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (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		LENDER			CALENDAR YEAR	
	СОМ					\$	
	□OTH □PTY		DATE			PER ELECTION (IF REQUIRED)	
	□scc					s	
	-					CALENDAR YEAR	
	□IND		LENDER			•	
	□ COM □ OTH					PER ELECTION	
	□PTY		DATE			(IF REQUIRED)	
	□scc					\$	
	□IND		LENDER		-	CALENDAR YEAR	
	COM					\$	_
	□отн		DATE	_		PER ELECTION (IF REQUIRED)	
	□PTY .						
	□scc					\$	
	□IND		LENDER			CALENDAR YEAR	
	СОМ					\$	
	□отн		DATE			PER ELECTION (IF REQUIRED)	
	□PTY						
	SCC					\$	
			SUE	STOTAL \$	0	Enter on Summary Page, Line 17 only.	

Schedule C Amounts may be rounded					S	CHEDULE				
	tary Contributions Received		to whole dollars.		S	tatement covers	period	CALIF	ORNIA	460
	•				from	6/1/202	2	FO	RM	400
OFF INCTRICTION	NO ON DEVEDOR				thro	ugh12/31/2	022	Page	8 of	17
SEE INSTRUCTI <b>O</b> ! NAME OF FILER	NO ON REVERSE	<del></del>						I.D. NUM	BER	
Gerson For	School Board 2018							141257	71	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	DESCRIPTION OF GOODS OR SERVICES		FAIR MARKET CALENI		DAR VEAR T		LECTION DATE QUIRED)	
		□IND □COM □OTH □PTY □SCC								
		□IND □COM □OTH □PTY □SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
		☐IND ☐COM ☐OTH ☐PTY ☐SCC								
Attach additi	onal information on appropriately labeled		sheets.	SUBTO	TAL \$	0		,		
										_:
1. Amount re	C Summary ceived this period – itemized nonmonetal I Schedule C subtotals.)				\$	0	IND	ntributor Co – Individua /I – Recipie		ee
•	ceived this period – unitemized nonmone					0		l – Öther (e	nan PTY or e.g., busine	
3. Total nonm	nonetary contributions received this periors 1 and 2. Enter here and on the Summar	d.				0	sco	– Political – Small C	Party ontributor (	Committee

Supportir Candidate	D of Expenditures ng/Opposing Other es, Measures and Committees	to whole dollars.  from6/^		40/24/0000		3-	460 460
NAME OF FILER	r School Board 2018					. NUMBER 412571	
Gerson For	School Board 2016	<del></del>		<del></del>	<del></del>		
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	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. 3	AR .	RELECTION TO DATE REQUIRED)
	Support Oppose  Support Oppose  Support Oppose						
			SUBTOTAL S	\$ 0		1	
<ol> <li>Itemized of</li> <li>Unitemized</li> </ol>	D Summary  contributions and independent expenditures made and contributions and independent expenditures made the tributions and independent expenditures made the	nade this period of un	der \$100			\$	0

Summary Supporti	ation Sheet) y of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be to whole doll		Statement covers period from 6/1/2022 through 12/31/2022		SCHEDULE D (COMPANIA FORM 460  Page 10 of 17  I.D. NUMBER	
	r School Board 2018					141257	
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	CUMULATIV CALENDA (JAN. 1 - [	R YEAR	PER ELECTION TO DATE (IF REQUIRED)
	□ Support □ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	<u> </u>	1	SUBTOTAL	\$ 0			

Schedule E Payments Made	Amounts may be rounded to whole dollars.  from6/1/2 through12/3							SCHEDULE ORNIA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gerson For School Board 2018	<del></del> -				•		1.D. NUM	MBER
CODES: If one of the following codes accurately describe campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu phone banks POL polling and s POS postage, deli PRO professional PRT print ads	munications d appearance ses lating urvey researd very and mes	s ch senger services		RAD radio RFD return SAL camp TEL t.v. of TRC cand TRS staff/ TSF trans VOT voter	ribe the payment. airtime and production ned contributions vaign workers' salaries or cable airtime and pro idate travel, lodging, a spouse travel, lodging, fer between committee or registration mation technology cost	duction costs nd meals , and meals es of the sam	s ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCR	RIPTION OF P	AYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also be	e summarized on Sche	dule D.	: <del>'.</del>			S	UBTOTAL S	\$
Schedule E Summary								
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)				•••••		\$_	
2. Unitemized payments made this period of under \$100							\$_	0
<ul><li>3. Total interest paid this period on loans. (Enter amount fror</li><li>4. Total payments made this period. (Add Lines 1, 2, and 3.</li></ul>								0

Schedule E (Continuation Sheet) Payments Made  SEE INSTRUCTIONS ON REVERSE NAME OF FILER  Amounts may be rounded to whole dollars.			Statement covers period 6/1/2022 through 12/31/2022	CALIFORNIA 460 FORM 17  Page 12 of 17  I.D. NUMBER	
Gerson For School Board 2018				1412571	
CODES: If one of the following codes accurately describ  CMP campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv	munications I appearances es ating	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, at Staff/spouse travel, lodging,	duction costs nd meals and meals so 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 Sche	dule D.	S	UBTOTAL\$ 0	

0

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		110111	ers period 2022 31/2022	CALIFORNIA 460 FORM 17		
SEE INSTRUCTIONS ON REVERSE  NAME OF FILER					I.D. NUMBER		
Gerson For School Board 2018					1412571		
CODES: If one of the following codes accurately described campaign paraphernalia/misc.  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings	s the payment, you may  MBR member communicatio  MTG meetings and appearan  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey rese  POS postage, delivery and r  PRO professional services (I  PRT print ads	ns nces earch nessenger services	RAD radio airtime a RFD returned contri SAL campaign worl TEL t.v. or cable air TRC candidate trav TRS staff/spouse tr	nd production cost butions kers' salaries time and product el, lodging, and mavel, lodging, and en committees of on	tion costs neals d meals f the 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 PA THIS PERIO (ALSO REPORT	OD BALANCE AT CLOSE		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	<u> </u> \$	<u> </u> \$	\$		
Schedule F Summary	<del></del>				7 1 1		
Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized and services accordingly).	schedule F, Column (b) sul accrued expenses under S	btotals for \$100.)	INC	JRRED TOTA	LS\$0		
<ol><li>Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized)</li></ol>	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	ALS\$0		
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here and	l 		N	JET \$ 0		

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.	Statement covers period from 6/1/2022	SCHEDULE F (CON CALIFORNIA 460 FORM		
		through12/31/2022	Page 14 of 17		
NAME OF FILER			I.D. NUMBER		
Gerson For School Board 2018			1412571		
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. Oth	erwise, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production of	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 produ			
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and			
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, a			
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		of the same candidate/sponsor		
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	/i		
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(Internet, e-mail)		

<sup>\*</sup> 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)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0	<b>\$</b> 0	\$ 0	<b>\$</b> 0

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period 6/1/2022 from	CALIFORNIA 460 FORM
through 12/31/2022	Page 15 of 17
	I.D. NUMBER

1412571

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Gerson For School Board 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

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

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees FND fundraising events

IND independent expenditure supporting/opposing others (explain)\* LEG legal defense

campaign literature and mailings LIT

MBR member communications MTG meetings and appearances OFC office expenses

petition circulating PET PHO phone banks

POL polling and survey research postage, delivery and messenger services

PRO professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

voter registration VOT

WEB information technology costs (internet, e-mail)

<sup>\*</sup> 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 O	DR .	DESCRIPTION OF PAYMENT	AMOUNT PAID
				1

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$

				_				SCHEDULE H
Schedule H Loans Made to Others*	Amounts may be rounded to whole dollars.				overs period 1/2022	CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON REVERSE					through1	2/31/2022	Page 16	_ of
NAME OF FILER							I.D. NUMBER	
Gerson For School Board 2018				`			1412571	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(¢) REPAYMENT O FORGIVENES THIS PERIOD	SS   BALANCE AT	RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	_	- RATE	\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	-   \$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
	,			\$ □ FORGIVEN	_   \$	% RATE	\$	\$PER ELECTION**
		\$	\$	\$	DATE DUE	_   \$	DATE INCURRED	\$
*Loans that are contributions to another candidate also be summarized on Schedule D. Loans forgive reported on Schedule E.	or committee must en must also be	SUBTOTALS	<b>\$</b> 0	\$	0 \$ 0	\$ 0		
				<u> </u>	<del></del>	(Enter (e) on Schedule I, Line 3)	<del>!</del>	
Schedule H Summary								
1. Loans made this period					\$_	0	_ г	
(Total Column (b) plus unitemized loar								**If Required
Payments received on loans  (Total Column (c) plus unitemized payers)					\$_	0	_	
3. Net change this period. (Subtract Line	2 from Line 1.)				NET \$_	0	_	
(Enter the net here and on the Summa						(May be a negative number	)	

Schedule I Miscellaneous Ind		may be rounded thole dollars.	Statement covers period from 6/1/2022	CALIFORNIA 460
CEE INCTRICTIONS ON DEVE	2005		through 12/31/2022	Page 17 of 17
SEE INSTRUCTIONS ON REVER NAME OF FILER	305		···	I.D. NUMBER
Gerson For School Boa	ard 2018			1412571
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
,				
	·			<u>.l.</u>
Attach additional inforr	mation on appropriately labeled continuation sheets.		SUBTOT	AL\$ 0
Schedule I Summa	-			^
	o cash this period			0
	s to cash of under \$100 this period			
	eceived this period on loans made to others. (Schedule H,		\$	0
	increases to cash this period. (Add Lines 1, 2, and 3. Ente		TOTAL \$	0