Recipient Committee Campaign Statement Cover Page

TRECE VED BY

LOS ANGELES COUNTY

If applicable:

Date Stamp

CALIFORNIA 460

FORM

Page 1 of 17

For Official Use Only

		Statement covers period	Date of election if applicable:		Page1 of17
		1/1/2023	(Month, Day/Year)SEP	1 PM 4:04	For Official Use Only
		from		- 1 - man 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	020449
SEE	INSTRUCTIONS ON REVERSE	through6/30/2023	11/8/2022AMPAIGH	N FINANCE RE SECTIO¥	C11068
1.	Type of Recipient Committee: All Committees - Cor	nplete 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	rimarily Formed Ballot Measure committee Controlled Sponsored Scomplete Part 6) rimarily Formed Candidate/ officeholder Committee Iso Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain bel	☐ Spermination)	arterly Statement ecial Odd-Year Report
3.		NUMBER 412571	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
	Gerson For School Board 2018	•	Jeremy L. Gerson		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP C	CODE AREA CODE/PHONE
			Torrance	CA 905	05 3107293688
	Torrance CA 90503		NAME OF ASSISTANT TREASURER	R, IF ANY	
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
	CITY STATE ZIP COI	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	S	
	JeremyLGerson@gmail.com				
4.	Verification				
	I have used all reasonable diligence in preparing and reviewir certify under penalty of perjury under the laws of the State of			attached so	chedules is true and complete. 1
	Executed on	Bı			
	Executed on	Bl		3 Officer of Spon	ISOT
	Executed onDate	В!	nighature or Controlling Officenoider, Candidate, St	nate measure Proportent	 ·
	Executed on	By ————————————————————————————————————	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2										
CALIF	ORNIA ORM	4	60							
Page _	2	of	17							

.	Officeholder or Candidate Controlled Commi	ttee	6. Primarily Formed Ballot Measure Committee						
	NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
	Jeremy L. Gerson							·	
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT		BALLOT NO. OR LETTER		SUPPORT OPPOSE				
	Governing Board Member, Torrance Unified			,					
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	e, CA 90505		Identify the controlling offic	eholder, candi	date, or state	measure pro	ponent, if any.	
				NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT		-	
	Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candit	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT NO. IF		. IF ANY	
	COMMITTEE NAME	I.D. NUMBER							
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cano officeholder(s) or candidate(s	didate/Offic) for which this	eholder Co committee is	ommittee I primarily form	List names of ned.	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR O	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
	CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
	COMMITTEE NAME	_		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CODE AREA CODE/PHONE Attach continuation sheets if necessary									

Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	Stat	ement covers period 1/1/2023	CALIFORNIA FORM	460
SEE INSTRUCTIONS ON REVERSE		through	6/30/2023	Page3	of
NAME OF FILER				I.D. NUMBER	
Gerson For School Board 2018				1412571	
Contributions Received	COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th	e State Primar	

Contributions Received	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
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	\$ 0 2000 \$ 0 \$ 2000 \$ 2000	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ 380 0 0	\$	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)
12. Beginning Cash Balance	\$ 380 \$ 3252	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 filed for this calendar year,	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ 3252	only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A			ts may be rounded			SCHEDULE		
Monetary	Contributions Received	to	whole dollars.	Statement cov	-	CALIFORNIA 460		
-				from1/1/2	2023	FO	RM TOO	
SEE INSTRUCTIO	ONS ON REVERSE			through6/3	0/2023	Page4 of17		
NAME OF FILER						I.D. NUM	BER	
Gerson Fo	or School Board 2018					141257	′1	
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 TO CALENDAR YE (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				
Schedule	A Summary				*Conf	tributor Co	des	
	eceived this period – itemized monetary contributions. II Schedule A subtotals.)		\$	0			I nt Committee nan PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contribution	ns of less than	s \$100\$	0		– Other (e	.g., business entity)	
3. Total mon	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			0		– Political – Small Co	Party ontributor Committee	

Schedule Monetary	A (Continuation Sheet) Contributions Received	Amounts may to whole o	Statem	ers period	SCHEDULE A (CONT CALIFORNIA 460 FORM				
				through	6/30	0/2023	Page .	5 of	17
NAME OF FILER	School Board 2018				_		1.D. NL	JMBER	
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 TO CALENDAR Y (JAN. 1 - DEC	O DATE EAR	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							
		IND COM							

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

*								
Schedule B – Part 1 Loans Received	Ame	ounts may be rou to whole dollars			Statement cov	vers period /2023	SCHE CALIFORN FORM	IA 460
EE INSTRUCTIONS ON REVERSE					through6/3	30/2023	Page 6	of17_
AME OF FILER Gerson For School Board 2018							1.D. NUMBER 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	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
eremy L. Gerson Forrance, CA 90501				PAID \$ FORGIVEN	\$\$	%	s 2000	\$ 0 PER ELECTION*
☑IND □ COM □ OTH □ PTY □ SCC		\$2000	s0	s	N/A DATE DUE	ş0	9/25/18 DATE INCURRED	\$
		s	49	PAID FORGIVEN		RATE %	s	SPER ELECTION*
□IND □ COM □ OTH □ PTY □ SCC				☐ PAID	DATE DUE	-	DATE INCURRED	CALENDAR YEAR
				\$ FORGIVEN	_ \$	RATE %	s	\$ PER ELECTION*
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	0 \$	•	0 \$ 2000			
Schedule B Summary I. Loans received this period				\$	0	(Enter (e) on Schedule E, Line 3)	
(Total Column (b) plus uniternized loan	s of less than \$100.)			•	0	1	Contributor Codes	

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

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

(Total Column (c) plus loans under \$100 paid or forgiven.)

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

2. Loans paid or forgiven this period\$

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

PTY - Political Party

(May be a negative number)

COM - Recipient Committee

(other than PTY or SCC)

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

SCC - Small Contributor Committee

	Amounta may be rounded				EDULE B - PAI	RT 2			
Schedule B – Part 2		Amounts may be rounded to whole dollars.		Staten	nent covers period		CALIFOR	NIA 46	lacksquare
_oan Guarantors			!	from	1/1/2023	_	FORM		U
SEE INSTRUCTIONS ON REVERSE				through_	6/30/2023		Page 7	of17	_]
IAME OF FILER							I.D. NUMBER	_	\neg
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		MULATIVE TO DATE	BALANCE OUTSTANDIN TO DATE	
	□IND		LENDER			CAL	ENDAR YEAR		_
•	□сом					\$_			
	□отн		DATE				R ELECTION REQUIRED)		
	□PTY □SCC								
						\$_			
	□IND		LENDER			CAL	ENDAR YEAR		
	СОМ					\$_			
	□отн		DATE		1		R ELECTION REQUIRED)		
	□PTY	•				•	,		
	scc					\$			
	□IND		LENDER			CAL	ENDAR YEAR		
	COM					\$_			
	□ oth		DATE				R ELECTION REQUIRED)		
	□PTY					(II	REGOIRED)		
	□scc					\$			
	-		LENDER			CAL	ENDAR YEAR		_
	□IND		LENDER						
	СОМ					\$_ PE	R ELECTION		
	□ OTH		DATE				REQUIRED)		
	□ PTY □ SCC								
						\$_			
			SUE	STOTAL S	0	Sur	Enter on nmary Page, ne 17 only.		

Schedule C			Amounts may be rounded						SCHEDULE	
	etary Contributions Received		to whole dollars.		Si	tatement covers	'	CALIFORNIA 460		
					from1/1/2023			FORM TOO		
SEE INSTRUCTIO	NS ON REVERSE				through 6/30/2023		023	Page 8 of 17		
NAME OF FILER	NO ON REVEROE	-						I.D. NUMI	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 *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION O GOODS OR SERVIO		AMOUNT/ FAIR MARKET VALUE	CALEND/	TIVE TO TE 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		sheets	SUBTO	TAL \$	0				
		Continuation						· · · · <u>- ·</u>	<u> </u>	
Schedule	C Summary						*Coi	ntributor Co	odes	
	ceived this period – itemized nonmonetal				\$	0			nt Committee	
•	ceived this period – unitemized nonmone					0		ł – Other (e	han PTY or SCC) e.g., business entity)	
3. Total nonn	nonetary contributions received this perio s 1 and 2. Enter here and on the Summar	d.				0	sco	– Political C – Small C	Party ontributor Committee	

Schedule D Summary of Expenditures Supporting/Opposing Other		Amounts may be to whole dol		Statement covers	CALIF	CALIFORNIA 460		
	es, Measures and Committees ONS ON REVERSE			through 6/30/	2023 Páge			
	r School Board 2018				14125	·		
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	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						
			SUBTOTAL	\$ 0				
1. Itemized	D Summary contributions and independent expenditures made							
	tributions and independent expenditures made the							

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may l to whole d		Statement covers from 1/1/20 through 6/30/2	23	CALIFORNIA 460 FORM 17 Page 10 of 17		
	or 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 - [AR 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						
			SUBTOTAL	\$ 0				

					*			SCHEDULE
Schedule E	Amounts may be rounded to whole dollars.					nent covers period	CALIFO	DRNIA 460
Payments Made						1/1/2023	FOR	
					through_	6/30/2023	Page	11 of 17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER							I.D. NUME	
Gerson For School Board 2018							141257	1
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	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearance ses dating s survey resea ivery and me	s ces		RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/s TSF trans VOT voter	ribe the payment. a airtime and production ned contributions beign workers' salaries or cable airtime and production idate travel, lodging, ar spouse travel, lodging, fer between committee or registration mation technology cost	duction costs nd meals and meals as of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF P	AYMENT		AMOUNT PAID
Registrar-Recorder County Clerk Worwalk, CA 90505	٤ -		Fees	•				380.00
* Payments that are contributions or independent expenditures must also	be summarized on Sch	edule D.				SL	JBTOTAL \$	380.00
Schedule E Summary	,							
1. Itemized payments made this period. (Include all Schedu	ule E subtotals.)						\$	380,00
2. Unitemized payments made this period of under \$100	,							0
Total interest paid this period on loans. (Enter amount from the second se								0
4. Total payments made this period. (Add Lines 1, 2, and 3								380.00

			from	1/1/2023	CALIFO FOR Page	SCHEDULE E (COI CALIFORNIA FORM 46(
MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and su POS postage, deliv	munications appearances es ating urvey research very and mess	n senger services	RAD ra RFD re SAL ca TEL t.v TRC ca TRS st TSF tra VOT vo	dio airtime and production turned contributions impaign workers' salaries or cable airtime and production travel, lodging, aff/spouse travel, lodging ansfer between committenter registration	on costs s oduction costs and meals g, and meals es of the sam	e candidate/sponsor		
	CODE C	DR	DESCRIPTION C	PE PAYMENT		AMOUNT PAID		
		-						
	to whole do sthe payment, you MBR member come MTG meetings and OFC office expens PET petition circult PHO phone banks POL polling and su POS postage, deliv PRO professional se	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and mess PRO professional services (legal PRT print ads	to whole dollars. It is the payment, you may enter the code. Of the member communications is meetings and appearances of the office expenses in the period of the	to whole dollars. from through through	to whole dollars. to whole dollars. trough through 6/30/2023 Through FAD radio airtime and production returned contributions of returned contributions of returned contributions of campaign workers' salaried through the period campaign workers' salaried through through through through the period campaign workers' salaried through through through through the period campaign workers' salaried through throu	Amounts may be rounded to whole dollars. Statement covers period T/1/2023 FOF		

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

SUBTOTAL \$

٥

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	Statement cove	ers period 2023	CALIFORNIA 460		
			through6/30	0/2023	Page 13	of17
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					I.D. NUMBER	
Gerson For School Board 2018					1412571	
					1412571	
CODES: If one of the following codes accurately describe 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	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 ar RFD returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production cosbutions kers' salaries time and productiel, lodging, and may evel, lodging, and mayer, lodging, and en committees of	on costs eals meals the same candidat	e/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 C	ID OUTS D BALANC	(d) TANDING E AT CLOSE S PERIOD
<u>.</u>						
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	5	\$	٠.
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) su accrued expenses under :	btotals for \$100.)	INCL	JRRED TOTA	LS \$	0
Total accrued expenses paid this period. (Include all Scho accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	LS \$	0
Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)	ter the difference here and			N	ET\$	0
, , ,					may be a negat	ive number

Schedule F	Amounts may be rounded	SCHEDULE F (CON					
Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from1/1/2023	FORM 460				
		through 6/30/2023	Page 14 of 17				
NAME OF FILER			I.D. NUMBER				
Gerson For School Board 2018			1412571				
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Other	rwise, 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)* CVC civic donations	OFC office expenses PET petition circulating	SAL campaign workers' salaries TEL t.v. or cable airtime and produ	ection coete				
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	(internal a mail)				
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	(internet, e-mail)				

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
	SUBTOTALS	\$ 0 :	\$ 0	\$ 0	\$ 0

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

independent expenditure supporting/opposing others (explain)*

Amounts may be rounded to whole dollars.

		SCHEDULE C	3
Stateme	1/1/2023	CALIFORNIA 460 FORM	
through	6/30/2023	Page 15 of 17	
		I.D. NUMBER	_
		1412571	

SEE INSTRUCTIONS ON REVERSE

FND fundraising events

LEG legal defense

IND

NAME OF FILER

Gerson For School Board 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)*

MBR member communications

MBR member communications

MER member communications

NED radio airtime and production costs

returned contributions

campaign workers' salaries

CVC civic donations PET petition circulating
FIL candidate filing/ballot fees PHO phone banks

POL polling and survey research
POS postage, delivery and messenger services

PRO professional services (legal, accounting)
PRT print ads

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

TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Jeremy L. Gerson Torrance, GA-90505		Registrar-Recorder/County-Glerk-Fees	380-
			0
		1	

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

580

								SCHEDULE H
Schedule H Loans Made to Others*			ay be rounded le dollars.			overs period 1/2023	CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE					through6	/30/2023	Page 16	of17
NAME OF FILER		-					I.D. NUMBER	
Gerson For School Board 2018					**		1412571	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTIEE, 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	(c) REPAYMENT (FORGIVENES THIS PERIOR	S CLOSE OF THE	RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	_ \$	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.		SUBTOTALS	\$ 0	\$	0 \$ 0	\$ 0		
,			•	•		(Enter (e) on Schedule I, Line 3)	-	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loan					\$ _	0	_ [**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 Increases to Cash		Amounts may be i to whole dolla	Statement covers period from 1/1/2023		LIFORNIA 460	
SEE INSTRUCTIONS ON REVE	RSF			through6/30/2023	Pag	ge 17 of 17
NAME OF FILER					I.D. I	NUMBER
Gerson For School Bo	ard 2018				141	2571
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURC (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CE	DE	SCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH
					-	
Attach additional infon	mation on appropriately labeled continuation sh	neets.		SUE	STOTAL \$	0
Schedule I Summa	ary					
1. Itemized increases to	o cash this period			\$	0	
	es to cash of under \$100 this period				0	
3. Total of all interest re	eceived this period on loans made to other	s. (Schedule H, Column	(e).)	\$	0	
4. Total miscellaneous	increases to cash this period. (Add Lines 14.)	1, 2, and 3. Enter here a	nd on the		0_	