Reci	pient	Com	mittee
Cam	paign	Stat	ement
_	r Pac		

gw(4)	COVER PAGE
RECEIVED BY	CALIFORNIA 460 FORM
S ANGELES COUN	Page 1 of 17

	Cover	Page
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EE INSTRUCTIONS ON REVERSE	Statement covers period 7/1/2021 through 12/31/2021		022 JAN 31 PM	2: 19	For Official Use Only
. Type of Recipient Committee: All Committees - Com	plete 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 Complete Part 6) Cimarily Formed Candidate/ Fficeholder Committee Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Ter ☐ Amendment (Explain bel	,	Quarterly S Special Od	statement d-Year Report
	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 CODE	AREA CODE/PHONE
		Torrance	CA	90501	3107293688
Torrance CA 90501		NAME OF ASSISTANT TREASURER	R, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	3107293000	MAILING ADDRESS			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
CITY STATE ZIP CODE	E AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	· · · · · · · · ·	OPTIONAL: FAX / E-MAIL ADDRESS	s		
GersonForSchoolBoard@gmail.com					
Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of C		nowledge the information contained h	herein and in the attac	hed schedule	s is true and complete. I
Executed on	Ву	त्रा	Treasurer		
Executed onDate	By - Signature of Control	ing Officeholder, Candidate, State Measure Prop	ponent or Responsible Office	r of Sponsor	
Executed onDate	BySig	nature of Controlling Officeholder, Candidate, St	tate Measure Proponent		
Executed onDate	BySig	nature of Controlling Officeholder, Candidate, St	tate Measure Proponent		FDDC Farm 450 (In a 100 a 5)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
CALII FO	FORNI. DRM	A Z	60				
Page_	2	of_	17				

. Officeholder or Candidate Controlled Commi	ttee	6.	Primarily Formed Balle	ot Measure	Committee		
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	JURISDICTIO	ON		SUPPORT OPPOSE
Governing Board Member, Torrance Unified							, OFFO3E
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	e, CA 90501		Identify the controlling offic	eholder, candi	date, or state	measure prop	onent, if any.
Toffallo	c, c/\ 5555\		NAME OF OFFICEHOLDER, CAN	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statement 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 NO. I	F ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Can officeholder(s) or candidate(s) for which this	committee is p	primarily forme	st names of d.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	ox)						
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Att	ach continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALLEGENIA A CO

Statem	7/1/2021	CALIFORNIA 460
through	12/31/2021	Page3 of17
-		I.D. NUMBER
		1412571

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Gerson For School Board 2018 Column A Column B Calendar Year Summary for Candidates **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR TOTAL TO DATE Running in Both the State Primary and (FROM ATTACHED SCHEDULES) **General Elections** 0 1/1 through 6/30 7/1 to Date 2000 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS...... Add Lines 1 + 2 \$ Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures 0 2000 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made...... Schedule E, Line 4 \$ ______0 0 **Candidates** 0 7. Loans Made..... Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0 Date of Election Total to Date (mm/dd/vv) 10. Nonmonetary Adjustment......Schedule C, Line 3 Current Cash Statement 3632 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 amounts from Column B reported in Column B. of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 3632 be negative figures that 16. ENDING CASH BALANCEAdd 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, 17. LOAN GUARANTEES RECEIVED....... Schedule B, Part 2 \$ ____ only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 3632 2000 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (Jan/2016)

Schedule	A		ts may be rounded			SCHEDULE A		
	Contributions Received	outions Received to whole dollars.			ers period	CALIFORNIA 460		
				from7/1/2	2021	F	ORM TOO	
SEE INSTRUCTIO	NS ON REVERSE			through12/3	31/2021	Page	of17	
NAME OF FILER						I.D. NU	MBER	
Gerson Fo	r 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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (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				*Cor	tributor C	Codes	
1. Amount re	ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	0	IND	– Individu 1 – Recipi	ial ient Committee	
	ceived this period – unitemized monetary contribution			0		- Other	than PTY or SCC) (e.g., business entity)	
3. Total mone	etary contributions received this period. 3 1 and 2. Enter here and on the Summary Page, Col			0		– Politica – Small (al Party Contributor Committee	

Schedule A (Continuation Sheet) Monetary Contributions Received		(Continuation Sheet) Contributions Received Amounts may be rounded to whole dollars.		Statement cov	ers period	SCHEDULEA (CONT.) CALIFORNIA 460		
_				from 7/1/	2021		ORM 400	
				through12/3	31/2021		5 of 17	
NAME OF FILER						I.D. NL		
Gerson Fo	r School Board 2018					14125	571	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR ((JAN. 1 - DE)	YEAR	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	• •	· ·		,	

*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

	Α	ounta may bo ro	undad				SCHE	DULE B - PART 1	
Schedule B – Part 1	Amounts may be rounded to whole dollars.				Statement cov	ers period	CALIFORNIA 460		
Loans Received					from7/1.	/2021	FORM	·· 400	
SEE INSTRUCTIONS ON REVERSE	•				through 12/	31/2021	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 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 PAI OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Jeremy L. Gerson				PAID \$	s 2000	O %	s 2000	\$0	
Torrance, CA 90501 †☑ IND □ COM □ OTH □ PTY □ SCC		\$2000	s0	FORGIVEN	N/A DATE DUE	s0	9/25/18 DATE INCURRED	\$2000	
W IND COM OTH PIY SEC				PAID \$. \$		\$	CALENDAR YEAR	
†□IND □ COM □ OTH □ PTY .□ SCC		\$	s	FORGIVEN	DATE DUE	\$	DATE INCURRED	PER ELECTION**	
				PAID	. \$		s	CALENDAR YEAR \$ PER ELECTION**	
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	FORGIVEN	DATE DUE	s	DATE INCURRED	\$	
		SUBTOTALS S	0 9		0 \$ 2000	\$ 0			
Schedule B Summary 1. Loans received this period				\$ _	0	(Enter (e) on Schedule E, Line 3)			
 (Total Column (b) plus uniternized loans Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that Net change this period. (Subtract Line 	s of less than \$100.) 0 paid or forgiven.) are also itemized on Sche	dule A.)		\$		- III	Contributor Codes ND – Individual OM – Recipient C (other than I TH – Other (e.g., TY – Political Part CC – Small Contri	ommittee PTY or SCC) business entity)	

*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.

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

(May be a negative number)

Schedule B – Part 2 ₋oan Guarantors		Amounts may be rounded to whole dollars.		Stater	nent covers period 7/1/2021	CALIFOR FORM	
EEE INSTRUCTIONS ON REVERSE				through .	12/31/2021	Page7	of17
IAME 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	
	□ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	SCC					\$	
	☐ IND ☐ COM		LENDER		,	CALENDAR YEAR \$ PER ELECTION	
	□ OTH □ PTY □ SCC		DATE			(IF REQUIRED)	
-	☐ IND		LENDER			CALENDAR YEAR	
	□ OTH □ PTY □ SCC		DATE			PER ELECTION (IF REQUIRED)	
						\$	
	☐ IND		LENDER			CALENDAR YEAR	
	□ОТН □РТҮ		DATE			PER ELECTION (IF REQUIRED)	
	□scc				_	\$	
			SUB	TOTAL	0	Enter on Summary Page, Line 17 only.	

Schedule C			Amounts may be rounded						SCHEDULE
Nonmonetary Contributions Received			to whole dollars.	Γ	S	tatement covers	period	CALIF	ORNIA 460
					from	7/1/202	1		RM 400
					thro	_{inh} 12/31/2	2021	Page	8 of 17
SEE INSTRUCTION NAME OF FILER	NS ON REVERSE							I.D. NUMI	
Coroon For	School Board 2018							141257	
Gerson For	School Board 2016						T	L	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)	DESCRIPTION O GOODS OR SERVI		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	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 \$	0			
						-	•		
	C Summary						*Cor	ntributor Co	des
	ceived this period – itemized nonmonetar				\$	0			nt Committee
2. Amount re	eceived this period – unitemized nonmone	tary contribut	ions of less than \$100		\$	0		l – Öther (e	nan PTY or SCC) .g., business entity)
3. Total nonn	nonetary contributions received this period a 1 and 2. Enter here and on the Summan	d.				0	SCC	– Political – Small Co	Party ontributor Committee

Supportin	D of Expenditures ng/Opposing Other es, Measures and Committees	Amounts may be r to whole dolla		Statement covers	-	CALIF(DRNIA	460
NAME OF FILER	ons on reverse r School Board 2018			through 12/31/		Page I.D. NUME		17_
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 T CALENDAR ((JAN. 1 - DEC	YEAR	1 OT	ECTION DATE QUIRED)
	Support Oppose	Monetary Contribution						
	Support Dppose	Independent Expenditure				и и	*	
Schedule	D Summary	** #\$1** .	SUBTOTAL	0		-		, t 1
1. Itemized	contributions and independent expenditures maded contributions and independent expenditures maded contributions and independent expenditures maded contributions.							0
	tributions and independent expenditures made th							0

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole d				FORM 46U		
	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	CUMULATIVE CALENDA (JAN. 1 - D	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						
	1		SUBTOTAL	\$ 0				

Schedule E Payments Made	Amounts may b to whole do			Staten	nent covers period 7/1/2021	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE			<u></u>	through_	12/31/2021	Page1	
NAME OF FILER 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	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and s POS postage, deli	munications d appearances es ating	enger services	RAD radio RFD retur SAL camp TEL t.v. o TRC cand TRS staff/ TSF trans VOT votel	ribe the payment. airtime and production ned contributions paign workers' salaries r cable airtime and produidate travel, lodging, and spouse travel, lodging, a fer between committees r registration mation technology costs	uction costs I meals and meals of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R D	ESCRIPTION OF F	PAYMENT		AMOUNT PAID
							^
* Payments that are contributions or independent expenditures must also b	oe summarized on Sche	edule D.			SU	BTOTAL \$	
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule)	le F subtotals \					\$	0

	(CONT.

•			
Schedule E	A		SCHEDULE E (CON
(Continuation Sheet)	Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 460
Payments Made		from7/1/2021	FORM TOO
		through12/31/2021	Page 12 of 17
SEE INSTRUCTIONS ON REVERSE			raye oi
NAME OF FILER			I.D. NUMBÉR
Gerson For School Board 2018			1412571
CODES: If one of the following codes accurately describe	s the payment, you may enter the code. Other	wise, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production	costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries	h. H
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and proc	
FIL candidate filing/ballot fees	PHO phone banks POL polling and survey research	TRC candidate travel, lodging, an TRS staff/spouse travel, lodging,	
FND fundraising events	POS postage, delivery and messenger services		s of the same candidate/sponsor
IND independent expenditure supporting/opposing others (explain)* LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration	o of the carrie carialatersponder
LIT campaign literature and mailings	PRT print ads	WEB information technology costs	s (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
		_		
		_		
·				

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills) Amounts may be rounded to whole dollars.			from7/1/2	10/01/0001			
SEE INSTRUCTIONS ON REVERSE					Page 13 of 17		
NAME OF FILER					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)* civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	s the payment, you may MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and in PRO professional services (PRT print ads	nces nces earch messenger services	RAD radio airtime a RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trav TRS staff/spouse tra	nd production costs butions kers' salaries time and production el, lodging, and mea avel, lodging, and n en committees of th	n costs als neals ne 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 PAID THIS PERIOD (ALSO REPORT ON	BALANCE AT CLOSE		
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	\$	\$	\$		
Schedule F Summary			-	-			
Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under	btotals for \$100.)	INC	JRRED TOTAL	s \$0		
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subto payments on accrued exp	tals for payments on enses under \$100.)		PAID TOTAL	s \$0		
Net change this period. (Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and	d 		NE	T \$ 0		

Schedule F	Amounts may be rounded		SCHEDULE F (CONT
(Continuation Sheet) Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period 7/1/2021 through 12/31/2021	CALIFORNIA 460 Page 14 of 17
NAME OF FILER Gerson For School Board 2018			I.D. NUMBER 1412571

COD	ES: If one of the following codes accurately describes	s the p	payment, you may enter the code.	Otherwise,	describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production 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 production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	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.

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		unts may be rounded o whole dollars.	Staten	nent covers period 7/1/2021	CALIFORNIA FORM	SCHEDULE G
SEE INSTRUCTIONS ON REVERSE			through_	12/31/2021	Page 15	of
NAME OF FILER					I.D. NUMBER	•
Gerson For School Board 2018					1412571	
NAME OF AGENT OR INDEPENDENT CONTRACTOR						
CODES: If one of the following codes accurately de	scribes the payment,	you may enter the code. Oth	erwise, desc	cribe the payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations	MTG meetings of office exports of petition circles	rculating	RFD return SAL camp TEL t.v. or	airtime and production of ned contributions aign workers' salaries cable airtime and produ	ction costs	
FIL candidate filing/ballot fees	PHO phone bar			date travel, lodging, and		
FND fundraising events IND independent expenditure supporting/opposing others (explain LEG legal defense LIT campaign literature and mailings)* POS postage, o	d survey research delivery and messenger services nal services (legal, accounting)	TSF transf VOT voter	spouse travel, lodging, a fer between committees registration nation technology costs	of the same candida	te/sponsor

^{*} 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	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
,		 -		

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

0

^{*} 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 H
Schedule H Loans Made to Others*	>	Amounts may be rounded to whole dollars.			Statement covers period 7/1/2021		CALIFORNIA 460 FORM	
SEE INSTRUCTIONS ON REVERSE					through12	/31/2021	Page16	of17
NAME OF FILER							I.D. NUMBER	
Gerson For School Board 2018		1					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 C FORGIVENES THIS PERIOD	S CLOSE OF THIS	PECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$. \$	RATE	\$	\$ PER ELECTION**
		\$	s	\$	DATE DUE	s	DATE INCURRED	s
	-			☐ PAID				CALENDAR YEAR
				\$. \$		\$	\$ PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS	\$ 0	\$	0 \$ 0	\$ 0		**
			<u> </u>			(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 payr	ments of less than \$100.)				\$	0		
3. Net change this period. (Subtract Line (Enter the net here and on the Summa	2 from Line 1.)ny Page, Column A, Line 7.)				May be a negative number)	_	-

Schedule I Miscellaneous In	creases to Cash	Amounts may be rounded to whole dollars.	Statement covers period from7/1/2021	CALIFORNIA 460 FORM Page 17 of 17 I.D. NUMBER	
OFF INCTRUCTIONS ON BEVE	Dec		through 12/31/2021		
SEE INSTRUCTIONS ON REVENAME OF FILER	RSE				
Gerson For School Bo	pard 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	
			·		
,					
		,			
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL				\$ 0	
Schedule I Summ	ary				
	to cash this period		_	<u>-</u>	
	es to cash of under \$100 this period		_		
3. Total of all interest r	received this period on loans made to others. (Sc	hedule H, Column (e).)	\$	<u>) </u>	
4. Total miscellaneous Summary Page, Lin	increases to cash this period. (Add Lines 1, 2, a	nd 3. Enter here and on the	TOTAL \$	_	