PAGE 1 / 43

REPORT OF RECEIPTS **AND DISBURSEMENTS**

FORIVI 3	or An Authorize	ed Committee	Offic	ce Use Only
NAME OF TYPE COMMITTEE (in full)	OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Gerson for Congress				I
ADDRESS (number and street)	Box 1465			
Charle if different				
Check if different than previously reported. (ACC)	nsville		MN 5533	37
2. FEC IDENTIFICATION NUMBE		ITY ▲	STATE ▲	ZIP CODE ▲
C C00523738	3. IS	THIS NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT MN 02
4. TYPE OF REPORT (Choose C	One) (b) 12-I	Day PRE -Election Report for the	·	
(a) Quarterly Reports:	(2) 12 1			
April 15 Quarterly Report	(Q1)	Primary (12P)	General (12G)	Runoff (12R)
		Convention (12C)	Special (12S)	
July 15 Quarterly Report ((Q2)	M " M / D " D	/ Y Y Y Y	in the
October 15 Quarterly Rep	ort (Q3) Ele	ction on		State of
January 31 Year-End Repo	ort (YE) (c) 30-I	Day POST -Election Report for the	ne:	
		General (30G)	Runoff (30R)	Special (30S)
П		denotal (ood)	Tidrion (out)	Opecial (000)
Termination Report (TER)	Ele	ction on	/ Y Y Y Y	in the State of
5. Covering Period 07	01 / Y Y 202		M / D D / Y	Y Y Y 2021
I certify that I have examined this Rep Ge Type or Print Name of Treasurer	ort and to the best erson, David, , ,	of my knowledge and belief it is	true, correct and co	mplete.
Gerson, Date Signature of Treasurer	vid, , ,	[Electronically Filed]	Date 10	01 / Y Y Y Y Y Y 2021
NOTE: Submission of false, erroneous, o	r incomplete informat	tion may subject the person signin	g this Report to the pe	enalties of 52 U.S.C. §30109
Office Office		in the poison digital	J 1 pc	
Use Only				FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 43

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Gerson for Congress

2021 2021 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 171460.36 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)
Write or Type Committee Name

PAGE 3 / 43

Gerson for Congress

		M M	/ D D	/ Y Y Y Y		M M /	D D	/	Y " Y " Y " Y
Report Covering the Period:	From:	07	01	2021	To:	09	30		2021

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees				
(i) Itemized (use Schedule A)	0.00	0.00		
(ii) Unitemized	0.00	0.00		
(iii) TOTAL of contributions from individuals	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00		
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00		
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
3. LOANS:	,	, ,		
(a) Made or Guaranteed by the Candidate	0.00	0.00		
(b) All Other Loans	0.00	0.00		
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00		
4. OFFSETS TO OPERATING				
EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00		
5. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00		
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 43

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	0.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19	LOAN REPAYMENTS:		
10.	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(Such as FAOS)		, ,
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5
FOR LINE NUMBER: (check only one)

13a

				Detailed 0	diffillary i	age				13b
AME OF COMMITTEE (In Full) Gerson for Congress					Trans	action IC) : SC/10.43	92		
LOAN SOURCE Full Name (Last, For Gerson, David, Adam, , Mailing Address PO Box 1465	First, Middle	e Initial)			Memo Iter	_ X	cion: 2012 Primary General Other (spec			
City Burnsville		ate MN	ZIP Cod 55337	e			Personal F	unds of the	Cano	didate
Original Amount of Loan Cumulative Payment To				Oate 0.00		llance O	utstanding a	at Close of	This F	Period
TERMS Date Incurred M05M / D29D / Y Z01Z	ate Due		Interest Ra (If none, ent		% (apr)	Secure Ye	·	No		
List All Endorsers or Guarantors (= :	oan Source								
1. Full Name (Last, First, Middle In	itial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		,	- ,			
2. Full Name (Last, First, Middle Ini	tial)			Name of Employer						
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	- 7			
3. Full Name (Last, First, Middle Ini	tial)			Name of Emp	oloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	. ,			
4. Full Name (Last, First, Middle Ini	tial)			Name of Employer						
Mailing Address	Occupation									
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
UBTOTALS This Period This Page (optional)										
Carry outstanding balance only to LIN	IE 3, Sched	ule D, for this	line. If n	o Schedule I	D, carry fo	rward to	appropria	te line of S	Summ	arv.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6
FOR LINE NUMBER: (check only one)

13a 13b

				Detailed Summary Pa	age	13b	
NAME OF COMMITTEE (In Full)	AME OF COMMITTEE (In Full)						
Gerson for Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Iten	n Election: 2012		
Gerson, David, Adam,	,				Y Primary General		
Mailing Address PO Box 1465					Other (specify)		
PO Box 1465							
City		State	ZIP Code	9		2 " 1 .	
Burnsville		MN	55337		Personal Funds of the 0	Jandidate	
Original Amount of Loan		Cumulative Pay	ment To D	Date Ba	lance Outstanding at Close of T	his Period	
	10000.00			0.00	10000	0.00	
TERMS Date Incurred	1	,	ata Dua	Interest Da	to Secured		
TERMS Date Incurred			ate Due	Interest Ra (If none, ent	er 0)		
M07 ^M / P19 ^D / Y	ž01Ž ^Y	M M / D D	/ Y	YNA Y	0.00 % (apr) Yes	× No	
List All Endorsers or Guarar	ntors (if any) t	o Loan Source					
1. Full Name (Last, First, Mic	ddle Initial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code	I .	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
	1_	T	I .	Amount Guaranteed		7	
City	State	ZIP Code		Outstanding:	9 9	_	
3. Full Name (Last, First, Mid-	dle Initial)	'		Name of Employer			
Mailing Address			. 1	Occupation			
				Amount		-	
City	State	ZIP Code		Guaranteed Outstanding:	y y w	_	
4. Full Name (Last, First, Mid-	dle Initial)			Name of Employer			
Mailing Address			- 1	Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:	7	_	
	·	·	·				
SUBTOTALS This Period This P	age (optional).			···········	10000	.00	
TOTALS This Period (last page i	n this line only	·) ········		·····			
					7		
Carry outstanding balance only	to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry for	rward to appropriate line of Su	ımmary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 7
FOR LINE NUMBER: (check only one)

13a

OF

		100				
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4381				
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012				
Gerson, David, Adam, ,	_ incline item					
Mailing Address PO Box 1465	General Other (specify) ▼					
City	State	ZIP Code F5007 Personal Funds of the Candidate				
Burnsville	MN	55337				
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period				
5000.00	l ,	0.00 5000.00				
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)				
M07 ^M / D24 ^D / Y Ž01Ž Y	M M / D D	/ Y YNA Y 0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any)	to Loan Source					
Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount Guaranteed				
City State	ZIP Code	Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	1	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
CURTOTAL C This Deviced This Dags (entires	n					
SUBTOTALS This Period This Page (optiona	1)	5000.00				
TOTALS This Period (last page in this line o	nly)	······································				
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8
FOR LINE NUMBER: (check only one)

13a

OF

		100				
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4468				
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012				
Gerson, David, Adam, ,	_ Wello itel					
Mailing Address PO Box 1465	General Other (specify) ▼					
City	State	ZIP Code F5007 Personal Funds of the Candidate				
Burnsville	MN	55337				
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period				
5.00	9	0.00 5.00				
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)				
M 07M / D24D / Y Ž01Ž Y	M M / D D	y YNA Y 0.00				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	·	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	'	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional		5.00				
TOTALS This Period (last page in this line of	nly)	······				
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE

X	13a
	13h

OF

43

Transaction ID: SC/10.4128 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D26^D M 07M Ž01Ž YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10

13a

			Detailed Guillinary I	age	13b		
NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4389			
Gerson for Congress							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Itei	m Election: 2012			
Gerson, David, Adam, ,			_	x Primary			
				General			
Mailing Address PO Box 1465				Other (specify)			
City	State	ZIP Code)				
Burnsville	MN	55337		Personal Funds of the	Candidate		
Original Amount of Loan	Cumulative Pay	yment To D	ate Ba	alance Outstanding at Close of T	his Period		
5000.00	,	, ,	0.00	5000	0.00		
TERMS Date Incurred	D	Date Due	Interest Ra		i:		
M08M / D01D / Y Ž01Ž Y	M M / D D	/ Y Y		0.00 % (apr) Yes	x No		
List All Endorsers or Guarantors (if any) to	o Loan Source						
1. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
			Amount		_		
City State	ZIP Code	I	Guaranteed Outstanding:	y y			
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(Occupation				
		7	Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7			
3. Full Name (Last, First, Middle Initial)	-	1	Name of Employer				
Mailing Address		(Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7			
	l						
SUBTOTALS This Period This Page (optional).			······································	5000).00		
TOTALS This Period (last page in this line only	/)		······	, , , , , , , , ,			
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry fo	rward to appropriate line of Si			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 11

13a

OF

		130			
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4129			
		T=: .:			
LOAN SOURCE Full Name (Last, First, Mic Gerson, David, Adam, ,	ldle Initial)	☐ Memo Item Election: 2012 x Primary			
Mailing Address		General Other (specify) ▼			
PO Box 1465					
City Burnsville	State MN	ZIP Code 55337 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
5000.00		0.00 5000.00			
TERMS Date Incurred		ate Due Interest Rate Secured:			
M08 ^M / P10 ^D / Y Ž01Ž Y	M M / D D	(If none, enter 0)			
		% (apr) Yes No			
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	o Loan Source	Name of Employer			
Mailing Address		Occupation			
Mailing Address					
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer			
		Occupation			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed			
,	2 0000	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
au la	I=== 0 .	Amount Guaranteed			
City State	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
	•				
SUBTOTALS This Period This Page (optional)		5000.00			
TOTALS This Period (last page in this line only	r)	······			
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12
FOR LINE NUMBER: (check only one)

13a

OF

					1	130		
	ME OF COMMITTEE (In Full)				Transa	action ID : SC/10.4470		
	LOAN SOURCE Full Name (Last,	First, Mid	ddle Initial)		☐ Memo Iten			
	Gerson, David, Adam, ,					Primary General		
	Mailing Address PO Box 1465					Other (specify)		
	City State ZIP Co				de	▼ Personal Funds of the Candidate		
	Burnsville		MN	55337		Torsonal Fanas of the Canadate		
	Original Amount of Loan		Cumulative Pag	yment To	Date Ba	lance Outstanding at Close of This Period		
	9	5.00			0.00	6.00		
	TERMS Date Incurred			ate Due	Interest Ra (If none, ent			
	M08M / D10D / Y Ž01Ž	Y	M M / D D	/ Y		0.00 % (apr) Yes X No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
	2. Full Name (Last, First, Middle In	nitial)	'		Name of Employer			
	Mailing Address				Occupation			
		_			Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7		
	3. Full Name (Last, First, Middle In	nitial)			Name of Employer Occupation			
	Mailing Address							
		1			Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	yy		
	4. Full Name (Last, First, Middle In	nitial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7		
		_	1					
SI	UBTOTALS This Period This Page (optional)			······	6.00		
T	OTALS This Period (last page in this	s line only	<i>y</i>)		······			
С	carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	rward to appropriate line of Summary.		
	——————————————————————————————————————		•					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 13

13a

			Detailed Garrinary	1 age		13b
NAME OF COMMITTEE (In Full) Gerson for Congress			Trar	saction ID : SC	C/10.4130	
9						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It	em Election:	2012	
Gerson, David, Adam, ,				x Prima	ary	
				Gene		
Mailing Address PO Box 1465				Other	r (specify) ▼	
City	State	ZIP Code	·	X Pers	sonal Funds of the C	Candidata
Burnsville	MN	55337			onal Funds of the C	anuluale
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outsta	nding at Close of Th	nis Period
1000.00			0.00		1000	00
1000.00	7		0.00	7	1000	.00
TERMS Date Incurred	С	Date Due	Interest (If none, o		Secured	:
M08 ^M / P17 ^D / Y Ž01Ž Y	M M / D D	/ Y Y	NA Y	0.00	(apr) Yes	x No
List All Endorsers or Guarantors (if any) t	o Loan Source					
1. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City State	ZIP Code		Guaranteed			7
Olly	Zii Gode	(Outstanding:	-	7	_
2. Full Name (Last, First, Middle Initial)	·	1	Name of Employer			
Mailing Address		(Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	7	y	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer			
Mailing Address		(Occupation			
		Ā	Amount			
City State	ZIP Code		Guaranteed Outstanding:	,	, , ,	
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		(Occupation			
		<u> </u>	Amount			
City State	ZIP Code		Amount Guaranteed			7
State	Zii Oode		Outstanding:	7	7	_
·	·	·				
SUBTOTALS This Period This Page (optional)			······································	,	1000	.00
TOTALS This Period (last page in this line only	/)		·····•	,	,	
Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to ann	propriate line of Su	mmarv.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 14

13a

OF

						130			
	ME OF COMMITTEE (In Full) Serson for Congress				Trans	eaction ID : SC/10.4131			
		Circh NA:-	- - :4:- \			Fr			
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	FIRST, IVIIC	idie initial)		☐ Memo Ite	x Primary			
	Mailing Address PO Box 1465					General Other (specify) ▼			
	City		State	ZIP Cod	de	✗ Personal Funds of the Candidate			
	Burnsville		MN	55337		1 ersonal runus of the Candidate			
	Original Amount of Loan		Cumulative Pay	ment To	Date B	alance Outstanding at Close of This Period			
	1000	0.00	7		0.00	1000.00			
	TERMS Date Incurred		D	ate Due	Interest R (If none, er				
	M08M / D20D / Y Ž01Ž	Y	M M / D D	/ Y	YNA Y	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	. , . , ,			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,			
	3. Full Name (Last, First, Middle In	itial)	'		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle In	itial)	•		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7 7			
		•	•						
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T	OTALS This Period (last page in this	line only	·)		······	7			
c	Carry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

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	ME OF COMMITTEE (In Full)				Trans	saction ID : SC/10.4442			
Ľ									
	LOAN SOURCE Full Name (Last,	First, Mic	ldle Initial)		☐ Memo Ite				
	Gerson, David, Adam, ,					Primary			
	Mailing Address					General Others (conseits)			
	Mailing Address PO Box 1465					Other (specify)			
	City		State	ZIP Co	de	✗ Personal Funds of the Candidate			
	Burnsville		MN	55337		To octobrate and of the canadate			
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period			
	479	9.33			0.00	479.33			
	TERMS Date Incurred			Date Due	Interest R				
	M03M / P33P / Y 3013	v	M M / D D	/ V	(If none, er	0.00			
	M02M / D22D / Y 2013	ا لــ			/1/2020 ^Y	% (apr) Yes No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer	,			
	•								
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7 7			
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed				
	2,				Outstanding:	, , ,			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
					I				
SI	UBTOTALS This Period This Page (ontional)				470.00			
Ľ		٠,٠٠٠ ١٥١١ ١٥١١ ١٥١٠				479.33			
T	OTALS This Period (last page in this	s line only	·)		······	7 7			
	erry outstanding balance only to LII	NE 3 Sob	adula D for this	s line If	no Schedule D. carry fr	prward to appropriate line of Summary.			
, ·	arry outstanding Datance Unity to Li	TE O, OUT	וטו נוט איים, וטו נוווג	o mie. II	ilo ochedule D, carry IC	ormand to appropriate line of Suffilliary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

AME OF COMMITTEE (In Gerson for Congre	SS		Transaction ID : SC/10.4444
Gerson, David, A	•	idle Initial)	☐ Memo Item Election: 2014
Mailing Address PO Box 1465			Other (specify) ▼
City		State	ZIP Code Second Personal Funds of the Candidate
Burnsville		MN	55337 Personal Funds of the Candidate
Original Amount of Lo	oan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
	3000.00		0.00 3000.00
TERMS Date In	curred	Γ	Date Due Interest Rate Secured:
M ₀₂ M / D ₂₅ D /	^Y Ž013 ^Y	M M / D D	/ Y 1/1/2020 Y 0.00 % (apr) Yes X No
List All Endorsers or	Guarantors (if any) to	o Loan Source	
1. Full Name (Last, Fi	irst, Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
•		Zii Oodc	Outstanding:
2. Full Name (Last, Fire	st, Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, Fir	st. Middle Initial)		Name of Employer
, .			
Mailing Address			Occupation
City	State	7ID Codo	Amount Guaranteed
City	State	ZIP Code	Outstanding:
4. Full Name (Last, Fir	st, Middle Initial)		Name of Employer
Mailing Address			Occupation
	T ₂	T	Amount
City	State	ZIP Code	Guaranteed Outstanding:
	<u>'</u>	,	
UBTOTALS This Period	This Page (optional)		3000.00
OTALS This Period (last	page in this line only	·) ·······	
Carry outstanding balance	ce only to LINE 3. Sch	edule D. for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4464
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item Clection: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3000.00	,	0.00 3000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D26D / Y Ž013 Y	M M / D D	/ Y 1/1/2020 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
COSTOTATO THIS FEROU THIS FAGE (OPLICHAL	,	3000.00
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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AME OF COMMITTEE (In Full) Gerson for Congress				Trans	action ID : SC/10.4502
LOAN SOURCE Full Name (Last, Fir Gerson, David, Adam, ,	rst, Midd	lle Initial)		☐ Memo Iter	Election: 2014 X Primary General
Mailing Address PO Box 1465		Other (specify) ▼			
City	5	State	ZIP Cod	de	Personal Funds of the Candidate
Burnsville		MN	55337		r ersonal runus of the Candidate
Original Amount of Loan		Cumulative Pay	ment To	Date Ba	alance Outstanding at Close of This Period
4000.00	0	7		0.00	4000.00
TERMS Date Incurred		D	ate Due	Interest Ra (If none, en	
M04 ^M / D18 ^D / Y Ž013 Y	Y M	M / D D	/ Y		0.00 % (apr) Yes No
List All Endorsers or Guarantors (if	• • •	Loan Source			
1. Full Name (Last, First, Middle Initi	ial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initia	al)	I		Name of Employer	
Mailing Address				Occupation	
O:t-:	\	710.01-		Amount Guaranteed	
City	State	ZIP Code		Outstanding:	9 9
3. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed	
		ZIF Code		Outstanding:	9 9
4. Full Name (Last, First, Middle Initia	al)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed	
City	otat e	ZIF Code		Outstanding:	9 9
SUBTOTALS This Period This Page (opt	tional)				4000.00
TOTALS This Period (last page in this line)	ne only)				
	· 0. Caba	alula D. fau thia		as Cabadula D. sawu fa	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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Transaction ID: SC/10.4545 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D13^D M 05M ž013 1/1/20 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

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AME OF COMMITTEE (In Full) Gerson for Congress					Trans	saction	ID : SC/10.4	 591		
LOAN SOURCE Full Name (Last, First Gerson, David, Adam, , Mailing Address PO Box 1465	st, Middle	e Initial)			Memo Ite	Elec X	ction: 2014 Primary General Other (spec			
City		tate MN	ZIP Cod	de		×	Personal I	Funds of	the Car	ndidate
Burnsville			55337							
Original Amount of Loan		Cumulative Pay	ment To		-	Balance (Outstanding			
5000.00				0.00	<u>'</u>		2	7	5000.00)
TERMS Date Incurred		Da	ate Due		Interest F (If none, er			Sec	cured:	
M06M / D10D / Y Z013 Y	М	M / D D	/ Y	1)1/20 Y		0.00	% (apr)		Yes [x No
List All Endorsers or Guarantors (if a	any) to L	_oan Source								
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ployer					
Mailing Address				Occupation						
				Amount						
City	ate	ZIP Code		Guaranteed Outstanding:		7				
2. Full Name (Last, First, Middle Initial)			Name of Employer						
Mailing Address				Occupation						
				Amount		-			_	
City	ate	ZIP Code		Guaranteed Outstanding:		7	7			
3. Full Name (Last, First, Middle Initial)			Name of Employer						
Mailing Address				Occupation						
				Amount	_					
City	ate	ZIP Code		Guaranteed Outstanding:		7	7			
4. Full Name (Last, First, Middle Initial)			Name of Employer						
Mailing Address				Occupation						
				Amount						
City	ate	ZIP Code		Guaranteed Outstanding:		7	9			
SUBTOTALS This Period This Page (epti-	onal)									$\overline{}$
SUBTOTALS This Period This Page (opti-	orial)·····						,	7	5000.00	—
TOTALS This Period (last page in this lin	e only)				▶		7	7		
Carry outstanding balance only to LINE	3, Sched	lule D, for this	line. If I	no Schedule	D, carry f	orward	to appropri	ate line o	of Sumr	mary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4622
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Floation: 2044
Gerson, David, Adam, ,	☐ Memo Item	
Mailing Address PO Box 1465	Other (specify) ———————————————————————————————————	
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
131.12		0.00 131.12
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M06 ^M / D30 ^D / Y Ž013 Y	M M / D D	/ Y 1/1/20 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
GODICIALS THIS PERIOD THIS Page (optional)	131.12
TOTALS This Period (last page in this line or	nly)	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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		130
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID: SC/10.5169
	d-H - 1	T =
LOAN SOURCE Full Name (Last, First, Mid Gerson, David, Adam, ,	adie Initial)	Memo Item Election: 2014 x Primary
Mailing Address PO Box 1465		General Other (specify) ▼
City	State	ZIP Code X Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
^M 07 ^M / □05 □ / Y Ž01 Š Y	M M / D D	/ Y 1/1/20 Y 0.00
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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AME OF COMMITTEE (In Full) Gerson for Congress					Trans	saction	ID : SC/10.51	70	
LOAN SOURCE Full Name (Last, First Gerson, David, Adam, , Mailing Address PO Box 1465	st, Midd	le Initial)			Memo Ite	Elec X	ction: 2014 Primary General Other (spec		
PO BOX 1465							•		
City	S	State	ZIP Co	de		×	Personal F	unds of th	ne Candidate
Burnsville		MN	55337						
Original Amount of Loan 5000.00		Cumulative Pay	ment To	Date 0.00	77.0	Salance (Outstanding a		f This Period
TERMS Date Incurred		D	ate Due		Interest F	loto	7	Coou	rod:
	M			V V V	Interest F (If none, er	nter 0)	_	Secu	rea:
M07 ^M / D29 ^D / Y Ž013 Y	IVI	M / D D	/ Y	1)1/20 Y		0.00	% (apr)	Y	Yes X No
List All Endorsers or Guarantors (if a	any) to	Loan Source							
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount	-				
City	ate	ZIP Code		Guaranteed Outstanding:		7			
2. Full Name (Last, First, Middle Initial	1)			Name of Employer					
Mailing Address				Occupation					
		1		Amount	_	-			
City	ate	ZIP Code		Guaranteed Outstanding:		7	7		-
3. Full Name (Last, First, Middle Initial	1)			Name of Employer					
Mailing Address				Occupation					
		I		Amount					—
City	ate	ZIP Code		Guaranteed Outstanding:		7	7		
4. Full Name (Last, First, Middle Initial	l)			Name of Em	ployer				
Mailing Address				Occupation					
0.1		710.0.1		Amount Guaranteed		-			$\overline{}$
City	ate	ZIP Code		Outstanding:		7	7	W	
SUBTOTALS This Period This Page (opti	ional)							5(000.00
TOTALS This Period (last page in this lin	ne only).				▶		7	7	
Carry outstanding balance only to LINE	3, Sched	dule D, for this	line. If	no Schedule	D, carry f	orward	to appropria	ite line of	Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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AME OF COMMITTEE (in Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Gerson, David, Adarm, Mailing Address PO Box 1465 City Burnaville City Barnaville Coriginal Amount of Loan Commutative Payment To Date Balance Outstanding at Close of This Period This Page (optional) Mailing Address City Barnaville City State ZIP Code City Barnaville City City State Cit								130
Gerson, David, Adam, , Mailing Address PO Bot 1466 City Burnsville Original Amount of Loan Cumulative Payment To Date Date Due Interest Rate (If none, enter o) (If none, enter o)						Transac	ction ID : SC/10.5172	
Gerson, David, Adam, , Mailing Address PO Bot 1466 City Burnsville Original Amount of Loan Cumulative Payment To Date Date Due Interest Rate (if rone, enter o) (if rone, enter o) We (apr) Yes List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initia) Mailing Address City State ZIP Code Outstanding: Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initia) Name of Employer Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initia) Name of Employer Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initia) Name of Employer Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initia) Name of Employer Occupation Amount Guaranteed Outstanding: Occupation	LOAN SOURCE Full Name (Last	First Mid	ddle Initial)			1 8 4 4:	Flection: 2014	
City State ZIP Code State St						Memo Item	x Primary	
Burnsville MN 55337 X Personal Funds of the Cand	Mailing Address PO Box 1465						Other (specify) ▼	
Direction Date Da	City		State	ZIP Code)		Y Personal Funds of the	Candidate
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Mo8*	Burnsville		MN	55337			reisonal runus of the	Carididate
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) **MO8** / ** 190* / ** 2013** Y *** ***	Original Amount of Loan		Cumulative Pay	ment To C	ate	Bala	ance Outstanding at Close of	This Period
List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:	5000	.00		,	0.00		500	00.00
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1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding:	M08 ^M / P19 ^D / Y Ž013	Υ	M M / D D	/ Y 1	/1/20 Y	0		es 🗶 No
Mailing Address City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Outstanding:	List All Endorsers or Guarantors	(if any) t	o Loan Source					
City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding:	1. Full Name (Last, First, Middle II	nitial)			Name of Em	ployer		
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding:	Mailing Address				Occupation			
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Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding:	City	State	ZIP Code	I			7 7	
City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding:	2. Full Name (Last, First, Middle In	itial)			Name of Em	ployer		
City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding:	Mailing Address				Occupation			
Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:								
Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Employer Occupation Amount Guaranteed Outstanding: Occupation	City	State	ZIP Code				7	
Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: This Page (entione)	3. Full Name (Last, First, Middle In	itial)	1		Name of Em	ployer		
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 7. Outstanding: Amount Guaranteed Outstanding: Outstanding:	Mailing Address				Occupation			
4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding:					Amount			
Mailing Address Occupation Amount Guaranteed Outstanding:	City	State	ZIP Code				y	
City State ZIP Code Guaranteed Outstanding:	4. Full Name (Last, First, Middle In	itial)	-		Name of Em	ployer		
City State ZIP Code Guaranteed Outstanding:	Mailing Address				Occupation			
City State ZIP Code Guaranteed Outstanding:					Amount			_
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summa	Carry outstanding balance only to LIP	NE 3. Scl	nedule D. for this	s line. If no	Schedule	D. carry for	ward to appropriate line of S	Summarv

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

						130
	ME OF COMMITTEE (In Full) Serson for Congress				Tran	saction ID : SC/10.5173
Ľ						
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo It	em Election: 2014 x Primary
						General
	Mailing Address PO Box 1465					Other (specify)
	City		State	ZIP Co		Personal Funds of the Candidate
	Burnsville		MN	55337		1 ersonal i unus oi the Candidate
	Original Amount of Loan		Cumulative Pay	yment To	Date	Balance Outstanding at Close of This Period
	5000	0.00	7		0.00	5000.00
	TERMS Date Incurred		D	Date Due	Interest I (If none, e	
	M09M / D12D / Y Z013	Υ	M M / D D	/ Y	1)1/20 Y	0.00 % (apr) Yes X No
	List All Endorsers or Guarantors	(if any) to	o Loan Source			
	1. Full Name (Last, First, Middle I				Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9 9
	2. Full Name (Last, First, Middle In	itial)			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
	3. Full Name (Last, First, Middle Initial)				Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	9 9
			·			
SI	UBTOTALS This Period This Page (optional)			······································	5000.00
T	OTALS This Period (last page in this	line only	y)		······	
_	Carry outstanding balance only to LII	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry	forward to appropriate line of Summary.
			•			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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	13b

		100			
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5174			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014			
Gerson, David, Adam, ,	whate initial)	Memo Item Election: 2014			
Mailing Address PO Box 1465		Other (specify)			
City	State	ZIP Code F5007 Personal Funds of the Candidate			
Burnsville	MN	55337			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
3000.00		0.00 3000.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M09M / D30D / Y 2013 Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	,	Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	•	Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
CURTOTAL C This Deviced TV D	-0				
SUBTUIALS This Period This Page (options	SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line of	only)				
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5202
	L-11 - 1 141 P	
Gerson, David, Adam, ,	iale Initial)	☐ Memo Item Election: 2014 ▼ Primary
Mailing Address PO Box 1465		General Other (specify) ▼
City	State	ZIP Code ** Personal Funds of the Candidate
Burnsville	MN	55337 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
5000.00	7	0.00 5000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10M / D04D / Y Ž01Š Y	M M / D D	/ Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List All Endorsers or Guarantors (if any) to	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5203
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	viidaio iriitai)	Memo Item Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D16 ^D / Y Ž01Š	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTALS This Deviced This Dega (entire)	SI)	
SUBTOTALS This Period This Page (options	11)	5000.00
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Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5204
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	viidale iriitalij	Memo Item Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00	l ,	0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M10M / D23D / Y Ž01Š Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	I	Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL C. This Deviced This Device (entires	Α.	
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Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		100			
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5205			
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014			
Gerson, David, Adam, ,	viidaio iriitai)	Memo Item Clection: 2014			
Mailing Address PO Box 1465		Other (specify)			
City	State	ZIP Code F5007 Personal Funds of the Candidate			
Burnsville	MN	55337			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
5000.00	,	0.00 5000.00			
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)			
M11M / D04D / Y Ž01Š Y	M M / D D	/ Y 1//1/20 Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
CURTOTAL C. This Desired This Desire (asking					
SUBIUIALS INIS PERIOD INIS Page (options	SUBTOTALS This Period This Page (optional)				
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Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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OF

						10
AME OF COMMITTEE (In Full) Gerson for Congress					Transac	ction ID : SC/10.5206
LOAN SOURCE Full Name (Last, I Gerson, David, Adam, ,	First, Mic	ddle Initial)			Memo Item	Election: 2014 x Primary
Mailing Address PO Box 1465						General Other (specify) ▼
City		State	ZIP Co	de		▼ Personal Funds of the Candida
Burnsville		MN	55337			T ersonal i unus of the Candida
Original Amount of Loan		Cumulative Pay	yment To	Date	Bala	ance Outstanding at Close of This Per
4000.	00	,		0.00) <u> </u>	4000.00
TERMS Date Incurred		D	ate Due		Interest Rate (If none, enter	
M11M / D13D / Y Ž01Š	Υ	M M / D D	/ Y	1)1/20 Y	0.	00 % (apr) Yes 🗶 I
List All Endorsers or Guarantors (if any) t	o Loan Source				
1. Full Name (Last, First, Middle In	nitial)			Name of Em	ployer	
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code Guarar Outsta				7
2. Full Name (Last, First, Middle Ini	tial)			Name of Em	ployer	
Mailing Address				Occupation		
				Amount Guaranteed		
City	State	ZIP Code		Outstanding:		7
3. Full Name (Last, First, Middle Ini	tial)			Name of Em	ployer	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
City		ZIP Code		Outstanding:		7
4. Full Name (Last, First, Middle Ini	tial)			Name of Em	ployer	
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
,				Outstanding:		7
SUBTOTALS This Period This Page (o	ptional).					4000.00
TOTALS This Period (last page in this	line only	y)				
Carry outstanding balance only to LIN	IE 3, Scl	nedule D, for this	s line. If	no Schedule	D, carry forv	vard to appropriate line of Summar

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100			
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5207			
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014			
Gerson, David, Adam, ,	madio irritali,	Memo Item Clection: 2014			
Mailing Address PO Box 1465		Other (specify)			
City	State	ZIP Code F5007 Personal Funds of the Candidate			
Burnsville	MN	55337			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
3000.00	,	0.00 3000.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M11M / D19D / Y 2013 Y	M M / D D	/ Y 1/√1/20 Y 0.00			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	1	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)	0000 00			
	3000.00				
TOTALS This Period (last page in this line or	ıly)	—————————————————————————————————————			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5208
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	nadic iritialy	Memo Item Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
4000.00	l ,	0.00 4000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D29D / Y Ž01Š Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CULTOTAL C This David This Dass (astisses		
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Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID: SC/10.5209
LOAN SOURCE Full Name (Last, First, Gerson, David, Adam, ,	Middle Initial)	☐ Memo Item
Mailing Address PO Box 1465	Other (specify) ▼	
City	State	ZIP Code Second Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
4000.00		0.00 4000.00
TERMS Date Incurred]	rate Due Interest Rate Secured: (If none, enter 0)
M12 ^M / D09 ^D / Y Ž013 Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	TID 0 1	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional	al)	4000.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 2	Schedule D. for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 35 OF FOR LINE NUMBER: (check only one)

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		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5210
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item Election: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3000.00	,	0.00 3000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D16D / Y Ž01Š Y	M M / D D	/ Y 1//1/20 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, So	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5542
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item Clection: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3000.00	ļ.,	0.00 3000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D08D / Y Ž014 Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona	n	
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Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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OF

IAME OF COMMITTEE (In Gerson for Congres			Trans	action ID : SC/10.5543
Gerson, David, Ac	•	ddle Initial)	☐ Memo Iter	Election: 2014 X Primary General
Mailing Address PO Box 1465				Other (specify) ▼
City		State	ZIP Code	X Personal Funds of the Candidate
Burnsville		MN	55337	Total and of the canadate
Original Amount of Loa	ın	Cumulative Page	yment To Date Ba	alance Outstanding at Close of This Period
	5000.00	7	0.00	5000.00
TERMS Date Inco	urred	С	Date Due Interest Ra (If none, en	
M01M / D16D /	^Y Ž01 <i>Ă</i> ^Y	M M / D D	/ Y 1ў1/2Ŏ Y	0.00 % (apr) Yes X No
List All Endorsers or G	· · · · · · · · · · · · · · · · · · ·	o Loan Source	N (5)	
1. Full Name (Last, First	st, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
200	la	710.0.1	Amount Guaranteed	
City	State	ZIP Code	Outstanding:	9
3. Full Name (Last, First	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
·		ZIP Code	Outstanding:	9 9
4. Full Name (Last, First	t, Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed	
City	State	ZIF Code	Outstanding:	9 9
SUBTOTALS This Period T	This Page (optional)			5000.00
TOTALS This Period (last p	page in this line only	·) ·······		
Carry outstanding balance	only to LINE 3 Sch	nedule D for this	s line If no Schedule D. carry fo	rward to appropriate line of Summary.
varry outstanging balance	ONIV TO LINE 3. Sch	ieauie D, for this	s line. It no Schedule D, carry fo	rward to appropriate line of Summary.

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		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5544
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item Clection: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00	l,	0.00 10000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
^M 02 ^M / ^D 26 ^D / Y Ž014 Y	M M / D D	/ Y 1/√1/20 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
0.44	710.0-4-	Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Tau .		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona		
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TOTALS This Period (last page in this line of	nly)	······································
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Use separate schedule(s) for each category of the Detailed Summary Page

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			130
AME OF COMMITTEE (In Full) Gerson for Congress			Transaction ID : SC/10.5587
LOAN SOURCE Full Name (Last,	First Mid	ddle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,			☐ Memo Item Clection: 2014 ★ Primary General
Mailing Address PO Box 1465			Other (specify) ▼
City		State	ZIP Code Personal Funds of the Candida
Burnsville		MN	55337
Original Amount of Loan		Cumulative Pay	ment To Date Balance Outstanding at Close of This Peri
391	.00	-	0.00 391.00
TERMS Date Incurred		D	rate Due Interest Rate Secured: (If none, enter 0)
M10 ^M / D28 ^D / Y Ž014	Υ	M M / D D	/ YNAY Y 0.00 % (apr) Yes
List All Endorsers or Guarantors	(if any) t	o Loan Source	
1. Full Name (Last, First, Middle I	nitial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)			Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
IIDTOTALO This Desired This D	ti 1\		
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zarry outstanding palatice only to Li	11L U, UCI	icadie D, ioi tilis	inie. Il no schedule D, carry forward to appropriate line of Suffilliary

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		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5608
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2016
Gerson, David, Adam, ,	Memo Item Clection: 2016	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code F5007 Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3500.00	,	0.00 3500.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D04D / Y Ž01Š Y	M M / D D	/ Y YNAY Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
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TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.5867 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D12^D ^M80^M Ž015 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.5980 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M09M Ž015 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Transaction ID: SC/10.6013 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gerson, David, Adam, , General Mailing Address Other (specify) \blacktriangledown PO Box 1465 City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 33932.59 28539.64 5392.95 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M09M Ž015 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5392.95 TOTALS This Period (last page in this line only) 171460.36 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.