07/15/2016 19 : 08

PAGE 1 / 65

### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		For An	Authori	zed Con	nmittee			Office Use Only
NAME OF COMMITTEE (in	full)	TYPE OR PRIN	IT ▼		cample: If typin	g, type	12FE4M5	
Gerson for Co	ngress						1 1 1 1	
ADDRESS (number an	d street)	PO Box 1465						
Charle if dif	foront							
Check if dif than previou reported. (A	ısly	Burnsville					MN L	55337
2. <b>FEC IDENTIFIC</b>	ATION NU	JMBER ▼		CITY		;	STATE A	ZIP CODE A STATE ▼ DISTRICT
C C0052373	88			S THIS REPORT	× NEW	OR	AMENE (A)	
	eports: Quarterly F	Report (Q1)	(b) 1:	2-Day PRE	E-Election Report Primary (12P Convention (		General (* Special (1	
	Quarterly R	eport (Q2)  ly Report (Q3)	E	Election on	M M /	D D /	Y Y Y Y	in the State of
January	31 Year-En	d Report (YE)	(c) 3	0-Day POS	ST-Election Rep	port for the:		
					General (30G	i)	Runoff (30	OR) Special (30S)
Termina	tion Report	(TER)	E	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period	M 04	M / 01 D		)16	through	M M M 06	/ D D /	Y Y Y Y 2016
I certify that I have e				st of my k	nowledge and	belief it is tru	ue, correct and	d complete.
Type of Time Name (	or measurer	David Gerso	<u> </u>					
Signature of Treasure	er <u>Davi</u>	d Gerson			[Electronically l	Filed] D	ate 07	15 2016
NOTE: Submission of	false, errone	eous, or incomp	ete inforr	nation may	subject the per	son signing t	his Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only								FEC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 65

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Gerson	for	Congress
--------	-----	----------

06 30 2016 01 2016 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 3345.00 131367.85 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 10800.00 10800.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) -7455.00 120567.85 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 24042.46 147174.84 (from Line 17) ..... (b) Total Offsets to Operating 0.00 1505.11 Expenditures (from Line 14)..... (c) Net Operating Expenditures 24042.46 145669.73 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 104361.45 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 275000.00 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 12/2003)

PAGE 3 / 65

Write or Type Committee Name

### Gerson for Congress

04 01 2016 06 30 2016 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
I1. C	ONTRIBUTIONS (other than loans) FROM:			
(a)	) Individuals/Persons Other Than Political Committees			
	(i) Itemized (use Schedule A)	2510.00	115742.66	
	(ii) Unitemized	835.00	13585.19	
	(iii) TOTAL of contributions from individuals	3345.00	129327.85	
(b)	,	0.00	0.00	
(c)	Other Political Committees (such as PACs)	0.00	1500.00	
(d) (e)	TOTAL CONTRIBUTIONS	0.00	540.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	3345.00	131367.85	
	RANSFERS FROM OTHER JTHORIZED COMMITTEES	0.00	0.00	
	DANS:			
(a)	Made or Guaranteed by the Candidate	0.00	127432.59	
(b)	•	0.00	0.00	
(c)	) TOTAL LOANS (add Lines 13(a) and (b))	0.00	127432.59	
	FFSETS TO OPERATING			
	KPENDITURES lefunds, Rebates, etc.)	0.00	1505.11	
	THER RECEIPTS vividends, Interest, etc.)	0.00	0.00	
11	OTAL RECEIPTS (add Lines I(e), 12, 13(c), 14, and 15) Earry Total to Line 24, page 4)	3345.00	260305.55	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 65

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	24042.46	147174.84
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(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	10800.00	10800.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	10800.00	10800.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	34842.46	157974.84
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPORT	RTING PERIOD	135858.91
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	3345.00
25.	SUBTOTAL (add Line 23 and Line 24)		139203.91
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	34842.46
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	104361.45

### SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

65 FOR LINE NUMBER: **PAGE** 5 OF (check only one) 11a 11b 11d 11c 12 13a 13b

Use separate schedule(s) for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Nancy Bruce Date of Receipt Mailing Address 100 Boerne Stage Airfield 2016 01 City State Zip Code Transaction ID: SA11AI.6901  $\mathsf{TX}$ 78006 Boerne FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 700.00 Name of Employer Occupation Southwest Airlines Pilot Memo Item Receipt For: 2016 Election Cycle-to-Date Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) Steven Demitrius Date of Receipt Mailing Address 13727 Fordham Ave 11 2016 City State Zip Code Transaction ID: SA11AI.6876 Apple Valley MN 55124 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Enlisted Memo Item Navy Receipt For: 2016 Election Cycle-to-Date | Primary General 248.00 Other (specify) Full Name (Last, First, Middle Initial) Steven Demitrius Date of Receipt Mailing Address 13727 Fordham Ave 2016 09 City Zip Code State Transaction ID: SA11AI.6888 MN Apple Valley 55124 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 25.00 Name of Employer Occupation Enlisted Navy Memo Item Receipt For: 2016 Election Cycle-to-Date | Yrimary General Other (specify) 273.00 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

65 FOR LINE NUMBER: PAGE 6 OF (check only one) 11a 11b 11c 11d 12 13a 13b

SCHEDULE A (FEC Form 3) Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) **Bobbye Harris** Date of Receipt Mailing Address 185 Windsor Dr. 05 2016 16 City State Zip Code Transaction ID: SA11AI.6894 GA 30701 Calhoon FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation Retired Retired Memo Item Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Charles Hartland Date of Receipt Mailing Address 22666 Lakeside Lane 12 2016 City State Zip Code Transaction ID: SA11AI.6879 Hockley TX 77447 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 260.00 Name of Employer Occupation Sales Memo Item Insperity Receipt For: 2016 Election Cycle-to-Date | Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) Ruth Sacher Date of Receipt Mailing Address P.O. Box 7448 2016 29 City State Zip Code Transaction ID: SA11AI.6911 CA Capistrano Beach 92624 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Retired Retired Memo Item Receipt For: 2016 Election Cycle-to-Date | Yrimary General Other (specify) 2700.00 1760.00 SUBTOTAL of Receipts This Page (optional)..... 2510.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 65 (check only one)    X   17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full)  Gerson for Congress	· · · · · · · · · · · · · · · · · · ·	
Full Name (Last, First, Middle Initial)  A. Amazon		Date of Disbursement  O4 12 2016
Mailing Address 3680 Langley Drive		04 12 2016
City State Hebron KY	Zip Code 41048	Amount of Each Disbursement this Period
Purpose of Disbursement Supplies	001	59.70 Memo Item
Candidate Name	Category, Type	_
Office Sought:  Senate  President  State:  Disbursement For:  Primary  Other (specific points)	General	
Full Name (Last, First, Middle Initial)  Amazon		Date of Disbursement
Mailing Address 3680 Langley Drive		04 20 7 2016
City State Hebron KY	Zip Code 41048	Amount of Each Disbursement this Period
Purpose of Disbursement Supplies  Candidate Name	001 Category, Type	29.99  Memo Item  Transaction ID : SB17.6825
Office Sought:    House   Disbursement For:     Senate   Primary     President   Other (specification of the content of the co	General	
Full Name (Last, First, Middle Initial)		
C. Amazon		Date of Disbursement
Mailing Address 3680 Langley Drive		05
•	o Code 1048	Amount of Each Disbursement this Period
Purpose of Disbursement Supplies	001	24.09 Memo Item
Candidate Name	Category. Type	_   _
Office Sought:  House Senate President  State:  Disbursement For: Primary Other (specific contents)	General	
Oldio. District.		
SUBTOTAL of Disbursements This Page (optional)		113.78

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS  Any information copied from such Reports and Statements m	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 65 (check only one)    X
or for commercial purposes, other than using the name and  NAME OF COMMITTEE (In Full)  Gerson for Congress		
Full Name (Last, First, Middle Initial)  A. Amanda Beyer  Mailing Address 1035 Summit Ave  City State South St Paul MN  Purpose of Disbursement Campaign Staff  Candidate Name  Office Sought: House Senate President President State: District:	General	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Kurt Brown  Mailing Address 4773 W Braddock Rd 202  City State  Alexandria VA  Purpose of Disbursement Contractor for Fundraising	Zip Code 22311	Date of Disbursement  M M M / D D / Y Y Y Y Y  Amount of Each Disbursement this Period  1001.29
Candidate Name  Office Sought: House Senate President State: District:  Disbursement For Other (s	General	Memo Item Transaction ID : SB17.6813
Full Name (Last, First, Middle Initial)  Kurt Brown  Mailing Address 4773 W Braddock Rd 202	p Code	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	22311  001 Category, Type  2016 General	Amount of Each Disbursement this Period 4500.00  Memo Item  Transaction ID: SB17.6814
SUBTOTAL of Disbursements This Page (optional)		6001.29

## S

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 9 OF 65 (check only one)    X   17	
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full)  Gerson for Congress  Full Name (Last, First, Middle Initial)				
A. Ground Game LLC  Mailing Address 2865 E Upper 79th Ct			Date of Disbursement  O4 14 2016	
City State Inver Grove Heights MN  Purpose of Disbursement Campaign Strategy  Candidate Name  Office Sought: House Senate Disbursement Formula Senate	Zip Code 55076	001 Category/ Type	Amount of Each Disbursement this Period  1500.00  Memo Item  Transaction ID: SB17.6808	
Senate President  State:  District:  Full Name (Last, First, Middle Initial)  B. Ground Game LLC  Mailing Address 2865 E Upper 79th Ct  City State Inver Grove Heights Purpose of Disbursement Campaign Strategy  Candidate Name  Office Sought: House Senate  Primary Other (s	Zip Code 55076	001 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y  Q4 21 2016  Amount of Each Disbursement this Period  1500.00  Memo Item  Transaction ID: SB17.6828	
President Other (s  State: District:  Full Name (Last, First, Middle Initial)  C. Ground Game LLC  Mailing Address 2865 E Upper 79th Ct	pecify)		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City State Zip	General	001 Category/ Type	Amount of Each Disbursement this Period  1500.00  Memo Item  Transaction ID : SB17.6848	
SUBTOTAL of Disbursements This Page (optional)			4500.00	

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 65 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Gerson for Congress		
Full Name (Last, First, Middle Initial)  A. Ground Game LLC  Mailing Address 2865 E Upper 79th Ct  City State	Zip Code	Date of Disbursement  Date of Disbursement  Date of Disbursement  Amount of Each Disbursement this Derived
Inver Grove Heights MN  Purpose of Disbursement Campaign Strategy  Candidate Name  Office Sought: House Senate President President State: District:	55076  001  Category Type or: 2016	Amount of Each Disbursement this Period  750.00  Memo Item  Transaction ID : SB17.6868
Full Name (Last, First, Middle Initial)  David Hughes  Mailing Address 189 Lasalle Rd		Date of Disbursement  M M / D D / Y Y Y Y  04 15 2016
State: District:		Amount of Each Disbursement this Period  250.00  Memo Item  Transaction ID : SB17.6811
Full Name (Last, First, Middle Initial)  David Hughes  Mailing Address 189 Lasalle Rd		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y O O O O O O O O O O O O
Oak Ridge TN  Purpose of Disbursement Campaign Staff  Candidate Name  Office Sought: House Disbursement F Senate Prima		Amount of Each Disbursement this Period  200.00  Memo Item  Transaction ID : SB17.6847
State: District:	· · · · · · · · · · · · · · · · · · ·	
SUBTOTAL of Disbursements This Page (optional)		1200.00

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 65 (check only one)    X   17	
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and	nay not be sold or used by any		
NAME OF COMMITTEE (In Full)  Gerson for Congress			
Full Name (Last, First, Middle Initial)  A. David Hughes  Mailing Address 189 Lasalle Rd		Date of Disbursement    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y	
City State	Zip Code	Amount of Each Disbursement this Period	
Oak Ridge TN	37830	7 thouse of Each Dispulsement this Forest	
Purpose of Disbursement Campaign Staff	001	100.00 Memo Item	
Candidate Name	Category Type	_	
Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
State: District: Full Name (Last, First, Middle Initial)			
3. Kristin Jaroma		Date of Disbursement	
Mailing Address 4773 W Braddock Rd Apt 202		04 / D D / Y Y Y Y Y 11 2016	
City State Alexandria VA	Zip Code 22311	Amount of Each Disbursement this Period	
Purpose of Disbursement Campaign Staff	001	900.00 Memo Item	
Candidate Name	Category Type	_	
Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
State: District:			
Full Name (Last, First, Middle Initial)  C. Kristin Jaroma		Date of Disbursement	
Mailing Address 4773 W Braddock Rd Apt 202		06 / D D / Y Y Y Y Y Y Z	
City State Zi Alexandria VA 2	p Code 22311	Amount of Each Disbursement this Period	
Purpose of Disbursement Campaign Staff	001	155.00 Memo Item	
Candidate Name	Category Type	_   _	
Office Sought:  House  Senate  President  Disbursement For  Primary  Other (s	General		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		1155.00	

	CHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 65 (check only one)
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X   17   18   19a   19b   20a   20b   20c   21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)		
$\rangle$	Gerson for Congress		
	Full Name (Last, First, Middle Initial)		
۹.	Kwik Trip		Date of Disbursement
	Mailing Address 301 W 7th St.		04 27 2016
	City State	Zip Code	Amount of Each Disbursement this Period
	Red Wing MN	55066	
	Purpose of Disbursement Supplies	001	3.18 Memo Item
	Candidate Name	Category	_   _
		Туре	Transaction ID : SB17.6841
	Office Sought:  House  Senate  President  Disbursement For  Primary  Other (s	General	
	State: District:		
	Full Name (Last, First, Middle Initial)		
3.	Kwik Trip		Date of Disbursement
	Mailing Address		M M / D D / Y Y Y
	Mailing Address 301 W 7th St.		05 16 2016
	City State	Zip Code	Amount of Each Disbursement this Period
	Red Wing MN	55066	Afficiant of Each Biobardonicht this Forica
	Purpose of Disbursement Supplies	204	105.00
		001	Memo Item
	Candidate Name	Category/ Type	Transaction ID : SB17.6863
	Office Sought: House Disbursement For		
	Senate Primary	General	
	President Other (s	pecity)	
	Full Name (Last, First, Middle Initial)		
•	Tyler Mattlock		Date of Disbursement
J.			M M / D D / Y Y Y
	Mailing Address 605 94th Ave. W		05 19 2016
		p Code	Amount of Each Disbursement this Period
		5808	05000
	Purpose of Disbursement Campaign Staff	001	350.00
	Candidate Name		Memo Item
	Candidate Ivanie	Category/ Type	
	Office Sought: House Disbursement For		Transaction ID : SB17.6867
	Senate Primary	General	
	President Other (s	specify)	
	State: District:		
9	IIRTOTAL of Dishursements This Page (ontional)		458.18

## S

ITEMIZED DISBURSEMENTS  for each c Detailed S	e schedule(s) legory of the mmary Page  FOR LINE NUM (check only on 20a	e)
Any information copied from such Reports and Statements may not be so or for commercial purposes, other than using the name and address of a NAME OF COMMITTEE (In Full)  Gerson for Congress		
Full Name (Last, First, Middle Initial)  A. Menards  Mailing Address 1445 Robert St South	Date of D	bisbursement  / 20
President Other (specify)  State: District:	003 Category/	f Each Disbursement this Period 36.92  Item on ID: SB17.6823
President Other (specify) State: District:	O03 Category/  M M O5  Amount o	Disbursement  Decomposition of Each Disbursement this Period  49.80  Item  on ID: SB17.6850
Full Name (Last, First, Middle Initial)  C. Menards  Mailing Address 1445 Robert St South  City State Zip Code West St Paul MN 55118  Purpose of Disbursement Supplies  Candidate Name  Office Sought: House Disbursement For: 2016	003 Category/ Tyne	of Each Disbursement this Period  34.81  Item  on ID: SB17.6858

### S

SCHEDULE B (FEC Form 3)  TEMIZED DISBURSEMENTS  Use separate schedule(s) for each category of the Detailed Summary Page  FOR LINE N (check only of the Detailed Summary Page)  Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit companies.  NAME OF COMMITTEE (In Full)	one) 7
or for commercial purposes, other than using the name and address of any political committee to solicit c	contributions from such committee.
NAME OF COMMITTEE (In Full)	
Gerson for Congress	
Full Name (Last, First, Middle Initial)  NationBuilder  Mailing Address 520 S Grand Ave	f Disbursement  18 2016
Los Angeles Purpose of Disbursement Campaign Software  Candidate Name  Category/ Type  Office Sought: House Senate President President State: District:  CA 90071  Men Category/ Type  Transact  Other (specify)	99.00 mo Item ction ID : SB17.6815
Full Name (Last, First, Middle Initial)  NationBuilder  Mailing Address 520 S Grand Ave  Date of	f Disbursement  / D D / Y Y Y Y Y Y Y 16
Los Angeles CA 90071  Purpose of Disbursement Campaign Software 0003  Candidate Name Category/	99.00 no Item ction ID : SB17.6864
Full Name (Last, First, Middle Initial)	f Disbursement  / D D / Y Y Y Y Y Y 11  11 2016
South St Paul MN 55075  Purpose of Disbursement Campaign Staff  Candidate Name  Category/ Type	t of Each Disbursement this Period 1250.00 mo Item ction ID : SB17.6801
SUBTOTAL of Disbursements This Page (optional)	1448.00

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 69 (check only one)    X   17		
	ny information copied from such Reports and Statements me for commercial purposes, other than using the name and		person for the purpose of soliciting contributions		
$\rangle$	NAME OF COMMITTEE (In Full) Gerson for Congress				
٩.	Full Name (Last, First, Middle Initial)  Ethan Papaserge  Mailing Address 1035 Summit Ave  City State South St Paul MN  Purpose of Disbursement Campaign Staff  Candidate Name  Office Sought: House Senate President President Other (s	General	Date of Disbursement  M M / D D / Y Y Y Y  Amount of Each Disbursement this Period  1250.00  Memo Item  Transaction ID: SB17.6802		
3.	Full Name (Last, First, Middle Initial)  Ethan Papaserge  Mailing Address 1035 Summit Ave  City State South St Paul MN  Purpose of Disbursement Campaign Staff	Zip Code 55075	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Candidate Name  Office Sought: House Disbursement For Senate Primary Other (state: District:	General	Memo Item  Transaction ID : SB17.6819		
Э.	Full Name (Last, First, Middle Initial)  Ethan Papaserge  Mailing Address 1035 Summit Ave		Date of Disbursement  M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y		
		General	Amount of Each Disbursement this Period  564.52  Memo Item  Transaction ID : SB17.6860		
S	SUBTOTAL of Disbursements This Page (optional)		3064.52		

### S

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 65 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  Gerson for Congress		
Full Name (Last, First, Middle Initial)  Ethan Papaserge  Mailing Address 1035 Summit Ave		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State South St Paul MN  Purpose of Disbursement Campaign Staff  Candidate Name  Office Sought: House Senate President President  State: District:		Amount of Each Disbursement this Period  1250.00  Memo Item  Transaction ID : SB17.6861
Full Name (Last, First, Middle Initial)  Piryx, Inc.  Mailing Address 144 2nd St. 1st Floor		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State San Francisco CA  Purpose of Disbursement Donation Processing  Candidate Name  Office Sought: House Senate President  State: District:		Amount of Each Disbursement this Period  1.13  Memo Item  Transaction ID: SB17.6873
Full Name (Last, First, Middle Initial)  Piryx, Inc.  Mailing Address 144 2nd St. 1st Floor  City State 2	Zip Code	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Donation Processing  Candidate Name  Office Sought: House Disbursement Formula Senate Primary		y/ Transaction ID : SB17.6875
SUBTOTAL of Disbursements This Page (optional)		1253.38

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 65 (check only one)    X   17
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full) Gerson for Congress	addition of any periodic committee	
٩.	Full Name (Last, First, Middle Initial)  Piryx, Inc.  Mailing Address 144 2nd St. 1st Floor  City State San Francisco CA  Purpose of Disbursement Donation Processing  Candidate Name  Office Sought: House Senate Primary President State: District:  State: District:	General	Date of Disbursement  M M / D D / Y Y Y Y  O4 11 2016  Amount of Each Disbursement this Period  1.13  Memo Item  Transaction ID: SB17.6877
3.	Full Name (Last, First, Middle Initial)  Piryx, Inc.  Mailing Address 144 2nd St. 1st Floor		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State  San Francisco CA  Purpose of Disbursement Donation Processing  Candidate Name  Office Sought: House Senate President  State: District: Primary Other (s	General	Amount of Each Disbursement this Period  11.70  Memo Item  Transaction ID: SB17.6880
Э.	•	ip Code 94105-3718 001 Category	Date of Disbursement  M M J J D J J Y J Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought:    House   Disbursement For	Type Type General	Transaction ID : SB17.6882
s	UBTOTAL of Disbursements This Page (optional)		13.28

**PAGE** 18 65 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Gerson for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Piryx, Inc. 2016 Mailing Address 144 2nd St. 1st Floor 05 05 City State Zip Code Amount of Each Disbursement this Period CA San Francisco 94105-3718 Purpose of Disbursement Donation Processing 4.50 001 Memo Item Candidate Name Category/ Type Transaction ID: SB17.6884 Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Piryx, Inc. Date of Disbursement Mailing Address 144 2nd St. 1st Floor 05 05 2016 City State Zip Code Amount of Each Disbursement this Period CA San Francisco 94105-3718 Purpose of Disbursement Donation Processing 1.13 001 Memo Item Candidate Name Category/ Type Transaction ID: SB17.6886 Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Piryx, Inc. Mailing Address 144 2nd St. 1st Floor 05 09 2016 City State Zip Code Amount of Each Disbursement this Period 94105-3718 San Francisco CA 2.26 Purpose of Disbursement **Donation Processing** 001 Memo Item Candidate Name Category/ Type Transaction ID: SB17.6890 Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 7.89

SUBTOTAL of Disbursements This Page (optional).....

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 65 (check only one)    X   17
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Gerson for Congress		
Α.	Full Name (Last, First, Middle Initial)  Piryx, Inc.  Mailing Address 144 2nd St. 1st Floor  City State San Francisco CA  Purpose of Disbursement Donation Processing  Candidate Name  Office Sought: House Senate President President Other (s	General	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial)  Kyle Salage  Mailing Address 2865 Upper 79th Ct E		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Inver Grove Heights MN  Purpose of Disbursement Campaign Staff  Candidate Name  Office Sought: House Senate President  State: District:	General	Amount of Each Disbursement this Period  1000.00  Memo Item  Transaction ID : SB17.6809
Э.	Full Name (Last, First, Middle Initial)  Kyle Salage  Mailing Address 2865 Upper 79th Ct E		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		General	Amount of Each Disbursement this Period  2000.00  Memo Item  Transaction ID : SB17.6862
s	UBTOTAL of Disbursements This Page (optional)		3000.45

### S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 20 OF 65 (check only one)    X   17	
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and			person for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) Gerson for Congress	,			
A.	Full Name (Last, First, Middle Initial) SuperAmerica			Date of Disbursement	
	Mailing Address 2250 Cliff Rd			04 18 2016	
	City State Eagan MN Purpose of Disbursement	Zip Code 55122		Amount of Each Disbursement this Period	
	Candidate Name		002 Category/ Type	Memo Item  Transaction ID : SB17.6816	
	Office Sought:  House Senate President  State:  Disbursement For  Primary Other (s	General			
В.	Full Name (Last, First, Middle Initial)  SuperAmerica  Mailing Address 2250 Cliff Rd			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State	Zip Code			
	Eagan MN Purpose of Disbursement	55122		Amount of Each Disbursement this Period  35.32	
	Gàs  Candidate Name		002 Category/ Type	Memo Item Transaction ID : SB17.6820	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General	.,,,,,	Transaction ib . 3517.0020	
_	State: District: Full Name (Last, First, Middle Initial)				
C.	SuperAmerica			Date of Disbursement	
	Mailing Address 2250 Cliff Rd		04 21 2016		
	City State Zi Eagan MN 5 Purpose of Disbursement		Amount of Each Disbursement this Period 6.51		
	Gás  Candidate Name			Memo Item	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General	Туре	Transaction ID : SB17.6827	
Г	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			54.51	

SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 OF 65 (check only one)		
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X   17   18   19a   19b   20a   20b   20c   21		
Any information copied from such Reports and Statements no for commercial purposes, other than using the name and				
NAME OF COMMITTEE (In Full)  Gerson for Congress				
Full Name (Last, First, Middle Initial)  A. SuperAmerica  Mailing Address 2250 Cliff Rd		Date of Disbursement  Date of Disbursement  05 09 2016		
City State Eagan MN  Purpose of Disbursement Gas  Candidate Name	Zip Code 55122 002 Category.			
Office Sought:  Senate President  State:  Disbursement For Primary Other (s	General	Transaction ID : SB17.6859		
Full Name (Last, First, Middle Initial) USPS  Mailing Address 7287 153rd St		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City State Apple Valley MN Purpose of Disbursement Stamps	Zip Code 55124	Amount of Each Disbursement this Period 2.54		
Candidate Name	001 Category, Type	Memo Item  Transaction ID : SB17.6797		
Office Sought:  House  Senate  President  State:  Disbursement For  Primary  Other (s	General			
Full Name (Last, First, Middle Initial)  Vision Van Gogh		Date of Disbursement		
Mailing Address 11521 Eagle Street		05		
	ip Code 55448-3003	Amount of Each Disbursement this Period  350.40  Memo Item		
Candidate Name  Office Sought: House Disbursement For Senate President Other (state: District:	General	_		
SUBTOTAL of Disbursements This Page (optional)		382.51		

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)    X   17
	y information copied from such Reports and Statements me for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full) Gerson for Congress		
۸.	Full Name (Last, First, Middle Initial)  Walmart  Mailing Address 1200 Shingle Creek Pkwy  City State Brooklyn Center MN  Purpose of Disbursement Supplies  Candidate Name  Office Sought: House Disbursement For Senate President  State: District:	General	Date of Disbursement  M M M / D D / Y Y Y Y  O5  O2  2016  Amount of Each Disbursement this Period  96.02  Memo Item  Transaction ID : SB17.6844
3.	Full Name (Last, First, Middle Initial)  Walmart  Mailing Address 1200 Shingle Creek Pkwy		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Brooklyn Center MN  Purpose of Disbursement Supplies  Candidate Name  Office Sought: House Senate President  President  State  State  Other (s	General	Amount of Each Disbursement this Period  199.81  Memo Item  Transaction ID : SB17.6849
Э.	Full Name (Last, First, Middle Initial)  Elliott Zabel  Mailing Address 27118 530th St  City State Zi		Date of Disbursement  M M / D D / Y Y Y Y  05 06 2016  Amount of Each Disbursement this Period  180.00  Memo Item  Transaction ID: SB17.6854
	President Other (s State: District:	specify)	47E 92
S	UBTOTAL of Disbursements This Page (optional)		475.83

23250.15

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 65 (check only one)  17 18 19a 19b X 20a 20b 20c 21		
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and				
NAME OF COMMITTEE (In Full)  Gerson for Congress	and position continu	to contribution non-duon committee.		
Full Name (Last, First, Middle Initial)  A. Mrs. Wm H Clark	Date of Disbursement			
Mailing Address 3716 Maplewood Ave		06 20 2016		
City State Dallas TX	Zip Code 75205	Amount of Each Disbursement this Period		
Purpose of Disbursement  Candidate Name	Category	2700.00 Memo Item		
Office Sought: House Disbursement Fo	Type or:	Transaction ID : SB20A.6912		
State: District: Full Name (Last, First, Middle Initial) Charles Johnson	Date of Disbursement			
Mailing Address 1220 South Ocean Boulevard	Mailing Address 1220 South Ocean Boulevard			
City State Palm Beach FL  Purpose of Disbursement  Candidate Name	Zip Code 33480 Category Type			
Office Sought:    House   Disbursement Formary	or:	Transaction ID : SB20A.6915		
Full Name (Last, First, Middle Initial)		Date of Disk		
C. Gary Turpanjian  Mailing Address 580 Silver Spur Rd		Date of Disbursement  M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O		
City State Z	Zip Code 90275	Amount of Each Disbursement this Period		
Purpose of Disbursement	2700.00 Memo Item			
Candidate Name	Transaction ID : SB20A.6913			
Office Sought:  House  Senate  President  State:  Disbursement Formary  Other (				
		2422.22		
SUBTOTAL of Disbursements This Page (optional)		8100.00		

### S

IT	EMIZED DI	3 (FEC Form SBURSEMEN	rs	Use separate sch for each category Detailed Summar	of the y Page	FOR LINE NUMBER: PAGE 24 OF 65 (check only one)  17
		ourposes, other than u				person for the purpose of soliciting contributions to solicit contributions from such committee.
Α.	Richard Uil	First, Middle Initial)  nlein  1396 N Waukegan Ro	1			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lake Forest Purpose of Disbu Candidate Name Office Sought: State:	House Senate President District:	State IL  Disbursement For Primary Other (s	General	Category/ Type	Amount of Each Disbursement this Period  2700.00  Memo Item  Transaction ID : SB20A.6916
В.	Mailing Address	First, Middle Initial)				Date of Disbursement
	City  Purpose of Disbutation  Candidate Name  Office Sought:  State:		State  Disbursement For Primary Other (s	General	Category/ Type	Amount of Each Disbursement this Period  Memo Item
C.	Full Name (Last,	First, Middle Initial)	State Zip  Disbursement For Primary Other (s	General	Category/ Type	Date of Disbursement  M M / D D / Y Y Y Y  Amount of Each Disbursement this Period  Memo Item
Г	otate:	DISTRICT:				2700.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

10800.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 25

	i
X	13a
	13b

JANS .			Detailed Summa	ry Page	(check only o	13 13
AME OF COMMITTEE (In Full) Gerson for Congress		•	Tr	ansaction	ID : SC/10.4392	
LOAN SOURCE Full Name (Last,	First, Middle Initial) <b>P</b>	ERSONAL FUN	DS] Memo Item		ction: 2012	
David Adam Gerson				X	Primary General	
Mailing Address PO Box 1465					Other (specify)	▼
City	State	ZIP Code				
Burnsville	MN	55337				
Original Amount of Loan	Cumulative	Payment To Da	ate	Balance	Outstanding at (	Close of This Pe
16554	.96	7 7	0.00		2 2	16554.96
Date Incurred  M 05 M / P29 / Y 2012	Y M M / D	Date Due	Total III	t Rate	_	Secured:
M <sub>05</sub> M / D <sub>29</sub> D / Y Ž <sub>01</sub> Ž		1/1.	2020 Y		% (apr)	Yes X
List All Endorsers or Guarantors						
1. Full Name (Last, First, Middle I	nitial)		lame of Employer			
Mailing Address		(	ccupation			
City	State ZIP Code		mount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle In	itial)	١	lame of Employer			
Mailing Address		(	Occupation			
			mount			
City	State ZIP Code		Suaranteed Outstanding:	-	7	
3. Full Name (Last, First, Middle In	itial)	N	lame of Employer			
Mailing Address		C	Occupation			
			mount			
City	State ZIP Code		Guaranteed Outstanding:	7	7	
4. Full Name (Last, First, Middle In	itial)	١	lame of Employer			
Mailing Address		(	Occupation			
			mount			
City	State ZIP Code		duaranteed Outstanding:			
UBTOTALS This Period This Page (	optional)		·····			16554.96
OTALS This Period (last page in this	line only)				7	
arry outstanding balance only to LI	NE 3, Schedule D, for	this line. If no	Schedule D, carr	y forward	to appropriate	line of Summar

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 26

	1
X	13a
	13b

DANS	Detailed Summary Page (Check only one) 13a
AME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID : SC/10.4365
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDAVID Adam Gerson	Election: 2012  Primary  General
Mailing Address PO Box 1465	Other (specify) ▼
City State ZIP Code Burnsville MN 55337	3
Original Amount of Loan Cumulative Payment To D	ate Balance Outstanding at Close of This Period  0.00 10000.00
	Interest Rate Secured:  ONA  One of the image of the imag
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address (	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	10000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	7 7 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 27

	i
X	13a
	13b

JAN5	Detailed Summary Page (Check only one) 13a
AME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID : SC/10.4381
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDAVID Adam Gerson	Memo Item Election: 2012  Primary  General
Mailing Address PO Box 1465	Other (specify)
City State ZIP Code Burnsville MN 55337	<del></del>
Original Amount of Loan Cumulative Payment To D 5000.00	Date Balance Outstanding at Close of This Period  0.00 5000.00
TERMS  Date Incurred  Date Due  M 07 / D 24 D / Y 2012 Y M M / D D / Y Y	Interest Rate Secured:  O.00  (apr)  Secured:  Yes No
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	5000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	7 7

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 28

×	13a
	13b

JANS			Detailed Summa	ry Page	(check only of	13a 13b
AME OF COMMITTEE (In Full) Gerson for Congress			Tr	ansaction	ID : SC/10.4468	
LOAN SOURCE Full Name (Last,	First, Middle Initial) PE	RSONAL FUN	<b>DSJ</b> Memo Item		ction: 2012	
David Adam Gerson					Primary General	
Mailing Address PO Box 1465					Other (specify)	▼
City	State	ZIP Code				
Burnsville	MN	55337				
Original Amount of Loan	Cumulative	Payment To D	ate	Balance	Outstanding at 0	Close of This Peri
	5.00	, ,	0.00		7 7	5.00
TERMS  Date Incurred		Date Due	Interes	t Rate		Secured:
M 07 <sup>M</sup> / D 24 D / Y Ž01Ž	M M / D	D / Y Y	VA Y	0.00	% (apr)	Yes X
List All Endorsers or Guarantors	(if any) to Loan Source	се				165 1
1. Full Name (Last, First, Middle	Initial)	1	lame of Employer			
Mailing Address		(	Occupation			
City	State ZIP Code		amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle I	nitial)		lame of Employer			
Mailing Address		(	Occupation			
			mount			
City	State ZIP Code		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle In	nitial)	1	lame of Employer			
Mailing Address		(	Occupation			
O'th.	04-4- 7ID 0-4-		amount Guaranteed			
City	State ZIP Code		Outstanding:	7	7	
4. Full Name (Last, First, Middle I	nitial)	1	lame of Employer			
Mailing Address		(	Occupation			
	<del>-</del>		mount			
City	State ZIP Code		Guaranteed Outstanding:	7		
UBTOTALS This Period This Page	optional)		·····		7	5.00
OTALS This Period (last page in thi	s line only)		·····		, ,	
arry outstanding balance only to L	NE 3, Schedule D, for	this line. If no	Schedule D, carr	y forward	to appropriate	line of Summary

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

FOR LINE NUMBER: (check only one)

NE NUMBER:
only one)

X 13a 13b

PAGE 29

JANS			Detailed Summ	nary Page	(orlook offiny offic)	13b
AME OF COMMITTEE (In Full)				Transaction	ID : SC/10.4128	
Gerson for Congress						
LOAN SOURCE Full Name (La	st, First, Middle Initi	al) <b>'PERSONAL FUI</b>	<b>VDS]</b> Memo Ite		ction: 2012	
David Adam Gerson				X	Primary General	
Mailing Address PO Box 1465					Other (specify)	
City	State	ZIP Code	e	_		
Burnsville	MN	55337				
Original Amount of Loan	Cumul	lative Payment To D	Date	Balance	Outstanding at Clos	e of This Period
5	000.00		0.00		2 2	5000.00
TERMS  Date Incurred		Date Due	Inter	est Rate	S	ecured:
M <sub>07</sub> M / D <sub>26</sub> D / Y Ž0	ў Y М М М	/ D D / Y	NA Y	0.00	% (apr)	Yes No
List All Endorsers or Guaranto	rs (if any) to Loan	Source				100 110
1. Full Name (Last, First, Middl	e Initial)		Name of Employe	r		
Mailing Address			Occupation			
City	State ZIP 0	Code	Amount Guaranteed Outstanding:	7		
2. Full Name (Last, First, Middle	Initial)		Name of Employe	r		
Mailing Address			Occupation			
City	State ZIP 0	Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle	Initial)		Name of Employe	r		
Mailing Address			Occupation			
			Amount			
City	State ZIP (	J000	Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle	Initial)		Name of Employe	r		
Mailing Address			Occupation			
			Amount			
City	State ZIP (		Guaranteed Outstanding:		-	
UIDTOTALO TELE DE LA TIVA D	(					
SUBTOTALS This Period This Pag	e (optional)		<u> </u>	-	9 9	5000.00
OTALS This Period (last page in	this line only)		·····	L	,	
Carry outstanding balance only to	LINE 3. Schedule D	. for this line. If n	o Schedule D. ca	rry forward	to appropriate line	of Summarv.

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

FOR LINE NUMBER: (check only one)

PAGE 30

MBER: e) X 13a

LUANS	Detailed Summary Page (Check Only One) 13a 13b
NAME OF COMMITTEE (In Full)  Gerson for Congress	Transaction ID : SC/10.4389
LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FU  David Adam Gerson	NDS] Memo Item Election: 2012  Primary  General
Mailing Address PO Box 1465	Other (specify)
City State ZIP Coc Burnsville MN 55337	de
Original Amount of Loan  Cumulative Payment To  5000.00	Date Balance Outstanding at Close of This Period  0.00 5000.00
TERMS  Date Incurred  Date Due  Mo8  Date Due	Interest Rate Secured:  9 (apr)  Yes No
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount 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, Schedule D, for this line. If r	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 31

NUMBER: y one) X 13a 13b

OF

PANO			Detailed Summary Pa	age (check only one)
AME OF COMMITTEE (In Full)			Transa	action ID : SC/10.4129
Gerson for Congress				
LOAN SOURCE Full Name (L	ast, First, Midd	lle Initial) "PERSONAL FU	NDS] Memo Item	Election: 2012
David Adam Gerson				Primary  General
Mailing Address PO Box 1465				Other (specify) ▼
City	S	State ZIP Cod	le	
Burnsville		MN 55337		
Original Amount of Loan		Cumulative Payment To	Date Ba	lance Outstanding at Close of This Perio
	5000.00		0.00	5000.00
TERMS  Date Incurred		Date Due	Interest Ra	ite Secured:
M08 <sup>M</sup> / D10 <sup>D</sup> / Y 2	012 Y	M / D D / Y	YNA O	0.00 % (apr) Yes No
List All Endorsers or Guaran	tors (if any) to	Loan Source		
1. Full Name (Last, First, Mid	dle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Midd	lle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Midd	lle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Midd	lle Initial)		Name of Employer	
Mailing Address			Occupation	
			•	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
UBTOTALS This Period This Pa	ge (optional)			5000.00
OTALS This Period (last page in				3000.00
	. LINE O. C.		. 0.11	
Jarry outstanding palance only 1	O LINE 3. Sche	uuie D, TOR THIS line. If r	io schedule D, carry foi	rward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 32

**X** 13a

LOANS	Detailed Summary Page (Crieck Only One) 13a 13b	
NAME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID: SC/10.4470	
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDAVID Adam Gerson	Memo Item Election: 2012  Primary  General	
Mailing Address PO Box 1465	Other (specify) ▼	
City State ZIP Code Burnsville MN 55337	9	
Original Amount of Loan  Cumulative Payment To D	Date Balance Outstanding at Close of This Period  0.00 6.00	
TERMS  Date Incurred  Date Due  Mo8 / D10 / Y 2012 Y M M / D D / Y Y	Interest Rate Secured:  0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer	
	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
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

FOR LINE NUMBER:

PAGE 33 OF

	i
X	13a
	13b

DANS		Detailed Summary Page (Crieck only one)
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4130
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial) <b>PERSON</b>	
David Adam Gerson		Primary  General
Mailing Address PO Box 1465		Other (specify) ▼
City	State Z	ZIP Code
Burnsville	MN 5	55337
Original Amount of Loan	Cumulative Payme	ent To Date Balance Outstanding at Close of This Perio
1000.0	0	0.00 1000.00
TERMS  Date Incurred	Date	e Due Interest Rate Secured:
M08 <sup>M</sup> / D17 <sup>D</sup> / Y Ž01Ž	M M / D D	/ Y YNA Y O.00 % (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source	103 191
1. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initi	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (op	tional)	
OTALS This Period (last page in this I	ine only)	
arry outstanding balance only to LINE	3, Schedule D, for this li	ine. 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 34 OF

×	13a
	13b

oano -	Detailed Summary Page 13b	
AME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID : SC/10.4131	
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FU David Adam Gerson	INDS] Memo Item Election: 2012  Primary  General	
Mailing Address PO Box 1465	Other (specify)	
City State ZIP Cod	de	
Burnsville MN 55337		
Original Amount of Loan		
1000.00	0.00 1000.00	
TERMS  Date Incurred  Date Due	Interest Rate Secured:	
M08 <sup>M</sup> / D20 <sup>D</sup> / Y 2012 Y M M / D D / Y	YNA Y O.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount 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 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)		
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

FOR LINE NUMBER:

PAGE 35

X 13a I

OF

	Detailed Summary Page	13b
	Transacti	ion ID : SC/10.4442
ddle Initial) <b>'PERSONAL</b> I	FUNDS] Memo Item	Election: 2014  Primary  General
		Other (specify) ▼
Cumulative Payment 1	o Date Balan	ce Outstanding at Close of This Period
Date Du	Interest Rate	Secured:  % (apr)  Secured:  Yes  No
o Loan Source		
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	7
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	7
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	9 9
	Name of Employer	
	Occupation	
ZIP Code	Amount Guaranteed Outstanding:	9
		479.33
		and to appropriate line of Super-
	State ZIP C MN 55337  Cumulative Payment T  Date Due  M M / D D / Y  TO Loan Source  ZIP Code  ZIP Code	State ZIP Code MN 55337  Cumulative Payment To Date Balan  Date Due Interest Rate  M M / D D / Y 1/1/2020 Y 0.00  O Loan Source  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

**PAGE** 

36 OF

	ı
X	13a
	13h

65

Detailed Summary Page Transaction ID: SC/10.4444 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Memo Item Primary David Adam Gerson General Mailing Address Other (specify) PO Box 1465 City State ZIP Code MN 55337 Burnsville Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>D</sup>25 <sup>M</sup> 02<sup>M</sup> 2013 1/1/2020 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 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)

NE NUMBER:
only one)

X 13a 13b

PAGE 37

65

OF

	Detailed Summary Page 13b	
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.4464	
Gerson for Congress		
LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FU		
David Adam Gerson	Primary General	
Mailing Address PO Box 1465	Other (specify)	
City State ZIP Cod	de	
Burnsville MN 55337		
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period	
3000.00	0.00 3000.00	
TERMS  Date Incurred  Date Due	Interest Rate Secured:	
	/1/2020	
List All Endorsers or Guarantors (if any) to Loan Source	100 110	
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
2. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer	
2. Full Name (Last, First, Midule Illitial)	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:	
SUBTOTALS This Period This Page (optional)		
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	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 38 OF

×	13a
	13b

oano -	Detailed Summary Page 13b	
AME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID : SC/10.4502	
LOAN SOURCE Full Name (Last, First, Middle Initial) "PERSONAL FU David Adam Gerson	Election: 2014  Primary  General	
Mailing Address PO Box 1465	Other (specify)	
City State ZIP Coc	de	
Burnsville MN 55337		
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:	
M 04 / D 18 / Y 2013 Y M M / D D / Y	1)∕1/20 ° 0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source	100 110	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount 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 State ZIP Code	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
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

FOR LINE NUMBER:

PAGE 39

×	13a
	13b

JAN5		Detailed Summary Page (Crieck Only One)
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4545
LOAN SOURCE Full Name (Last, F	First, Middle Initial) "PERSONA	
David Adam Gerson		Primary General
Mailing Address PO Box 1465		Other (specify) ▼
City	State ZIF	P Code
Burnsville	MN 55	5337
Original Amount of Loan	Cumulative Paymer	nt To Date Balance Outstanding at Close of This Per
4000.	00	0.00 4000.00
TERMS  Date Incurred	Date	
M05 <sup>M</sup> / D13 <sup>D</sup> / Y Ž013	Y M M / D D /	y 1/1/20 y 0.00
List All Endorsers or Guarantors (	- ·	
1. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Ini	ial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Ini	ial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		
OTALS This Period (last page in this	line only)	
arry outstanding balance only to LIN	E 3, Schedule D, for this line	e. If no Schedule D, carry forward to appropriate line of Summar

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

40

×	13a
	13h

65

Detailed Summary Page Transaction ID: SC/10.4591 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Memo Item Primary David Adam Gerson General Mailing Address Other (specify) PO Box 1465 City State ZIP Code 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: 0.00 <sup>M</sup>06<sup>M</sup> <sup>D</sup>10<sup>D</sup> 2013 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

FOR LINE NUMBER:

PAGE 41

**X** 13a

DANS		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full)  Gerson for Congress  Transaction ID : SC/10.4622			
LOAN SOURCE Full Name (Last, Fire	st, Middle Initial) PERSONAL I	1 -	ection: 2014
David Adam Gerson			Primary General
Mailing Address PO Box 1465			Other (specify) ▼
City	State ZIP C	ode	
Burnsville	MN 55333	7	
Original Amount of Loan	Cumulative Payment T	o Date Balance	Outstanding at Close of This Period
131.12		0.00	131.12
TERMS  Date Incurred	Date Due	e Interest Rate	Secured:
M <sub>06</sub> M / D <sub>30</sub> D / Y Ž013 Y	M M / D D / Y	1/1/20 Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if	• *		100 110
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	9
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this lin	ne only)	······	, , , , , , ,
Carry outstanding balance only to LINE	3, Schedule D, for this line. I	f no Schedule D, carry forward	I to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 42 OF

×	13a
	13b

JAN5		Detailed Summary Page	e (Crieck only one)
AME OF COMMITTEE (In Full) Gerson for Congress		Transact	ion ID : SC/10.5169
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial) 'PERSONAL	FUNDS] Memo Item	Election: 2014
David Adam Gerson			X Primary General
Mailing Address PO Box 1465			Other (specify) ▼
City	State ZIP 0	Code	
Burnsville	MN 5533	7	
Original Amount of Loan	Cumulative Payment	To Date Balar	nce Outstanding at Close of This Period
5000.00		0.00	5000.00
TERMS  Date Incurred	Date Du		Secured:
M07 <sup>M</sup> / D05 <sup>D</sup> / Y 2013 Y	M M / D D /	Υ 1/1/20 Υ 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if a	= :		100 110
1. Full Name (Last, First, Middle Initia	ul)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)	)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	, ,
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	9-1-9-1-9-1
SUBTOTALS This Period This Page (optional)			
OTALS This Period (last page in this line	e only)		7 1 7 1 2
Carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry forw	ard to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 43 OF

×	13a
	13b

SANO .	Detailed Summary Page 13b	
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.5170	
Gerson for Congress		
LOAN SOURCE Full Name (Last, First, Middle Initia		
David Adam Gerson	Primary  General	
Mailing Address PO Box 1465	Other (specify) ▼	
City State	ZIP Code	
Burnsville MN	55337	
Original Amount of Loan Cumula	ative Payment To Date  Balance Outstanding at Close of This Period	
5000.00	0.00 5000.00	
TERMS Date Incurred	Date Due Interest Rate Secured:	
M 07 / 29 / Y 2013 Y	0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan S	Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP C	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Guaranteed	
	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP C	Amount Guaranteed	
Oity State Zir C	Outstanding:	
SUBTOTALS This Period This Page (optional)		
**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 LINE NUMBER:

PAGE 44 OF

×	13a
	13b

OANS			Detailed Summary F		check only one	) X 13a 13b
AME OF COMMITTEE (In Full)  Gerson for Congress			Trans	saction ID :	SC/10.5172	
LOAN SOURCE Full Name (L David Adam Gerson	ast, First, Middle I	nitial) <b>PERSONAL FU</b>	INDS] Memo Item		on: 2014 rimary eneral	
Mailing Address PO Box 1465				— —	ther (specify)	
City	Stat	e ZIP Cod	de			
Burnsville	M	N 55337				
Original Amount of Loan	Cu	mulative Payment To	Date Ba	alance Out	standing at Clc	se of This Period
2	5000.00	· · · · · · · · · · · · · · · · · · ·	0.00			5000.00
Date Incurred  M 08 / 19 / Y 20	013 Y	Date Due	Interest Ra	ate 0.00	% (apr)	Secured:  Yes No
List All Endorsers or Guarant	ors (if any) to Lo	an Source				TES INO
1. Full Name (Last, First, Midd	dle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZI	P Code	Amount Guaranteed Outstanding:	-,		
2. Full Name (Last, First, Midd	le Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZI	P Code	Amount Guaranteed Outstanding:	-,	.,	
3. Full Name (Last, First, Midd	le Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZI	P Code	Amount Guaranteed Outstanding:	-,-	.,	
4. Full Name (Last, First, Midd	le Initial)		Name of Employer			
Mailing Address			Occupation			
City	State ZI	P Code	Amount Guaranteed Outstanding:	7		
SUBTOTALS This Period This Page	ge (optional)					5000.00
FOTALS This Period (last page in	this line only)					
Carry outstanding balance only t	o LINE 3. Schedul	e D. for this line. If r	no Schedule D. carry fo	orward to	appropriate lin	e of Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

45

×	13a
	13h

65

Detailed Summary Page Transaction ID: SC/10.5173 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2014 Memo Item Primary David Adam Gerson General Mailing Address Other (specify) PO Box 1465 City State ZIP Code 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: 0.00 <sup>M</sup> 09<sup>M</sup> <sup>D</sup>12 2013 1/1/20 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

FOR LINE NUMBER:

PAGE 46

**X** 13a

LUANS	Detailed Summary Page (Crieck Only One) 13a 13b			
NAME OF COMMITTEE (In Full)  Gerson for Congress	Transaction ID : SC/10.5174			
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDAVID Adam Gerson	Memo Item Election: 2014  Primary  General			
Mailing Address PO Box 1465	Other (specify) ▼			
City State ZIP Code Burnsville MN 55337	9			
Original Amount of Loan Cumulative Payment To D	Date Balance Outstanding at Close of This Period  0.00 3000.00			
	Interest Rate Secured:  0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer			
	Occupation			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)	······································			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 47

X 13a I

LOANS		Detailed Summary Page	13b
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction	on ID : SC/10.5202
LOAN SOURCE Full Name (Last, First, Min David Adam Gerson	iddle Initial) 'PERSONAL F	UNDS]	Election: 2014  Primary  General
Mailing Address PO Box 1465			Other (specify)
City Burnsville	State ZIP Co MN 55337	de	
Original Amount of Loan 5000.00	Cumulative Payment To	Date Baland	ce Outstanding at Close of This Period
Date Incurred  M 10	Date Due	Interest Rate  1/1/20   O.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , ,
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , ,
SUBTOTALS This Period This Page (optional)			5000.00
TOTALS This Period (last page in this line on			
Carry outstanding balance only to LINE 3, So	neaule D, for this line. If	no Schedule D, carry forwa	ird to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 48

X 13a I

OF

DANS			Detailed Su	ımmary Page	(oncor only one	13b
AME OF COMMITTEE (In Full)				Transaction	ID : SC/10.5203	1 1
Gerson for Congress						
LOAN SOURCE Full Name (Last, F	First, Middle Initial) <b>PER</b>	SONAL FUN	<b>DSJ</b> Memo		ection: 2014 Primary	
David Adam Gerson					General	
Mailing Address PO Box 1465					Other (specify)	
City	State	ZIP Code		<u>'</u>		
Burnsville	MN	55337				
Original Amount of Loan	Cumulative P	ayment To Da	ate	Balance	Outstanding at Clo	se of This Period
5000.	00	7	0.00		, ,	5000.00
TERMS  Date Incurred		Date Due	lr	nterest Rate	;	Secured:
M <sub>10</sub> / D <sub>16</sub> / Y Ž013	Y M M / D	D / Y 1/	1/20 Y	0.00	% (apr)	Yes No
List All Endorsers or Guarantors (						
1. Full Name (Last, First, Middle In	itial)	ı	lame of Empl	oyer		
Mailing Address		(	Occupation			
City	State ZIP Code		mount Guaranteed Outstanding:		,	
2. Full Name (Last, First, Middle Ini	tial)	١	lame of Empl	oyer		
Mailing Address		(	Occupation			
City	State ZIP Code		amount Guaranteed Outstanding:			2
3. Full Name (Last, First, Middle Ini	tial)	١	lame of Empl	oyer		
Mailing Address		(	Occupation			
City	State ZIP Code		mount Guaranteed			
			Outstanding:			/8
4. Full Name (Last, First, Middle Ini	ılal)		lame of Empl	oyer		
Mailing Address			Occupation			
City	State ZIP Code		mount Guaranteed			
			Outstanding:	,		
SUBTOTALS This Period This Page (o	ptional)			<b>.</b>		5000.00
OTALS This Period (last page in this	line only)			·	7	
Carry outstanding balance only to LIN	E 3. Schedule D. for th	nis line. If no	Schedule D	carry forward	I to appropriate lin	e of Summary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 49 OF

×	13a
	13b

DANS		Detailed Summary Page (check only one) 13a		
AME OF COMMITTEE (In Full)		Transaction ID : SC/10.5204		
Serson for Congress				
LOAN SOURCE Full Name (Last, F	irst, Middle Initial) "PERSONA	L FUNDS] Memo Item Election: 2014		
David Adam Gerson		Primary		
Mailing Address PO Box 1465		General Other (specify) ▼		
		-		
City		Code		
Burnsville	MN 553	337		
Original Amount of Loan	Cumulative Payment	t To Date Balance Outstanding at Close of This Period		
5000.	00	0.00 5000.00		
TERMS  Date Incurred	Date D	Due Interest Rate Secured:		
M 10 M / D 23 D / Y 2013	Y M M / D D /	y 1/1/20 y 0.00 % (apr) Yes N		
List All Endorsers or Guarantors (i	f any) to Loan Source	Tes IV		
1. Full Name (Last, First, Middle In	tial)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code	Guaranteed Outstanding:		
UBTOTALS This Period This Page (optional)				
OTALS This Period (last page in this	line only)	······		
	E 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

FOR LINE NUMBER:

PAGE 50

×	13a
	13b

DANS		Detailed Summary Page (Crieck Only One)
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5205
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial) PERSON	
David Adam Gerson		Primary General
Mailing Address PO Box 1465		Other (specify) ▼
City	State ZII	P Code
Burnsville	MN 55	5337
Original Amount of Loan	Cumulative Payme	nt To Date Balance Outstanding at Close of This Per
5000.0	0	0.00 5000.00
TERMS  Date Incurred	Date	
M11 <sup>M</sup> / D04 <sup>D</sup> / Y Ž013	M M / D D /	y 1/1/20 y 0.00
List All Endorsers or Guarantors (if		
1. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
0	710.0	Amount Guaranteed
City S	State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (op	tional)	5000.00
OTALS This Period (last page in this li	ne only)	
arry outstanding balance only to LINE	3, Schedule D, for this lin	e. If no Schedule D, carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 51

**X** 13a

JAN5			Detailed Summa	ry Page	(check only of	ie)	13b
AME OF COMMITTEE (In Full)  Gerson for Congress		•	Tı	ransaction	ID : SC/10.5206		
LOAN SOURCE Full Name (Last David Adam Gerson	, First, Middle Initial) <b>PE</b>	ERSONAL FUN	<b>DSJ</b> Memo Item		ction: 2014 Primary General		
Mailing Address PO Box 1465					Other (specify)	▼	
City Burnsville	State MN	ZIP Code 55337		L			
Original Amount of Loan	Cumulative	Payment To Da	0.00	Balance (	Outstanding at 0	Close of TI 4000	
Date Incurred  M11 / P13 / Y 2013	M M / D	Date Due	Interes	st Rate 0.00	% (apr)	Secured	$\boxtimes$
List All Endorsers or Guarantors  1. Full Name (Last, First, Middle	· · · · · · · · · · · · · · · · · · ·		lame of Employer				
Mailing Address		(	Occupation				
City	State ZIP Code		amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle	nitial)	1	lame of Employer				
Mailing Address			Occupation				
City	State ZIP Code		Amount Guaranteed Outstanding:	7	7		
3. Full Name (Last, First, Middle	nitial)	1	lame of Employer				
Mailing Address		(	Occupation				
City	State ZIP Code		mount Guaranteed Outstanding:	- 7			
4. Full Name (Last, First, Middle	nitial)	1	lame of Employer				
Mailing Address		(	Occupation				
City	State ZIP Code		mount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)							
Corre systemating belongs only to				as former	to oppositely	line of C	
Carry outstanding balance only to I	ine o, ochequie D, for	uns me. n no	Scriedule D, Carl	y iorward	to appropriate	mie di <b>3</b> 0	пппагу.

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

FOR LINE NUMBER: (check only one)

PAGE 52

BER: (1) X 13a 13b

OF

	Detailed Summary Page 13b				
NAME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID : SC/10.5207				
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FULL David Adam Gerson	JNDS] Memo Item Election: 2014  Primary General				
Mailing Address PO Box 1465	Other (specify) ▼				
City State ZIP Co.	de				
Burnsville MN 55337					
Original Amount of Loan  Cumulative Payment To  3000.00	Date Balance Outstanding at Close of This Period  0.00 3000.00				
Date Incurred  Date Due	Interest Rate Secured:  1/1/20 Y  0.00  % (apr)  Yes No				
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional)					
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

FOR LINE NUMBER:

PAGE 53 OF

×	13a
	13b

DANS		Detailed Summary Page (Crieck Only Onle)
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5208
LOAN SOURCE Full Name (Last, Fi	rst, Middle Initial) 'PERSOI	- L
David Adam Gerson		Primary General
Mailing Address PO Box 1465		Other (specify) ▼
City	State Z	ZIP Code
Burnsville	MN 5	55337
Original Amount of Loan	Cumulative Paym	nent To Date Balance Outstanding at Close of This Perio
4000.0	0	0.00 4000.00
TERMS  Date Incurred	Date	e Due Interest Rate Secured:
M11 <sup>M</sup> / D29 <sup>D</sup> / Y Ž01Š	M M / D D	/ 1/1/20 Y 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if	- ·	
1. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initia	al)	Name of Employer
Mailing Address		Occupation
		Amount
City	State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (op	tional)	4000.00
OTALS This Period (last page in this li	ne only)	
arry outstanding balance only to LINE	3, Schedule D, for this li	ine. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 54

X 13a I

ANS			Detailed Summary Pag	ge (oncorr only only)
AME OF COMMITTEE (In Full)			Transac	ction ID : SC/10.5209
Gerson for Congress				
LOAN SOURCE Full Name	(Last, First, Midd	dle Initial) "PERSONAL FU	NDS] Memo Item	Election: 2014
David Adam Gerson				Primary General
Mailing Address PO Box 1465				Other (specify)
City		State ZIP Coc	le	
Burnsville		MN 55337		
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of This Period
	4000.00		0.00	4000.00
TERMS  Date Incurred		Date Due	Interest Rate	e Secured:
M 12	Ž013 Y	1 M / D D / Y	1/1/20 Y	% (apr)
List All Endorsers or Guara	ntors (if any) to	Loan Source		165 110
1. Full Name (Last, First, Mi	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	, , , , , , , , , ,
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7
LIDTOTAL C This Deviced This 5	Daga (anti-nal)			1000.00
UBTOTALS This Period This F				4000.00
OTALS This Period (last page	in this line only)		·····	
Carry outstanding balance only	to LINE 3. Sche	edule D, for this line. If r	no Schedule D, carry for	ward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 55 OF

×	13a
	13b

SAILO .	Detailed Summary Page 13b		
AME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID : SC/10.5210		
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FOR David Adam Gerson	UNDS] Memo Item Election: 2014  Primary  General		
Mailing Address PO Box 1465	Other (specify) ▼		
City State ZIP Co	de		
Burnsville MN 55337			
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
3000.00	0.00 3000.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M12 <sup>M</sup> / D16 <sup>D</sup> / Y 2013 Y M M / D D / Y	1/1/20		
List All Endorsers or Guarantors (if any) to Loan Source			
1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount 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		
011 770 0	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
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

FOR LINE NUMBER:

PAGE 56

×	13a
	13b

JAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Gerson for Congress		Transactio	n ID : SC/10.5542
LOAN SOURCE Full Name (Last, First	Middle Initial) "PERSONAL F		Election: 2014
David Adam Gerson			Yrimary  General
Mailing Address PO Box 1465			Other (specify) $\blacktriangledown$
City	State ZIP Co	ode	
Burnsville	MN 55337	,	
Original Amount of Loan	Cumulative Payment To	Date Balance	e Outstanding at Close of This Period
3000.00		0.00	3000.00
TERMS  Date Incurred	Date Due		Secured:
01 <sup>M</sup> / 08 <sup>D</sup> / ¥ Ž014 Y	M M / D D / Y	1/1/20 Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if a			100 110
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	e ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	e ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Star	e ZIP Code	Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Stat	e ZIP Code	Guaranteed Outstanding:	
UBTOTALS This Period This Page (optio	nal)	······································	3000.00
OTALS This Period (last page in this line	only)	· · · · · · · · · · · · · · · · · · ·	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Carry outstanding balance only to LINE 3	, Schedule D, for this line. If	no Schedule D, carry forwar	d to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 57

	i
×	13a
	13h

JAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Gerson for Congress		Transacti	on ID : SC/10.5543
LOAN SOURCE Full Name (Last, Firs	t, Middle Initial) PERSONAL	FUNDS] Memo Item	Election: 2014
David Adam Gerson			Primary  General
Mailing Address PO Box 1465			Other (specify) $\blacktriangledown$
City	State ZIP C	Code	
Burnsville	MN 5533	7	
Original Amount of Loan	Cumulative Payment 1	To Date Balance	ce Outstanding at Close of This Period
5000.00		0.00	5000.00
TERMS  Date Incurred	Date Du		Secured:
<sup>™</sup> 01 <sup>™</sup> / <sup>□</sup> 16 <sup>□</sup> / <sup>Y</sup> Ž01Ă <sup>Y</sup>	M M / D D / Y	/ 1/1/20 Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if a	= :		100 110
1. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	y
4. Full Name (Last, First, Middle Initial)	)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City Sta	ate ZIP Code	Guaranteed Outstanding:	y
UBTOTALS This Period This Page (option	onal)		5000.00
OTALS This Period (last page in this line	e only)		7 - 7 - 7 - 7
carry outstanding balance only to LINE	3, Schedule D, for this line. I	f no Schedule D, carry forwa	ard to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

IE NUMBER:
only one)

X 13a 13b

PAGE 58 OF

		Detailed Summary Pag	e	13b
NAME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.5544	
Gerson for Congress				
LOAN SOURCE Full Name (Last, First David Adam Gerson	t, Middle Initial) <b>PERSONAL FU</b>	INDS] Memo Item	Election: 2014  Primary General	
Mailing Address PO Box 1465			Other (specify) ▼	
City	State ZIP Cod	de		
Burnsville	MN 55337			
Original Amount of Loan	Cumulative Payment To	Date Balar	nce Outstanding at Close of T	
Date Incurred  MO2  Date Incurred  TY  2014	Date Due	Interest Rate		X
List All Endorsers or Guarantors (if a	any) to Loan Source			110
1. Full Name (Last, First, Middle Initia	l)	Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	9 9 9	
2. Full Name (Last, First, Middle Initial)	)	Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Middle Initial)	)	Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 9 1	
SUBTOTALS This Period This Page (option		<del></del>	10000	0.00
Carry outstanding balance only to LINE 3	3, Schedule D, for this line. If I	no Schedule D, carry forw	vard to appropriate line of Su	ımmary.

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

FOR LINE NUMBER: (check only one)

NE NUMBER:
only one)

X 13a
13b

PAGE 59

65

OF

LOANS	Detailed Summary Page (Shook Shily Sho)
NAME OF COMMITTEE (In Full) Gerson for Congress	Transaction ID : SC/10.5587
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL FUNDAVID Adam Gerson	Memo Item Election: 2014  Primary  General
Mailing Address PO Box 1465	Other (specify) ▼
City State ZIP Code Burnsville MN 55337	9
Original Amount of Loan  Cumulative Payment To D  391.00	Date Balance Outstanding at Close of This Period  0.00 391.00
TERMS  Date Incurred  Date Due  M 10 M / D 28 D / Y 2014 Y M M / D D / Y 3	Interest Rate Secured:  O.00  (apr)  Yes  No
List All Endorsers or Guarantors (if any) to Loan Source	100 100
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	391.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o 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)

E NUMBER: lly one) X 13a 13b

PAGE 60

65

OF

	Detailed Summary Page (Shook Shiy Ship)
AME OF COMMITTEE (In Full)	Transaction ID : SC/10.5608
Gerson for Congress	
LOAN SOURCE Full Name (Last, First, Middle Initial) PERSONAL I	
David Adam Gerson	Primary General
Mailing Address PO Box 1465	Other (specify) ▼
City State ZIP C	>ode
Burnsville MN 55337	7
Original Amount of Loan Cumulative Payment T	To Date Balance Outstanding at Close of This Period
3500.00	0.00 3500.00
TERMS  Date Incurred  Date Due	e Interest Rate Secured:
M <sub>03</sub> M / D <sub>04</sub> D / Y 2015 Y M M / D D / Y	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	100 110
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
UBTOTALS This Period This Page (optional)	3500.00
OTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. In	If no Schedule D. carry forward to appropriate line of Summany

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

61

×	13a
	13b

65

OF

Detailed Summary Page Transaction ID: SC/10.5867 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) 'PERSONAL FUNDS] Election: 2016 Memo Item Primary David Adam Gerson General Mailing Address Other (specify) PO Box 1465 City State ZIP Code 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: 0.00 <sup>M</sup>08<sup>M</sup> <sup>D</sup>12 2015 NA % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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

FOR LINE NUMBER:

PAGE 62 OF

\ /	4.0
Х	13a
	13b

ANS			Detailed Summary Pa	age (Gridok Grilly Grid)
AME OF COMMITTEE (In Fu	II)		Transa	ction ID : SC/10.5980
erson for Congress				
LOAN SOURCE Full Name David Adam Gerson		lle Initial) 'PERSONAL F	UNDS] Memo Item	Election: 2016  Primary
	I			General
Mailing Address PO Box 1465				Other (specify)
City	;	State ZIP Co	de	
Burnsville		MN 55337		
Original Amount of Loan		Cumulative Payment To	Date Bal	ance Outstanding at Close of This Period
	10000.00		0.00	10000.00
TERMS Date Incurr	ed	Date Due	Interest Rat	te Secured:
M 09 / D 08 D / N	2015 Y	M / D D / Y	NA O	% (apr) Yes No
List All Endorsers or Gua		Loan Source		100
1. Full Name (Last, First,	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9
2. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
3. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9
4. Full Name (Last, First, I	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7
UBTOTALS This Period Thi	s Pago (ontional)			10000 00
OTALS This Period (last page)				10000.00
THIS FERIOU (IAST PA)				
arry outstanding balance o	nly to LINE 3. Sche	dule D, for this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 63 OF

×	13a
	13b

JANS		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Gerson for Congress		Transactio	n ID : SC/10.6013
LOAN SOURCE Full Name (Last,	First, Middle Initial) PERSON		lection: 2016
David Adam Gerson			✓ Primary General
Mailing Address PO Box 1465			Other (specify) ▼
City	State ZI	P Code	
Burnsville	MN 5	5337	
Original Amount of Loan	Cumulative Payme	nt To Date Balance	e Outstanding at Close of This Period
3393	2.59	0.00	33932.59
TERMS  Date Incurred	Date	Due Interest Rate	Secured:
M <sub>09</sub> M / D <sub>30</sub> D / Y Ž01Š	M M / D D /	Y YNA Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors	(if any) to Loan Source		103 110
1. Full Name (Last, First, Middle	Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle I	nitial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle In	nitial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	State ZIP Code	Guaranteed Outstanding:	9
UBTOTALS This Period This Page	(optional)	<b>&gt;</b>	33932.59
OTALS This Period (last page in thi	s line only)		. , . ,
arry outstanding balance only to L	NE 3, Schedule D, for this lir	e. If no Schedule D, carry forward	d to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 64

X	13a
	13b

DAN5		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction	ID : SC/10.6284
LOAN SOURCE Full Name (Last, Find David Adam Gerson	rst, Middle Initial) "PERSONAL FO		ection: 2016 Primary
Mailing Address PO Box 1465			General Other (specify) ▼
	710.0		
City Burnsville	State ZIP Co MN 55337	de	
Original Amount of Loan	Cumulative Payment To	Date Balance	Outstanding at Close of This Period
50000.0	0	0.00	50000.00
TERMS  Date Incurred	Date Due	Interest Rate	Secured:
M12M / D23D / Y Ž01Š	Y M M / D D / Y	YNA Y 0.00	% (apr) Yes No
List All Endorsers or Guarantors (if	any) to Loan Source		Tes INO
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	,
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	,
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	tional)	·····	50000.00
TOTALS This Period (last page in this li	ne only)		7
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

FOR LINE NUMBER:

PAGE 65 OF

X	13a
	13b

DANS			Detailed Sun	nmary Page	(orlook orlly offe	13k
AME OF COMMITTEE (In Full)			•	Transaction	ID : SC/10.6765	1 1
Gerson for Congress						
LOAN SOURCE Full Name (L	ast, First, Middle Initia	al) 'PERSONAL FUI	<b>VDS]</b> Memo		ection: 2016 Primary	
David Adam Gerson					General	
Mailing Address PO Box 1465					Other (specify)	, 
City	State	ZIP Cod	е			
Burnsville	MN	55337				
Original Amount of Loan	Cumul	ative Payment To [	Date	Balance	Outstanding at Clo	se of This Per
, , ,	5000.00		0.00		, , ,	25000.00
TERMS  Date Incurred		Date Due	Int	erest Rate		Secured:
M 03 M / D 30 D / Y 20	016 M M	D D / Y	YNA Y	0.00	% (apr)	Yes X
List All Endorsers or Guarant	ors (if any) to Loan	Source				100 1
1. Full Name (Last, First, Mide	dle Initial)		Name of Emplo	yer		
Mailing Address			Occupation			
City	State ZIP C	Code	Amount Guaranteed Outstanding:	,		
2. Full Name (Last, First, Midd	le Initial)		Name of Emplo	yer		
Mailing Address			Occupation			
City	State ZIP C		Amount Guaranteed Outstanding:	,		* 1
3. Full Name (Last, First, Midd	le Initial)		Name of Emplo	yer		
Mailing Address			Occupation			
City	State ZIP C	7000	Amount Guaranteed Outstanding:	,	,	
4. Full Name (Last, First, Midd	le Initial)		Name of Emplo	yer		
Mailing Address			Occupation			
			Amount			
City	State ZIP C		Guaranteed Outstanding:			
UDTOTAL C This Desired Th'	ra (antional)					05005.55
UBTOTALS This Period This Pa	уе (ориопаі)			<u> </u>	7 7	25000.00
OTALS This Period (last page in	this line only)			·	7	275000.00
Carry outstanding balance only t	D LINE 3. Schedule D	, for this line. If n	o Schedule D.	carry forward	to appropriate lin	e of Summary