PAGE 1 / 43

# FORM 3

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

1 0111111 0	For An Aut	horized Com	mittee	Offic	ce Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, type er the lines.	12FE4M5	
Gerson for Congress					
		1 1 1 1 1			
	PO Box 1465				
ADDRESS (number and street)					
Check if different					
than previously reported. (ACC)	Burnsville			MN 553	37
2. <b>FEC IDENTIFICATION N</b>	JIIMRER 🛡	CITY ▲		STATE ▲	ZIP CODE ▲
C C00523738		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT  MN 02
4. TYPE OF REPORT (C	hoose One)	) 12-Day <b>PRF</b>	-Election Report for	the:	
(a) Quarterly Reports:	(6	) 12-Day File	•		
April 15 Quarterly	Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly	Report (O2)	Ш	Convention (12C)	Special (12S)	(12S)
October 15 Quart		Election on	M M / D	D / Y " Y " Y " Y	in the State of
January 31 Year-E	End Report (YE) (c	30-Day <b>POS</b>	T-Election Report fo	r the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Report	rt (TER)	Election on	M M / D =	D / Y " Y " Y " Y	in the State of
5. Covering Period	01	7 Y Y Y Y 2021	through	M M / D D / Y	y y y 2021
I certify that I have examined to	Gerson, David, ,		nowledge and belief i	t is true, correct and co	mplete.
Ge Signature of Treasurer	erson, David, , ,		[Electronically Filed]	Date 04 /	20 / Y Y Y Y Y 2021
NOTE: Submission of false, error	neous, or incomplete i	nformation may	subject the person sig	ning this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only				F	FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 43

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Gerson for Congress

2021 2021 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 171460.36 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

PAGE 3 / 43

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

#### **Gerson for Congress**

01 2021 03 31 2021 Report Covering the Period: From: To:

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. CONTRIBUTIONS (other than loans) FROM	1:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00	
(ii) Unitemized	0.00	0.00	
(iii) TOTAL of contributions from individuals	0.00	0.00	
(b) Political Party Committees(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00	0.00	
(d) The Candidate	0.00	0.00	
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
2. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3. LOANS: (a) Made or Guaranteed by the			
Candidate	0.00	0.00	
(b) All Other Loans(c) TOTAL LOANS	0.00	0.00	
(add Lines 13(a) and (b))	0.00	0.00	
4. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00	
5. OTHER RECEIPTS	0.00	0.00	
6. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	0.00	

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 43

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

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

PAGE 5
FOR LINE NUMBER: (check only one)

**X** 13a 13b

OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4392
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	Memo Item Election: 2012
Gerson, David, Adam, ,	Memo Item    Clection: 2012	
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
16554.96	,	0.00 16554.96
TERMS Date Incurred	]	Date Due Interest Rate Secured: (If none, enter 0)
M05M / D29D / Y Ž01Ž Y	M M / D D	/ Y 1/1/2020 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
	I	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	\	
COSTOTALO TINO I ENOU TINO FAGE (OPTIONAL	,	16554.96
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

**PAGE** 

×	13a
	13b

OF

43

Transaction ID: SC/10.4365 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>19<sup>D</sup> M 07M Ž01Ž YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 10000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a

OF

AME OF COMMITTEE (in Ful) Serson for Congress  LOAN SOURCE Full Name (Last, First, Middle Initial) Gerson, David, Adam, ,  Mailing Address PO Box 1469  Date Incurred  Date Due  Interest Rate  Date Due							130	
Gerson, David, Adam, ,    Mailing Address   Property   Mailing Address						Transa	action ID : SC/10.4381	
Color   Col	LOAN SOURCE Full Name (Last, Fi	rst, Mid	Idle Initial)			Memo Iter	m Election: 2012	_
Mailing Address   City   State   Zip Code   State	Gerson, David, Adam, ,	Gerson, David, Adam, ,				,	<b>x</b> Primary	
City   State   ZIP Code   So337	Mailing Address						<b>⊣</b>	
Burnsville  MN 55337	PO Box 1465						Other (speedily)	_
Burnsville	City		State	ZIP Co	de		Paragral Funds of the Condide	_
TERMS Date Incurred Date Due Interest Rate (If none, enter ty)    Variable Date Incurred   Date Due   Interest Rate (If none, enter ty)   Variable Date   Variable Date Due   Interest Rate (If none, enter ty)   Variable Date Due   Interest Rate (If none, enter ty)   Variable Date Due   Interest Rate (If none, enter ty)   Variable Date Due   Interest Rate (If none, enter ty)   Variable Date Due   Interest Rate (If none, enter ty)   Variable Date Due   Interest Rate (If none, enter ty)   Variable Date Due   Interest Rate (If none, enter ty)   Variable Date Due Date Date Date Date Date Date Date Dat	Burnsville		MN	55337			Personal Funds of the Candida	е
TERMS Date Incurred Date Due Interest Rate (If none, enter 0)    Mo7M   P24   Y 2012   Y M M	Original Amount of Loan		Cumulative Pay	ment To	Date	Ва	alance Outstanding at Close of This Peri	od
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City  State  ZIP Code  Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Substotals This Period This Page (optional)  5000.00	5000.0	0	7		0.00		5000.00	
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount City State ZIP Code Outstanding:  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  City State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  State ZIP Code Outstanding:  Amount Guaranteed Outstanding:  State ZIP Code Outstanding:  State ZIP Code Outstanding:  Substanding:  Subst	TERMS Date Incurred		D	ate Due				
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  City  State  ZIP Code  Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  5.000.00	<sup>M</sup> 07 <sup>M</sup> / <sup>D</sup> 24 <sup>D</sup> / <sup>Y</sup> Ž01Ž	Y	M M / D D	/ Y	YNA Y	T	0.00	0
1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Substotals This Period This Page (optional)  5000.00	List All Endorsers or Guarantors (if	anv) to	n Loan Source					
City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  City State ZIP Code Outstanding:  3. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  City State ZIP Code Outstanding:  City State ZIP Code Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Mailing Address Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  Substotals This Period This Page (optional) 5000,00	•		2 Eddir Godioo		Name of Em	ployer		
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City State ZIP Code Outstanding:  Name of Employer  Mailing Address Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address Occupation  Name of Employer  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)								
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City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 5000.00	Mailing Address				Occupation			
Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  FOTALS This Period (last page in this line only)								
Mailing Address  City  State  ZIP Code  Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional)  FOTALS This Period (last page in this line only)	City	State	ZIP Code				7	
City State ZIP Code Guaranteed Outstanding:  SUBTOTALS This Period This Page (optional) 5000.00  TOTALS This Period (last page in this line only)	4. Full Name (Last, First, Middle Initi	al)			Name of Em	ployer		
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GUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)					Amount			
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TOTALS This Period (last page in this line only)			·					
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Carry outstanding halance only to LINE 3. Schodulo D. for this line. If no Schodulo D. sowy forward to appropriate line of Summary	FOTALS This Period (last page in this I	ine only	')			▶		
Daily Dulblanding Dalance Unit to Line 3, Schedie D, 101 this line. If no Schedie D. Carry forward to appropriate line of Summar	Carry outstanding balance only to LINE	3, Sch	edule D. for this	line. If	no Schedule	D, carry fo	rward to appropriate line of Summary	_

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

PAGE 8
FOR LINE NUMBER: (check only one)

**X** 13a

OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4468
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Floation: 2042
Gerson, David, Adam, ,	viidule iriitiai)	☐ Memo Item
Mailing Address PO Box 1465		Other (specify)   ———————————————————————————————————
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5.00	9	0.00 5.00
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)
M 07M / D24D / Y Ž01Ž Y	M M / D D	y YNA Y 0.00
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		5.00
TOTALS This Period (last page in this line of	nly)	······
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 9
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4128
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012
Gerson, David, Adam, ,	viidaio iriitiaiy	Memo Item    Clection: 2012
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00	J.,	0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M07 <sup>M</sup> / D26 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y YNA Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
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CODICIALS THIS FERIOR THIS Fage (options		5000.00
TOTALS This Period (last page in this line of	nly)	······································
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4389
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	Memo Item Election: 2012
Gerson, David, Adam, ,	viidale iriitalij	Memo Item    Clection: 2012
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  Second Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00	<u> </u>	0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M08 <sup>M</sup> / D01 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y Yna Y Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
CODICIALS THIS FEHOU THIS FAGE (OPLIONS		5000.00
TOTALS This Period (last page in this line of	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4129
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2012
Gerson, David, Adam, ,	Wilder Filler	Memo Item    Clection: 2012
Mailing Address PO Box 1465		Other (specify) ▼
City	State	ZIP Code  Scool Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M08M / D10D / Y Z01Ž Y	M M / D D	/ YNAY Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL O This Deviced This Deve (aution	-10	
SUBTOTALS This Period This Page (option	aı)	5000.00
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Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		130
NAME OF COMMITTEE (In Full)  Gerson for Congress		Transaction ID : SC/10.4470
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	☐ Memo Item Election: 2012
Gerson, David, Adam, ,		<b>★</b> Primary General
Mailing Address PO Box 1465		Other (specify) ▼
City	State	ZIP Code  Report  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	rment To Date  Balance Outstanding at Close of This Period
6.00		0.00 6.00
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)
M08 <sup>M</sup> / D10 <sup>D</sup> / Y Z012 Y	M M / D D	/ YNA Y
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		······································
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.4130 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D17D <sup>M</sup>80<sup>M</sup> Ž01Ž YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.4131 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1000.00 0.00 1000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>20<sup>D</sup> <sup>M</sup>80<sup>M</sup> Ž01Ž YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4442
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Floation: 2044
Gerson, David, Adam, ,	ilidale illitial)	Memo Item  Election: 2014    x   Primary   General
Mailing Address PO Box 1465		Other (specify) ▼
City	State	ZIP Code  Second Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
479.33	,	0.00 479.33
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M02M / D22D / Y Ž013 Y	M M / D D	/ Y 1/Ĭ/20Ž0 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
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TOTALS This Period (last page in this line or	nly)	······
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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13b NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4444 Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>25<sup>D</sup> M 02M ž013 Y 1/1/2020 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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OF

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	ME OF COMMITTEE (In Full) Serson for Congress				Tran	saction ID : SC/10.4464			
						T =: -			
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo Ite	em Election: 2014  x Primary			
	Mailing Address					General Other (specify) ▼			
	PO Box 1465					— Other (speedly) •			
	City State ZIP Co Burnsville MN 55337			ZIP Co	Code  X Personal Funds of the C				
					1 ersonal i unus oi the Candidate				
	Original Amount of Loan Cumulative Payment To				Date E	Balance Outstanding at Close of This Period			
	3000	0.00	7		0.00	3000.00			
	TERMS Date Incurred		D	ate Due	Interest F (If none, e				
	M03 <sup>M</sup> / D26 <sup>D</sup> / Y Ž013	Y	M M / D D	/ Y	(ii Nolle, e	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source			, o (upi)			
	Full Name (Last, First, Middle I		200.7 300.70		Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
	2. Full Name (Last, First, Middle Initial)				Name of Employer				
	Mailing Address				Occupation				
					Amount Guaranteed Outstanding:  Name of Employer				
	City	State	ZIP Code						
	3. Full Name (Last, First, Middle In	itial)	•						
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address			Occupation					
				Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	7 7			
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OF

					<u> </u>	130			
	AME OF COMMITTEE (In Full) Gerson for Congress				Trans	saction ID : SC/10.4502			
		Circh NA:-	-  -  :4:- \			Ter			
	Gerson, David, Adam, ,	FIRST, IVIIC	idie initial)		☐ Memo Ite	x Primary			
	Mailing Address PO Box 1465					General Other (specify) ▼			
				ZIP Cod	de	✗ Personal Funds of the Candidate			
				55337		reisonal runus of the Candidate			
	Original Amount of Loan Cumulative Payment To				Date B	alance Outstanding at Close of This Period			
	4000	0.00	7		0.00	4000.00			
	TERMS Date Incurred		D	ate Due	Interest R (If none, er				
	M04 <sup>M</sup> / D18 <sup>D</sup> / Y Ž013	Υ	M M / D D	/ Y	1ÿ1/2Ŏ <sup>Y</sup>	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	. , . , ,			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount Guaranteed Outstanding:  Name of Employer				
	City	State	ZIP Code						
	3. Full Name (Last, First, Middle In	itial)	'						
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle In	itial)	•		Name of Employer				
	Mailing Address				Occupation				
				Amount					
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4545
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	madie miliary	Memo Item    Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
4000.00		0.00 4000.00
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)
M 05M / D13D / Y Z013 Y	M M / D D	/ Y 1Ў1/2Ŏ Y 0.00
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
CURTOTAL C. This Deviced This Daws (antisys	N.	
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Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4591
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	viidaio iriitiai,	Memo Item    Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00	,	0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M06 <sup>M</sup> / D10 <sup>D</sup> / Y Ž013 Y	M M / D D	/ Y 1/1/20 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

						130			
	ME OF COMMITTEE (In Full) Serson for Congress				Tran	saction ID : SC/10.4622			
		-· · • •				T =			
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo Ite	em Election: 2014  x Primary			
						General			
	Mailing Address PO Box 1465					Other (specify)			
	City State ZIP C			ZIP Co	de	Personal Funds of the Candidate			
Burnsville MN 55337				reisonal runus of the Candidate					
	Original Amount of Loan		Cumulative Pay	yment To	Date E	Balance Outstanding at Close of This Period			
	131	.12	,		0.00	131.12			
	TERMS Date Incurred		D	Date Due	Interest F (If none, e				
	M06 <sup>M</sup> / D30 <sup>D</sup> / Y Ž013	Y	M M / D D	/ Y	1)1/20 Y	0.00 % (apr) Yes No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I	nitial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount Guaranteed Outstanding:  Name of Employer				
	City	State	ZIP Code						
	3. Full Name (Last, First, Middle In	itial)	'						
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	4. Full Name (Last, First, Middle In	itial)	'		Name of Employer				
	Mailing Address				Occupation				
			Amount						
	City	State	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,			
			'		_				
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		130
NAME OF COMMITTEE (In Full)  Gerson for Congress		Transaction ID : SC/10.5169
	d-H - 1	T =
LOAN SOURCE Full Name (Last, First, Mid Gerson, David, Adam, ,	adie Initial)	Memo Item Election: 2014  x Primary
Mailing Address PO Box 1465		General Other (specify) ▼
City	State	ZIP Code  X Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pay	rment To Date  Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
<sup>M</sup> 07 <sup>M</sup> / □05 □ / Y Ž01 Š Y	M M / D D	/ Y 1/1/20 Y 0.00
List All Endorsers or Guarantors (if any) t	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line only	/)	······································
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						_			130
AME OF COMMITTEE (In Full) Gerson for Congress					Trans	saction	ID : SC/10.51	70	
LOAN SOURCE Full Name (Last, First Gerson, David, Adam, ,  Mailing Address PO Box 1465			Memo Ite	Elec X	ction: 2014 Primary General Other (spec				
PO BOX 1465							•		
City	S	State	ZIP Co	de		×	Personal F	unds of th	ne Candidate
Burnsville		MN	55337						
Original Amount of Loan 5000.00		Cumulative Pay	ment To	Date 0.00	77.0	Salance (	Outstanding a		f This Period
TERMS Date Incurred		D	ate Due		Interest F	loto	7	Coou	rod:
	M			V V V	Interest F (If none, er	nter 0)	_	Secu	rea:
M07 <sup>M</sup> / D29 <sup>D</sup> / Y Ž013 Y	IVI	M / D D	/ Y	1)1/20 Y		0.00	% (apr)	Y	Yes X No
List All Endorsers or Guarantors (if a	any) to	Loan Source							
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount	-				
City	ate	ZIP Code		Guaranteed Outstanding:		7			
2. Full Name (Last, First, Middle Initial	1)			Name of Employer					
Mailing Address				Occupation					
		1		Amount Guaranteed					
City	ate	ZIP Code		Outstanding:		7	7		-
3. Full Name (Last, First, Middle Initial	1)			Name of Em	ıployer				
Mailing Address				Occupation					
		I		Amount					<b>—</b>
City	ate	ZIP Code		Guaranteed Outstanding:		7	7		
4. Full Name (Last, First, Middle Initial	l)			Name of Em	ployer				
Mailing Address			Occupation						
0.1		710.0.1		Amount Guaranteed		-			$\overline{}$
City	ate	ZIP Code		Outstanding:		7	7	W	
SUBTOTALS This Period This Page (opti	ional)							5(	000.00
TOTALS This Period (last page in this lin	ne only).				▶		7	7	
Carry outstanding balance only to LINE	3, Sched	dule D, for this	line. If	no Schedule	D, carry f	orward	to appropria	ite line of	Summary.

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5172
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	nadic iritialy	Memo Item    Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00	,	0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M08M / D19D / Y 2013 Y	M M / D D	/ Y 1/1/20 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<b>'</b>	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona	)	F000 00
		, , , , , ,
TOTALS This Period (last page in this line of	ıly)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.5173 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>12<sup>D</sup> M09M ž013 1/1/20 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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AME OF COMMITTEE (In Full) Gerson for Congress			•	Transac	ction ID : SC/10.5174	
LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mid	dle Initial)		☐ Memo Item	Election: 2014  x Primary General	
Mailing Address PO Box 1465					Other (specify) ▼	
City		State	ZIP Code		✗ Personal Funds of the Candidate	
Burnsville Original Amount of Loan		MN Cumulative Pay	55337			
3000	.00	odificial to Fay	mont to bate	0.00	3000.00	
TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter		
M09M / D30D / Y Ž01Š	Y	M M / D D	/ Y 1/1/20		00 % (apr) Yes No	
List All Endorsers or Guarantors	(if any) to	Loan Source				
1. Full Name (Last, First, Middle I	nitial)		Name	of Employer		
Mailing Address			Occup	ation		
City	State	ZIP Code	Amour Guarai Outsta	nteed	7	
2. Full Name (Last, First, Middle In	l itial)			Name of Employer		
Mailing Address			Occup	ation		
City	State	ZIP Code	Amour Guarai Outsta	nteed	9 9	
3. Full Name (Last, First, Middle In	itial)		Name	of Employer		
Mailing Address			Occup	Occupation		
City	State	ZIP Code	Amour Guarai Outsta	nteed	y y	
4. Full Name (Last, First, Middle In	4. Full Name (Last, First, Middle Initial)  Name of Employer					
Mailing Address			Occup	ation		
City	State	ZIP Code	Amour Guarai Outsta	nteed	7 7 7	
SUBTOTALS This Period This Page (optional)						
FOTALS This Period (last page in this	line only	)			, ,	
Carry outstanding balance only to LII	NE 3, Sch	edule D, for this	line. If no Sche	edule D, carry forv	ward to appropriate line of Summary.	

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

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Transaction ID: SC/10.5202 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 10<sup>M</sup> 0.00 D04D ž013 1/1/20 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

							100
AME OF COMMITTEE (In Full) Gerson for Congress					Transac	ction ID : SC/10.5203	
LOAN SOURCE Full Name (Last,	First. Mi	ddle Initial)			Mome Item	Election: 2014	
Gerson, David, Adam,	,	,			Memo Item	rimary	
Gerson, David, Adam,						General	
Mailing Address PO Box 1465						Other (specify)	
City		State	ZIP Cod	le		Personal Funds of the Can	didate
Burnsville		MN	55337				
Original Amount of Loan		Cumulative Pa	yment To	Date	Bala	ance Outstanding at Close of This	Period
5000	0.00			0.00	<u> </u>	5000.00	Ш
TERMS Date Incurred		С	Date Due		Interest Rate (If none, ente		
<sup>M</sup> 10 <sup>M</sup> / <sup>D</sup> 16 <sup>D</sup> / <sup>Y</sup> Ž01Š	Y	M M / D D	) / Y	1)1/20 Y		00	<b>x</b> No
List All Endorsers or Guarantors	(if any) t	to Loan Source					
Full Name (Last, First, Middle I	, ,,	LO LOUIT GOUICE		Name of Em	ployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed			, , , , , ,		
2. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:				7	
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
	T			Amount			
City	State	ZIP Code		Guaranteed Outstanding:		y	
4. Full Name (Last, First, Middle In	itial)			Name of Em	ployer		
Mailing Address				Occupation			
	1			Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
SUBTOTALS This Period This Page (	ontional).					5000.00	-
TOTALS This Period (last page in this						5000.00	#
TOTALO TIIS I GIIOU (IASE PAYO III IIIIS	, III OIII	y, ····				y y	
Carry outstanding balance only to LI	NE 3, Sc	hedule D, for this	s line. If r	no Schedule	D, carry for	ward to appropriate line of Sumn	nary.

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

FOR LINE NUMBER: (check only one)

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OF

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

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

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OF

		'	Jetalied Suff	inary Page			13b
AME OF COMMITTEE (In Full)	AME OF COMMITTEE (In Full)				on ID : SC/10.5205		
Gerson for Congress							
LOAN SOURCE Full Name (Last, First, Marging Address PO Box 1465	Middle Initial)		☐ Me	_   1110	Election: 2014  Primary  General  Other (specify)		
PO Box 1465							
City	State	ZIP Code			X Personal Funds of	of the Can	didata
Burnsville	MN	55337			T Clabilat Tulida C	— Can	
Original Amount of Loan 5000.00				Balance	e Outstanding at Clos	se of This 5000.00	-
TERMS Date Incurred	Γ	Date Due		erest Rate none, enter 0)		Secured:	
M11M / D04D / Y Z013 Y	M M / D D	/ Y 1ў1/2	Ŏ	0.00	% (apr)	Yes	<b>K</b> No
List All Endorsers or Guarantors (if any	to Loan Source	Nor	ne of Employ	vor.			
Full Name (Last, First, Middle Initial)				yeı			
Mailing Address		Occ	cupation				
City State	ZIP Code	Gua	ount aranteed standing:	,			
2. Full Name (Last, First, Middle Initial)			ne of Employ	yer			
Mailing Address		Occ	cupation				
City	ZIP Code	Gua	ount aranteed standing:	· ,	7		
3. Full Name (Last, First, Middle Initial)	<u> </u>	Nar	ne of Employ	yer			
Mailing Address		Occ	cupation				
City	ZIP Code	Gua	ount aranteed standing:	,	9		
4. Full Name (Last, First, Middle Initial)		Nar	ne of Employ	yer			
Mailing Address		Occ	cupation				
City	ZIP Code	Gua	ount aranteed standing:		, , , , ,		
SUBTOTALS This Period This Page (optional)							
FOTALS This Period (last page in this line o	nly)		)	· [	7		
Carry outstanding balance only to LINE 3, S	Schedule D, for this	s line. If no S	chedule D, d	carry forwar	d to appropriate line	of Sumn	nary.

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

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5206
		I
LOAN SOURCE Full Name (Last, First, Mic Gerson, David, Adam, ,	ddle Initial)	☐ Memo Item
Mailing Address PO Box 1465		General Other (specify) ▼
City	State	ZIP Code
Burnsville	MN	55337 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
4000.00	2	0.00 4000.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M11M / D13D / Y Ž01Š Y	M M / D D	/ Y 1/1/20 Y 0.00
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		4000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In F Gerson for Congress			Transa	action ID : SC/10.5207		
Gerson, David, Ad	•	Idle Initial)	☐ Memo Iter	n Election: 2014  x Primary  General		
Mailing Address PO Box 1465				Other (specify) ▼		
City		State	ZIP Code	X Personal Funds of the Candidate		
Burnsville		MN	55337			
Original Amount of Loan		Cumulative Page		alance Outstanding at Close of This Period		
	3000.00		0.00	3000.00		
TERMS Date Incu	rred	С	Pate Due Interest Ra			
M11M / D19D /	<sup>Y</sup> Ž013 <sup>Y</sup>	M M / D D	/ Y 1ў1/2Ŏ Y	0.00 % (apr) Yes X No		
List All Endorsers or Gu	· · · · · · · · · · · · · · · · · · ·	o Loan Source				
1. Full Name (Last, First	t, Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	9		
2. Full Name (Last, First,	Middle Initial)		Name of Employer	Name of Employer		
Mailing Address			Occupation			
		T	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	9 9 9		
3. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed			
City		ZIF Code	Outstanding:	9 9 9		
4. Full Name (Last, First,	Middle Initial)		Name of Employer			
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed			
Oity	State	Zii Oode	Outstanding:	9 9		
SUBTOTALS This Period Th	nis Page (optional)			3000.00		
TOTALS This Period (last p	age in this line only	·) ·······		, , , , ,		
Carry outstanding balance	only to LINE 2 C-L	nodulo D. for #45	a line If no Cohodule D. source for	rward to appropriate line of Comme		
Carry outstanging balance	UNITY TO LINE 3, SCh	ieauie D, for this	s line. It no Schedule D, carry to	rward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.5208 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 M 1 1 M <sup>D</sup>29<sup>D</sup> ž013 1/1/20 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full)  Gerson for Congress		Transaction ID: SC/10.5209
LOAN SOURCE Full Name (Last, First, Mic Gerson, David, Adam, ,	ddle Initial)	☐ Memo Item Election: 2014   ▼ Primary
Mailing Address PO Box 1465		General  Other (specify) ▼
City	State	ZIP Code
Burnsville	MN	55337 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
4000.00	7	0.00 4000.00
TERMS Date Incurred	C	ate Due Interest Rate Secured: (If none, enter 0)
M12M / D09D / Y Z013 Y	M M / D D	/ Y 1∛1/2Ŏ Y 0.00
List All Endorsers or Guarantors (if any) to	o Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		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	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		4000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5210
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item    Clection: 2014	
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3000.00		0.00 3000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D16D / Y Ž013 Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00
List All Endorsers or Guarantors (if any	/) to Loan Source	
Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option		
CODICIALS This Fellou This Fage (option	ai)	3000.00
TOTALS This Period (last page in this line	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

NAME OF COMMITTEE (In Full)  Gerson for Congress				Transact	tion ID : SC/10.5542	
Gerson, David, Adam, ,	First, Mic	ddle Initial)	r	Memo Item	Election: 2014  X Primary  General	
Mailing Address PO Box 1465					Other (specify)	
City		State	ZIP Code		Personal Funds of the Candidate	
Burnsville		MN	55337			
Original Amount of Loan		Cumulative Pay		Balaı	nce Outstanding at Close of This Period	
300	0.00	7	0.00		3000.00	
TERMS Date Incurred		D		nterest Rate If none, enter		
M01 <sup>M</sup> / D08 <sup>D</sup> / Y Ž014	Υ	M M / D D	/ Y 1ÿ1/2Ŏ Y	0.0	% (apr) Yes X No	
List All Endorsers or Guarantors	(if any) t	o Loan Source				
1. Full Name (Last, First, Middle	Initial)		Name of Empl	loyer		
Mailing Address	Mailing Address					
City	State	ZIP Code	Amount Guaranteed Outstanding:		7	
2. Full Name (Last, First, Middle II	nitial)		Name of Empl	Name of Employer		
Mailing Address			Occupation			
011	To	710.0	Amount Guaranteed			
City	State	ZIP Code Guaranteed Outstanding:			9	
3. Full Name (Last, First, Middle II	nitial)		Name of Empl	loyer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed			
-			Outstanding:	lavar	7	
4. Full Name (Last, First, Middle I	illial)		Name of Empl	loyei		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed			
			Outstanding:		9 9	
SUBTOTALS This Period This Page	(optional).				3000.00	
TOTALS This Period (last page in thi	s line only	/)		· [	7 7 7	
Carry outstanding balance only to I	INF 3. Sch	nedule D. for this	s line. If no Schedule D	. carry forw	ard to appropriate line of Summary.	

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5543
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item    Clection: 2014	
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M01M / D16D / Y Z014 Y	M M / D D	/ Y 1ў1/2Ŏ 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
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation
		Amount
City	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		
SOBIOTALS THIS PERIOD THIS Page (optional	)	5000.00
TOTALS This Period (last page in this line or	nly)	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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Transaction ID: SC/10.5544 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>26<sup>D</sup> M 02M ž014 1/1/20 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)------10000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

		100	
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5587	
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	Election: 0044	
Gerson, David, Adam,	☐ Memo Item		
Mailing Address PO Box 1465		Other (specify)	
City	State	ZIP Code  F5007  Personal Funds of the Candidate	
Burnsville	MN	55337	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
391.00		0.00 391.00	
TERMS Date Incurred	]	Date Due Interest Rate Secured: (If none, enter 0)	
M10M / D28D / Y Z014 Y	M M / D D	/ Y YNAY Y 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
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	ZIP Code	Guaranteed Outstanding:	
CURTOTAL C This Deviced This Degree (autional)			
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.	

43 PAGE 40 OF SCHEDULE C (FEC Form 3) Use separate schedule(s) FOR LINE NUMBER: for each category of the **X** 13a **LOANS** (check only one) Detailed Summary Page 13b Transaction ID: SC/10.5608 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D04D M 03M Ž015 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding:

SUBTOTALS This Period This Page (optional)..... 3500.00 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)

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OF

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NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5867	
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2016	
Gerson, David, Adam, ,	Memo Item    Election: 2016		
Mailing Address PO Box 1465		Other (specify)	
City	State	ZIP Code  Second Personal Funds of the Candidate	
Burnsville	MN	55337	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
5000.00		0.00 5000.00	
TERMS Date Incurred	]	Date Due Interest Rate Secured: (If none, enter 0)	
M08M / D12D / Y Ž01Š Y	M M / D D	/ Y YNA Y O.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
CURTOTAL C This Deviced This Dane (subtiness	n		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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FOR LINE NUMBER: (check only one)

LINE NUMBER: ck only one) 13a 13b

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OF

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AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5980
LOAN SOURCE Full Name (Last, First, Marker Gerson, David, Adam, ,  Mailing Address PO Box 1465	fiddle Initial)	☐ Memo Item  Election: 2016     X   Primary   General   Other (specify)   ▼
City	State	ZIP Code  55337  Personal Funds of the Candidate
Burnsville		
Original Amount of Loan	Cumulative Pa	ment To Date  Balance Outstanding at Close of This Period  0.00  10000.00
TERMS Date Incurred	С	rate Due Interest Rate Secured:
M09M / D08D / Y Ž01Š Y	M M / D D	(If none, enter 0)  Output  Ou
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
UBTOTALS This Period This Page (optional)		
OTALS 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)

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