

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Gerson for Congress

ADDRESS (number and street)

3260 Dodd Ln

Check if different
than previously
reported. (ACC)

Eagan

MN

55121

2. FEC IDENTIFICATION NUMBER ▼

C

C00523738

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 26 / 2012

through

M M / D D / Y Y Y Y
09 / 30 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Adam Gerson

Signature of Treasurer

David Adam Gerson

[Electronically Filed]

Date

M M / D D / Y Y Y Y
05 / 27 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Gerson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1958.00	2165.63
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1958.00	2165.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28870.46	48700.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	28870.46	48700.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2030.77	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	48565.96	

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 / 32

Write or Type Committee Name

Gerson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1650.00

1650.00

(ii) Unitemized.....

308.00

515.63

(iii) TOTAL of contributions from individuals ▶

1958.00

2165.63

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

1958.00

2165.63

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

17006.00

48565.96

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

17006.00

48565.96

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

18964.00

50731.59

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28870.46	48700.82
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	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28870.46	48700.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11937.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18964.00
25. SUBTOTAL (add Line 23 and Line 24).....	30901.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28870.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2030.77

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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) Chuck Devaney		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2012
Mailing Address 16700 Pueblo Blvd		Transaction ID : SA11AI.4126
City Jordan	State MN	
Zip Code 55352		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Occupation Retired	Donation
Name of Employer Retired	Election Cycle-to-Date 250.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Diane Ganz		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012
Mailing Address 250 Hammond Pond Pkwy		Transaction ID : SA11AI.4122
City Chestnut Hill	State MA	
Zip Code 02467		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Occupation Homemaker	Donation
Name of Employer Homemaker	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Holly Hilden		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2012
Mailing Address 16673 Festal Ave		Transaction ID : SA11AI.4124
City Farmington	State MN	
Zip Code 55024		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C	Occupation Consultant	Donation
Name of Employer Self Employed	Election Cycle-to-Date 400.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	1650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 32

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Full Name (Last, First, Middle Initial) David Adam Gerson		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 26 / 2012	
Mailing Address 3260 Dodd Ln		Transaction ID : SA13A.4128	
City Eagan	State MN	Zip Code 55121	Amount of Each Receipt this Period _____ 5000.00 Loan
FEC ID number of contributing federal political committee. C H2MN02130			
Name of Employer Meggitt	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 36559.96		
B. Full Name (Last, First, Middle Initial) David Adam Gerson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012	
Mailing Address 3260 Dodd Ln		Transaction ID : SA13A.4389	
City Eagan	State MN	Zip Code 55121	Amount of Each Receipt this Period _____ 5000.00 Loan
FEC ID number of contributing federal political committee. C H2MN02130			
Name of Employer Meggitt	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 41559.96		
C. Full Name (Last, First, Middle Initial) David Adam Gerson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012	
Mailing Address 3260 Dodd Ln		Transaction ID : SA13A.4129	
City Eagan	State MN	Zip Code 55121	Amount of Each Receipt this Period _____ 5000.00 Loan
FEC ID number of contributing federal political committee. C H2MN02130			
Name of Employer Meggitt	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 46559.96		
SUBTOTAL of Receipts This Page (optional).....		_____ 15000.00	
TOTAL This Period (last page this line number only).....		_____	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Full Name (Last, First, Middle Initial) David Adam Gerson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2012	
Mailing Address 3260 Dodd Ln		Transaction ID : SA13A.4470	
City Eagan	State MN	Zip Code 55121	Amount of Each Receipt this Period _____ 6.00
FEC ID number of contributing federal political committee. C H2MN02130		Loan	
Name of Employer Meggitt	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 46565.96		
B. Full Name (Last, First, Middle Initial) David Adam Gerson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2012	
Mailing Address 3260 Dodd Ln		Transaction ID : SA13A.4130	
City Eagan	State MN	Zip Code 55121	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C H2MN02130		Loan	
Name of Employer Meggitt	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 47565.96		
C. Full Name (Last, First, Middle Initial) David Adam Gerson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 20 / 2012	
Mailing Address 3260 Dodd Ln		Transaction ID : SA13A.4131	
City Eagan	State MN	Zip Code 55121	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee. C H2MN02130		Loan	
Name of Employer Meggitt	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 48565.96		
SUBTOTAL of Receipts This Page (optional).....		_____ 2006.00	
TOTAL This Period (last page this line number only).....		_____ 17006.00	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Banners to go

Mailing Address 3000 W 50th St

City	State	Zip Code
Minneapolis	MN	55410

Purpose of Disbursement
Banners

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2012

Amount of Each Disbursement this Period

299.63

Transaction ID : SB17.4242

B. Best Buy

Mailing Address 12600 Frontage Rd W

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		14		2012

Amount of Each Disbursement this Period

112.46

Transaction ID : SB17.4287

c. City of Eagan

Mailing Address 1501 Central Pkwy

City	State	Zip Code
Eagan	MN	55121

Purpose of Disbursement
Room Rental

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		06		2012

Amount of Each Disbursement this Period

235.00

Transaction ID : SB17.4216

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

647.09

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. City of Eagan

Mailing Address 1501 Central Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2012

City	State	Zip Code
Eagan	MN	55121

Amount of Each Disbursement this Period

310.00

Purpose of Disbursement
Room Rental

003

Transaction ID : SB17.4296

Candidate Name

David Adam Gerson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

B. Comcast

Mailing Address 6506 Nicollet Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

City	State	Zip Code
Richfield	MN	55423

Amount of Each Disbursement this Period

506.95

Purpose of Disbursement
Internet

001

Transaction ID : SB17.4151

Candidate Name

David Adam Gerson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

c. Cub Foods

Mailing Address 300 Travelers Trl E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

City	State	Zip Code
Burnsville	MN	55337

Amount of Each Disbursement this Period

19.57

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.4179

Candidate Name

David Adam Gerson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

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

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

836.52

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Delta Air

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement
Air Travel

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

437.60

Transaction ID : SB17.4137

B. Delta Air

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement
Air Travel

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2012

Amount of Each Disbursement this Period

861.60

Transaction ID : SB17.4197

C. Delta Air

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement
Air Travel

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2012

Amount of Each Disbursement this Period

349.60

Transaction ID : SB17.4198

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1648.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Delta Air

Mailing Address 1030 Delta Blvd

City	State	Zip Code
Atlanta	GA	30320

Purpose of Disbursement
Air Travel

003

Category/
Type

Candidate Name

David Adam GersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2012

Amount of Each Disbursement this Period

359.70

Transaction ID : SB17.4235

B. Emailist.com

Mailing Address 13785 Walsingham Rd

City	State	Zip Code
Seminole	FL	33744

Purpose of Disbursement
Email Lists

003

Category/
Type

Candidate Name

David Adam GersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

Amount of Each Disbursement this Period

299.00

Transaction ID : SB17.4186

c. Extended Stay

Mailing Address 3384 Norwest Ct

City	State	Zip Code
Eagan	MN	55121

Purpose of Disbursement
Lodging for guest

003

Category/
Type

Candidate Name

David Adam GersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

104.61

Transaction ID : SB17.4261

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

763.31

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Extended Stay

Mailing Address 3384 Norwest Ct

City	State	Zip Code
Eagan	MN	55121

Purpose of Disbursement
Lodging for guest

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

165.18

Transaction ID : SB17.4263

B. Extended Stay

Mailing Address 3384 Norwest Ct

City	State	Zip Code
Eagan	MN	55121

Purpose of Disbursement
Lodging for guest

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

93.60

Transaction ID : SB17.4264

c. Extended Stay

Mailing Address 3384 Norwest Ct

City	State	Zip Code
Eagan	MN	55121

Purpose of Disbursement
Lodging for guest

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

93.60

Transaction ID : SB17.4265

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

352.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Genesis Communication Network

Mailing Address 3105 Sibley Memorial Hwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2012

City	State	Zip Code
Eagan	MN	55121

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Radio Ads

004

Transaction ID : SB17.4188

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

B. Holly Hilden

Mailing Address 16673 Festal Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		24		2012

City	State	Zip Code
Farmington	MN	55024

Amount of Each Disbursement this Period

625.00

Purpose of Disbursement
Independent Consultant

001

Transaction ID : SB17.4300

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

C. Hot Head Productions

Mailing Address 8685 Magnolia Trl Apr 212

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

City	State	Zip Code
Eden Prairie	MN	55344

Amount of Each Disbursement this Period

3083.96

Purpose of Disbursement
Video Production

001

Transaction ID : SB17.4146

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

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

5708.96

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Jordan Page

Mailing Address 1677 N 700 W

City	State	Zip Code
Arlington	IN	46104

Purpose of Disbursement
Entertainment/fundraiser

003

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2012

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4268

B. Prime Rate Motel

Mailing Address 12850 W Frontage Rd

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Lodgin

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

308.35

Transaction ID : SB17.4140

c. Prime Rate Motel

Mailing Address 12850 W Frontage Rd

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Lodging

001

Category/
Type

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2012

Amount of Each Disbursement this Period

308.35

Transaction ID : SB17.4203

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2116.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Prime Rate Motel

Mailing Address 12850 W Frontage Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2012

City	State	Zip Code
Burnsville	MN	55337

Amount of Each Disbursement this Period

440.50

Purpose of Disbursement
Lodgin

001

Transaction ID : SB17.4230

Candidate Name

David Adam Gerson

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

B. Prime Rate Motel

Mailing Address 12850 W Frontage Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		20		2012

City	State	Zip Code
Burnsville	MN	55337

Amount of Each Disbursement this Period

44.05

Purpose of Disbursement
Lodging

001

Transaction ID : SB17.4292

Candidate Name

David Adam Gerson

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Full Name (Last, First, Middle Initial)

c. Eric SaywardMailing Address 2161 Effingham Way
Apt 218

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2012

City	State	Zip Code
Sun Prairie	WI	53590

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Independent Consultant

001

Transaction ID : SB17.4193

Candidate Name

David Adam Gerson

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

984.55

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Leah Schimon

Mailing Address 423 130 St W

Date of Disbursement

M M	D D	Y Y Y Y
07	26	2012

City	State	Zip Code
Shakopee	MN	55379

Purpose of Disbursement
Independent Consultant

001

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4155

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

B. Secretary of StateMailing Address 180 State Building
100 Rev Martin Luther King Jr Blvd

Date of Disbursement

M M	D D	Y Y Y Y
09	09	2012

City	State	Zip Code
St Paul	MN	55155

Purpose of Disbursement
Voter Records

001

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.4322

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

Full Name (Last, First, Middle Initial)

c. Special Guests

Mailing Address PO BOX 1927

Date of Disbursement

M M	D D	Y Y Y Y
08	06	2012

City	State	Zip Code
Wendell	NC	27591

Purpose of Disbursement
Radio Ads

004

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4218

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN

District: 02

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

830.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Startbutton.com

Mailing Address 101 W 23rd St

City	State	Zip Code
New York	NY	10011

Purpose of Disbursement
Web Development

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2012

Amount of Each Disbursement this Period

267.00

Transaction ID : SB17.4231

B. Stratics GroupMailing Address 3814 Gunn Hwy
Suite A

City	State	Zip Code
Tampa	FL	33618

Purpose of Disbursement
Phone Calls

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.4181

c. Stratics GroupMailing Address 3814 Gunn Hwy
Suite A

City	State	Zip Code
Tampa	FL	33618

Purpose of Disbursement
Phone Calls

Candidate Name

David Adam Gerson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2012

Amount of Each Disbursement this Period

3700.00

Transaction ID : SB17.4183

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5067.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 32

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Thrifty Car Rental

Mailing Address 4300 Glumack Dr

City	State	Zip Code
St Paul	MN	55111

Purpose of Disbursement
Car Rental for Guest

003

Category/
Type

Candidate Name

David Adam GersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

237.86

Transaction ID : SB17.4281

B. United Air

Mailing Address PO BOX 66100

City	State	Zip Code
Chicago	IL	60666

Purpose of Disbursement
Air Travel

003

Category/
Type

Candidate Name

David Adam GersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

593.20

Transaction ID : SB17.4135

c. Tim Watts

Mailing Address 421 Wood Way

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Independent Consultant

001

Category/
Type

Candidate Name

David Adam GersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2012

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4153

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1331.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gerson for Congress

Full Name (Last, First, Middle Initial)

A. Sean Wright

Mailing Address 15737 France Way

City	State	Zip Code
St Paul	MN	55124

Purpose of Disbursement
Independent Consultant

001

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4266

B. Sean Wright

Mailing Address 15737 France Way

City	State	Zip Code
St Paul	MN	55124

Purpose of Disbursement
Independent Consultant

001

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2012

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4270

c. Sean Wright

Mailing Address 15737 France Way

City	State	Zip Code
St Paul	MN	55124

Purpose of Disbursement
Independent Consultant

001

Candidate Name

David Adam GersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: MN District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4290

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

27131.66

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4392

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

16554.96

0.00

16554.96

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
05 / 29 / 2012

M M / D D / Y Y Y Y

D D / Y Y Y Y

1/1/2020

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)..... ►

16554.96

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4365

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 19 / 2012

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00 % (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

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)..... ►

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4381

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

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:

M M / D D / Y Y Y Y
07

24

2012

M M / D D / Y Y Y Y

D D

NA

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)..... ►

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 26 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4468

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5.00

0.00

5.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
07 / 24 / 2012

M M / D D / Y Y Y Y

D D / Y Y Y Y

NA

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)..... ►

5.00

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4128

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

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:

M M / D D / Y Y Y Y
07 / 26 / 2012M M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NA

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)..... ►

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4389

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

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:

M M / D D / Y Y Y Y
08 / 01 / 2012M M / D D / Y Y Y Y
naM M / D D / Y Y Y Y
naM M / D D / Y Y Y Y
na

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)..... ►

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.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 29 OF 32

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4129

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 10 / 2012

Date Due

M M / D D / Y Y Y Y
/ / NA

Interest Rate

0.00

% (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

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 no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 32

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4470

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6.00

0.00

6.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
08 / 10 / 2012

M M / D D / Y Y Y Y

D D / Y Y Y Y

NA

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)..... ►

6.00

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 32

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 17 / 2012

Date Due

M M / D D / Y Y Y Y
NA

Interest Rate

0.00 % (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

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)..... ►

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.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 32 OF 32

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4131

Gerson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

David Adam Gerson

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
3260 Dodd Ln

City

State

ZIP Code

Eagan

MN

55121

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:

M M / D D / Y Y Y Y
08 / 20 / 2012M M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NAM M / D D / Y Y Y Y
/ / NA

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)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

48565.96

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.