

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: / / To: / /

	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))....	300.00	300.00
(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)).....	300.00	300.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3511.69	3511.69
(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)).....	3511.69	3511.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4795.91	
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).....	55034.29	

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)

Write or Type Committee Name

Gerson for Congress

Report Covering the Period: From: / / To: / /

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).....	300.00	300.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	300.00	300.00
(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))..	300.00	300.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6479.33	6479.33
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6479.33	6479.33
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)..... ▶	6779.33	6779.33

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3511.69	3511.69
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) ►	3511.69	3511.69

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1528.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6779.33
25. SUBTOTAL (add Line 23 and Line 24).....	8307.60
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3511.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4795.91

**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 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
Chuck Devaney

Mailing Address 16700 Pueblo Blvd

City State Zip Code
Jordan MN 55352

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2013

Transaction ID : SA11Al.4425

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

300.00

300.00

**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 6 OF 20
	<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

Mailing Address 3260 Dodd Ln

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C H2MN02130**

Name of Employer Occupation
Meggitt Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
479.33

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2013

Transaction ID : SA13A.4442

Amount of Each Receipt this Period
479.33

Load from David Gerson

B. Full Name (Last, First, Middle Initial)
David Adam Gerson

Mailing Address 3260 Dodd Ln

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C H2MN02130**

Name of Employer Occupation
Meggitt Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3479.33

Date of Receipt
M M / D D / Y Y Y Y
02 / 25 / 2013

Transaction ID : SA13A.4444

Amount of Each Receipt this Period
3000.00

Loan from David Gerson

C. Full Name (Last, First, Middle Initial)
David Adam Gerson

Mailing Address 3260 Dodd Ln

City Eagan State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C H2MN02130**

Name of Employer Occupation
Meggitt Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6479.33

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2013

Transaction ID : SA13A.4464

Amount of Each Receipt this Period
3000.00

Load from David Gerson

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

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

6479.33

6479.33

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gerson for Congress

Full Name (Last, First, Middle Initial) A. Best Buy		Date of Disbursement MM / DD / YYYY 03 / 11 / 2013
Mailing Address 12600 Frontage Rd W		Amount of Each Disbursement this Period 257.08 Transaction ID : SB17.4457
City Burnsville State MN Zip Code 55337	Purpose of Disbursement Printer and MS Office Category/Type 001	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. CD2 Republicans		Date of Disbursement MM / DD / YYYY 03 / 13 / 2013
Mailing Address PO Box 47		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4460
City Lonsdale State MN Zip Code 55046	Purpose of Disbursement Entry to convention and cost for a table Category/Type 004	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) c. Create Space		Date of Disbursement MM / DD / YYYY 02 / 20 / 2013
Mailing Address 7290 Investment Drive		Amount of Each Disbursement this Period 304.99 Transaction ID : SB17.4441
City North Charleston State SC Zip Code 29418	Purpose of Disbursement Books Category/Type 003	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	812.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gerson for Congress

Full Name (Last, First, Middle Initial) A. Rush Order Tees		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 11500 Roosevelt Blvd Building D2		Amount of Each Disbursement this Period 717.00 Transaction ID : SB17.4448
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement T-shirts 003 Category/Type	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. Rush Order Tees		Date of Disbursement MM / DD / YYYY 03 / 20 / 2013
Mailing Address 11500 Roosevelt Blvd Building D2		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4463
City Philadelphia State PA Zip Code 19116	Purpose of Disbursement T-Shirts 003 Category/Type	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) c. Sign Minds		Date of Disbursement MM / DD / YYYY 03 / 06 / 2013
Mailing Address 1400 Quincy Street NE		Amount of Each Disbursement this Period 560.43 Transaction ID : SB17.4453
City Minneapolis State MN Zip Code 55413	Purpose of Disbursement Vinyl Banners 004 Category/Type	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1627.43
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 20d	<input type="checkbox"/> 19c 21

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NAME OF COMMITTEE (In Full)
Gerson for Congress

Full Name (Last, First, Middle Initial) A. Super Cheap Signs		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 9804 Gray Blvd.		Amount of Each Disbursement this Period 292.95 Transaction ID : SB17.4446
City Austin State TX Zip Code 78758	Purpose of Disbursement Yard Signs 004 Category/Type	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. The UPS Store		Date of Disbursement MM / DD / YYYY 03 / 04 / 2013
Mailing Address 8160 County Road 42 #300		Amount of Each Disbursement this Period 320.63 Transaction ID : SB17.4450
City Savage State MN Zip Code 55378	Purpose of Disbursement Flyers 004 Category/Type	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) c. Walmart		Date of Disbursement MM / DD / YYYY 03 / 13 / 2013
Mailing Address 1200 Shingle Creek Pkwy		Amount of Each Disbursement this Period 319.68 Transaction ID : SB17.4458
City Brooklyn Center State MN Zip Code 55430	Purpose of Disbursement Laptop computer 001 Category/Type	
Candidate Name Gerson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

SUBTOTAL of Disbursements This Page (optional).....	933.26
TOTAL This Period (last page this line number only).....	3372.76

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4392

LOAN SOURCE Full Name (Last, First, Middle Initial)
David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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 05 / D 29 / Y 2012 M M / D D / Y 1/1/2020 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4365

LOAN SOURCE Full Name (Last, First, Middle Initial)
David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 07 / D 19 / Y 2012 M M / D D / Y NA % (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)..... ▶ 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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4381

LOAN SOURCE Full Name (Last, First, Middle Initial)
David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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 07 / D 24 / Y 2012 M M / D D / Y NA % (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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4128

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

David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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 07 / D 26 / Y 2012 M M / D D / Y NA % (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

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4389

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

David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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 08 / D 01 / Y 2012
Date Due: M / D / 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)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4129

LOAN SOURCE Full Name (Last, First, Middle Initial)
David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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 08 / D 10 / Y 2012 M M / D D / Y NA % (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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4130

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

David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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 M M / D D / Y Y Y Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4131

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

David Adam Gerson

[PERSONAL FUNDS]

Election: 2012

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:
08 / 20 / 2012 M M / D D / 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).....

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4442

LOAN SOURCE Full Name (Last, First, Middle Initial)
David Adam Gerson

[PERSONAL FUNDS]

Election: 2014

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
479.33 0.00 479.33

TERMS

Date Incurred Date Due Interest Rate Secured:
02 / 22 / 2013 M M / D D / 1/1/2020 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 479.33

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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4444

LOAN SOURCE Full Name (Last, First, Middle Initial)
David Adam Gerson

[PERSONAL FUNDS]

Election: 2014

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
3000.00 0.00 3000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 02 / D 25 / Y 2013 M M / D D / Y 1/1/2020 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Gerson for Congress

Transaction ID : SC/10.4464

LOAN SOURCE Full Name (Last, First, Middle Initial)
David Adam Gerson

[PERSONAL FUNDS]

Election: 2014

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
3000.00 0.00 3000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 26 / Y 2013 M M / D D / Y 1/1/2020 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 3000.00
TOTALS This Period (last page in this line only)..... 55034.29

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