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# FORM 3

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

101111110	For An Au	ıthorized Con	nmittee	Offi	ce Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT	•	xample: If typing, type ver the lines.	12FE4M5	
Gerson for Congress	<b>)</b>				
ADDRESS (number and street)	PO Box 1465				
▼ OI 1 1 17 117					
Check if different than previously reported. (ACC)	Burnsville			MN 553	37
	NIIMPED W	CITY A		STATE ▲	ZIP CODE ▲
C C00523738	NOMBER ¥	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT  MN 02
4. TYPE OF REPORT ((a) Quarterly Reports:		(b) 12-Day <b>PRI</b>	E-Election Report for t	he:	-
April 15 Quarterl	v Report (Q1)	Ш	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly			Convention (12C)	Special (12S)	
-	rterly Report (Q3)	Election or	M M / D C	) / Y Y Y Y	in the State of
January 31 Year-	-End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Repo	ort (TER)	Election or	M " M / D " E	7 Y Y Y Y Y	in the State of
5. Covering Period	10 / 01 /	Y Y Y Y 2021	through	12 / D D / Y	y y y 2021
I certify that I have examined Type or Print Name of Treasu	Gerson, David,		nowledge and belief it	is true, correct and co.	mplete.
Signature of Treasurer	Gerson, David, , ,		[Electronically Filed]	Date 01	31 / Y Y Y Y Y 2022
NOTE: Submission of false, erro	oneous, or incomplete	e information may	subject the person sign	ning this Report to the pe	enalties of 52 U.S.C. §30109
Office Use Only				-	FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Gerson for Congress

2021 10 2021 12 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 171460.36 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

(add Lines 11(a)(iii), (b), (c), and (d))..

(Carry Total to Line 24, page 4).....

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0.00

0.00

Write or Type Committee Name

#### Gerson for Congress

10 2021 12 31 2021 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized .....

(iii)	TOTAL of contributions from individuals	Ξ	,		,		0.00	į			7	Ī	Ϊ	,	Ī	Ī	0.00	
	3	Ξ	7		,		0.00				,		Ξ	7	Ξ		0.00	
` '	her Political Committees uch as PACs)	Ξ	7		7		0.00			Ξ	,	Ξ	Ξ	7	Ξ	I	0.00	
` '	e Candidate	Ξ	,		7		0.00			Ξ	7	Ι	Ξ	7	Ι	I	0.00	
` '	OTAL CONTRIBUTIONS ther than loans)													_		_		

0.00

0.00

	· ·		
12. TRANSFERS FROM OTHER	 		 
ALITHORIZED COMMITTEES	0.00		0.00
AUTHORIZED COMMITTEES	 0.00		0.00

AUTHORIZED COMMITTEES	0.00	0.00

13. LOA	ANS:		
(a)	Made or Guaranteed by the Candidate	0.00	
(b)	All Other Loans	0.00	
(c)	TOTAL LOANS (add Lines 13(a) and (b))	0.00	

14. OFFSETS TO OPERATING		
EXPENDITURES		
(Refunds, Rebates, etc.)	0.00	0.00
	,	,

15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15)	0.00	0.00

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	0.00
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
	(b)	Political Party Committees  Other Political Committees	0.00	0.00
	(-)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		<b>TAL DISBURSEMENTS</b> d Lines 17, 18, 19(c), 20(d), and 21)	0.00	0.00
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	0.00
24	то	TAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		0.00
26.	TO	TAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	0.00
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

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

FOR LINE NUMBER: (check only one)

PAGE

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13a

OF

						130			
AME OF COMMITTEE (In Full) Gerson for Congress					Transa	ction ID : SC/10.4392			
LOAN SOURCE Full Name (Last,	First, Mi	ddle Initial)			Memo Item	Election: 2012			
Gerson, David, Adam, ,		,			j wemo item	rimary			
						General			
Mailing Address PO Box 1465						Other (specify)			
City	City State ZIP Co.								
Burnsville		MN	55337			Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Pay	yment To	Date	Bal	ance Outstanding at Close of This Period			
16554	.96		7	0.00		16554.96			
TERMS Date Incurred		D	Date Due		Interest Rat				
<sup>M</sup> 05 <sup>M</sup> / <sup>D</sup> 29 <sup>D</sup> / Y Ž01Ž	Υ	M M / D D	/ Y 1/	1/2020 Y		0.00			
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle In	,			Name of Em	ployer				
Mailing Address				Occupation					
			ŀ	Amount					
City	State	ZIP Code		Guaranteed Outstanding:		7 7			
2. Full Name (Last, First, Middle Ini	tial)			Name of Em	ployer				
Mailing Address				Occupation					
	T			Amount					
City	State	ZIP Code		Guaranteed Outstanding:	9				
3. Full Name (Last, First, Middle In	tial)			Name of Em	ployer				
Mailing Address				Occupation					
	T			Amount					
City	State	ZIP Code		Guaranteed Outstanding:		9 9			
4. Full Name (Last, First, Middle In	tial)	<b>'</b>		Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		9 9			
SUBTOTALS This Period This Page (c	ntional\								
TO TALE THIS FOR THIS FAGE (C	יףנוטוומו).					16554.96			
TOTALS This Period (last page in this	line only	y)			▶				
Carry outstanding balance only to LIN	NE 3, Sc	nedule D, for this	s line. If n	o Schedule	D, carry for	ward to appropriate line of Summary.			

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

PAGE 6
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4365
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012
Gerson, David, Adam, ,	madie miliary	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
10000.00		0.00 10000.00
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)
M07 <sup>M</sup> / D19 <sup>D</sup> / Y Ž01Ž 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	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:
SUBTOTALS This Period This Page (optiona	N	
CODICIALO IIIIS I ellou IIIIS Page (optiona		10000.00
TOTALS This Period (last page in this line o	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 7
FOR LINE NUMBER: (check only one)

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			Detailed Guillinary	1 age	13b
NAME OF COMMITTEE (In Full)			Tran	saction ID : SC/10.4381	
Gerson for Congress					
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)		Memo Ito	em Election: 2012	
Gerson, David, Adam, ,				rimary	
				General	
Mailing Address PO Box 1465				Other (specify)	
City	State	ZIP Code	<b>;</b>		
Burnsville	MN	55337		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pa	yment To D	ate E	Balance Outstanding at Close of	This Period
5000.00			0.00	500	0.00
7 7	7	7	4	7 7	
TERMS Date Incurred		Date Due	Interest F (If none, e		d:
M07 <sup>M</sup> / D24 <sup>D</sup> / Y Ž01Ž Y	M M / D D	) / Y Y	NA <sup>Y</sup>	0.00 % (apr) Yes	s 🗷 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)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		_
City State	ZIP Code		Guaranteed		
			Outstanding:	9 9	
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)		1	Name of Employer		
Mailing Address		(	Occupation		
			Amount		
City State	ZIP Code	(	Guaranteed		
		(	Outstanding:	, , , , , , , , , ,	
SUBTOTALS This Period This Page (optional)				500	0.00
TOTALS This Period (last page in this line onl			<u>_</u>	, , ,	0.00
TOTALO TINO I GNOU (last page III tins lifle Off	у,		•	7 7	
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no	Schedule D, carry 1	forward to appropriate line of S	ummary.

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

PAGE 8
FOR LINE NUMBER: (check only one)

**X** 13a

				Detailed of	arriiriary r aş					13b
AME OF COMMITTEE (In Full) Gerson for Congress					Transac	tion ID	: SC/10.446	8		
LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,  Mailing Address PO Box 1465	First, Mid	dle Initial)			Memo Item	G	on: 2012 rimary eneral ther (specif	y) <b>▼</b>		
City Burnsville		State MN	ZIP Cod 55337	e		×	Personal Fu	nds of the	Cano	didate
Original Amount of Loan	5.00	Cumulative Pay	yment To I	Oate 0.00	Bala	ince Ou	tstanding at		This I	Period
TERMS Date Incurred  M07 <sup>M</sup> / D24 <sup>D</sup> / Y Z012	Y	D D D	Pate Due		nterest Rate If none, enter 0.		% (apr)	Secure		No
List All Endorsers or Guarantors		Loan Source								
1. Full Name (Last, First, Middle I	nitial)			Name of Emp	lloyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		,	,			
2. Full Name (Last, First, Middle In	itial)	•		Name of Emp	loyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
3. Full Name (Last, First, Middle In	itial)			Name of Emp	loyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
4. Full Name (Last, First, Middle In	itial)	•		Name of Emp	loyer					
Mailing Address				Occupation						
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7			
SUBTOTALS This Period This Page (					··•			7	5.00	
Carry outstanding balance only to LII	NE 3, Sch	edule D, for this	line. If n	o Schedule D	, carry forv	vard to	appropriat	e line of S	umm	arv.

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

FOR LINE NUMBER: (check only one)

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OF

				3D		
AME OF COMMITTEE (In Full)  Gerson for Congress			Transaction ID : SC/10.4128			
LOAN SOURCE Full Name (Last, First Gerson, David, Adam, ,  Mailing Address PO Box 1465	, Middle Initial)	☐ Memo Item				
	Ctata	710.0		_		
City Burnsville	State MN	ZIP C 5533	Y Personal Funds of the Candid	date		
Original Amount of Loan	Cumulati	ve Payment T	To Date Balance Outstanding at Close of This Pe	eriod		
5000.00		,	0.00 5000.00			
TERMS Date Incurred		Date Due	le Interest Rate Secured:			
M07 <sup>M</sup> / D26 <sup>D</sup> / Y Z01Z Y	M M /	D D / Y	Y YNAY Y 0.00	No		
List All Endorsers or Guarantors (if a	ny) to Loan So	ource				
1. Full Name (Last, First, Middle Initial	)		Name of Employer			
Mailing Address			Occupation			
			Amount			
City	te ZIP Co	de	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)			Name of Employer	Name of Employer		
Mailing Address			Occupation			
			Amount			
City	te ZIP Co	de	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	te ZIP Co	de	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address			Occupation			
			Amount			
City	te ZIP Co	de	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (option	· 		, date of			
TOTALS This Period (last page in this line	only)					
Carry outstanding balance only to LINE 3	, Schedule D, f	or this line. I	If no Schedule D, carry forward to appropriate line of Summa	ry.		

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/10.4389 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D01D <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)..... 5000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

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

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

FOR LINE NUMBER: (check only one)

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Transaction ID: SC/10.4470 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 Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 6.00 0.00 6.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>10<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)..... 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.

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

FOR LINE NUMBER: (check only one)

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OF

						130	
	ME OF COMMITTEE (In Full) Serson for Congress				Trans	saction ID : SC/10.4130	
Ľ							
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo Ite	Election: 2012  X Primary	
						General	
	Mailing Address PO Box 1465					Other (specify)	
	City		State	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 B	alance Outstanding at Close of This Period	
	1000	0.00			0.00	1000.00	
	TERMS Date Incurred		C	Date Due	Interest R (If none, er		
	M08 <sup>M</sup> / D17 <sup>D</sup> / Y Ž01Ž	Y	M M / D D	/ Y	YNA Y	0.00 % (apr) Yes No	
	List All Endorsers or Guarantors	(if any) to	o Loan Source				
	1. Full Name (Last, First, Middle I				Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	2. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	3. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
	4. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9	
			·				
SI	UBTOTALS This Period This Page (	optional)			······	, 1000.00	
T	OTALS This Period (last page in this	s line only	y)		······	7 7 7	
C	Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.	
					, -		

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

FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Gerson for Congres			Transa	action ID : SC/10.4131	
Gerson, David, A		ddle Initial)	☐ Memo Iten	n Election: 2012  x Primary  General	
Mailing Address PO Box 1465				Other (specify)	
City		State	ZIP Code	▼ Personal Funds of the Candidate	
Burnsville		MN De	55337		
Original Amount of Loa	1000.00	Cumulative Pag	0.00	lance Outstanding at Close of This Period	
TERMS Date Inc	curred		Pate Due Interest Ra		
M08M / D20D /	<sup>Y</sup> Ž01Ž <sup>Y</sup>	M M / D D		0.00 % (apr) Yes X No	
List All Endorsers or 0	Guarantors (if any) to	o Loan Source			
1. Full Name (Last, Fir	rst, Middle Initial)		Name of Employer		
Mailing Address			Occupation	Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
2. Full Name (Last, Firs	st, Middle Initial)		Name of Employer	Name of Employer	
Mailing Address			Occupation		
City	City State ZIP Code			7	
3. Full Name (Last, Firs	st, Middle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed	
4. Full Name (Last, First	st, Middle Initial)		Name of Employer		
Mailing Address				Occupation	
			Amount		
City	State	ZIP Code	Guaranteed Outstanding:	7	
SUBTOTALS This Period	This Page (optional)		· · · · · · · · · · · · · · · · · · ·	1000.00	
TOTALS This Period (last	page in this line only	·) ·······			
Carry outstanding halance	e only to LINE 3. Sch	nedule D. for this	s line. If no Schedule D. carry for	rward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

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OF

AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4442
LOAN SOURCE Full Name (Last, First, M Gerson, David, Adam, ,	iddle Initial)	☐ Memo Item
Mailing Address PO Box 1465		Other (specify) ▼
City	State	ZIP Code  Second William 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	Γ	rate Due Interest Rate Secured: (If none, enter 0)
M02M / D22D / Y Ž013 Y	M M / D D	/
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
Oit.	710.0-1-	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	710.0	Amount Guaranteed
City	ZIP Code	Outstanding:
SUBTOTALS This Period This Page (optional)		479.33
FOTALS This Period (last page in this line on	ly)	
Carry outstanding halance only to LINE 3 Se	hedule 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/10.4444
LOAN SOURCE Full Name (Last, First, I	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	viidale iriitalij	Memo Item    Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3000.00	,	0.00 3000.00
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)
M02M / D25D / Y Ž01Š Y	M M / D D	7
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u> </u>	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:
CURTOTALC This Deviced This Days (autisms	.n	
SUBTOTALS This Period This Page (optional		3000.00
TOTALS This Period (last page in this line of	nly)	······································
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

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

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

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			Detailed Guillinary I	age	13b
NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4502	
Gerson for Congress					
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)		☐ Memo Itei	m Election: 2014	
Gerson, David, Adam, ,				x Primary	
				General	
Mailing Address PO Box 1465				Other (specify)	
City	State	ZIP Code	)		
Burnsville	MN	55337		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To D	ate Ba	alance Outstanding at Close of T	his Period
4000.00			0.00	4000	0.00
TERMS Date Incurred	D	Date Due	Interest Ra		<u></u> :
M04 <sup>M</sup> / P18 <sup>D</sup> / Y Ž013 Y	M M / D D	/ Y 1		0.00 % (apr) Yes	s x No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
		<u> </u>	Amount		
City	ZIP Code		Guaranteed Outstanding:	7 7 7	
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)				
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		1	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	<b>I</b>	Guaranteed Outstanding:	7 7 7 7	
1	-1				
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Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry fo	orward to appropriate line of Si	ummary.

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

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	ME OF COMMITTEE (In Full) erson for Congress				Transac	tion ID : SC/10.4545
		Circh Mile	-  -   -   <b> </b>  -  \			F
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mid	idie initiai)		☐ Memo Item	Election: 2014  x Primary
-	NA 11: A 1 1					General
	Mailing Address PO Box 1465					Other (specify)
(	City		State	ZIP Code	9	Personal Funds of the Candidate
E	Burnsville		MN	55337		1 craoriai i unas or the Ganadate
	Original Amount of Loan		Cumulative Pay	ment To D	Date Bala	nce Outstanding at Close of This Period
	4000	0.00			0.00	4000.00
-	TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter	
	M05 <sup>M</sup> / P13 <sup>D</sup> / Y Z013	Y	M M / D D	/ Y 1	ý1/2Ŏ Y 0.	00 % (apr) Yes X No
	List All Endorsers or Guarantors	(if any) to	o Loan Source			
	1. Full Name (Last, First, Middle I	` •,		Т	Name of Employer	
	Mailing Address				Occupation	
				-	Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
:	2. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
	Mailing Address				Occupation	
				-	Amount	
	City	State	ZIP Code	I .	Guaranteed Outstanding:	7
;	3. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
4	4. Full Name (Last, First, Middle Ir	nitial)	'		Name of Employer	
	Mailing Address				Occupation	
					Amount	
	City	State	ZIP Code		Guaranteed Outstanding:	7
			•	•		
SU	BTOTALS This Period This Page (	optional)			······	4000.00
то	TALS This Period (last page in this	s line only	)		······	, , , , , , , , ,
C-	irry outstanding halance only to LL	NF 3 Sob	edule D. for this	line If n	Schedule D. carry form	vard to appropriate line of Summary.
La	ing outstanding palatice only to Li	11L 0, 30H	edule D, IOI (III)	, mic. ii li	Carry forv	vara to appropriate line or outlittary.

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OF

		130
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4591
	lalla laiti-!\	Te
Gerson, David, Adam, ,	iale initial)	☐ Memo Item
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	ment To Date Balance Outstanding at Close of This Period
5000.00	9	0.00 5000.00
TERMS Date Incurred	D	ate 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 <sup>1</sup> /1/2 <sup>1</sup> /2 Yes
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 State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
	·	
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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

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		100		
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5169		
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				
Burnsville	MN	55337 Personal Funds of the Candidate		
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)		
M07 <sup>M</sup> / D05 <sup>D</sup> / Y 2013 Y	M M / D D	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)	1	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
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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.		

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OF

		100		
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5170		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014		
Gerson, David, Adam, ,	☐ Memo Item    Clection: 2014   ★ Primary   General			
Mailing Address PO Box 1465	Other (specify)			
City				
Burnsville	MN	55337 Personal Funds of the Candidate		
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	С	Date Due Interest Rate Secured:		
M07 <sup>M</sup> / D29 <sup>D</sup> / Y Ž013 Y	M M / D D	/		
List All Endorsers or Guarantors (if any	) to Loan Source			
1. Full Name (Last, First, Middle Initial)	,	Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	•	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
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Carry outstanding balance only to LINE 3,	Schedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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		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, ,	Memo Item    Clection: 2014			
Mailing Address PO Box 1465	Other (specify)			
City				
Burnsville	MN	55337 Personal Funds of the Candidate		
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:		
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Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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AME OF COMMITTEE (In Full) Gerson for Congress					Transac	ction ID : SC/10.5173
LOAN SOURCE Full Name (Last,	First. Mi	ddle Initial)			Mama Itam	Election: 2014
- Weino Ren						rimary
Gerson, David, Adam, ,						General
Mailing Address PO Box 1465						Other (specify)
City		State	ZIP Cod	le		Personal Funds of the Candidate
Burnsville		MN	55337			
Original Amount of Loan		Cumulative Pay	yment To			ance Outstanding at Close of This Period
5000	0.00			0.00		5000.00
TERMS Date Incurred		D	Date Due		Interest Rate (If none, enter	
M09M / D12D / Y Z013	Υ	M M / D D	) / Y	1)1/20 Y	0.	00 % (apr) Yes X No
List All Endorsers or Guarantors	(if any) t	to Loan Source				
1. Full Name (Last, First, Middle I	nitial)			Name of Em	ployer	
Mailing Address				Occupation		
			-	Amount		
City	State	ZIP Code Guaranteed Outstanding:		7		
2. Full Name (Last, First, Middle In	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 In	itial)			Name of Em	ployer	
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		y y
4. Full Name (Last, First, Middle In	itial)	•		Name of Em	ployer	
Mailing Address				Occupation		
			-	Amount		
City	State	ZIP Code		Guaranteed Outstanding:		7 7 7
SUBTOTALS This Period This Page (	ontional)					
COLOTALO TINO I GILOU TINO FAGE (	Spriorial).					5000.00
TOTALS This Period (last page in this	line onl	y)			▶	, , , , , , ,
Carry outstanding balance only to LII	NE 3, Sc	hedule D, for this	s line. If r	o Schedule	D, carry for	ward to appropriate line of Summary.

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Transaction ID: SC/10.5174 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 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D 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 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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NAME OF COMMITTEE (In Full)  Gerson for Congress		Transaction ID : SC/10.5202
	L-11 - 1 141 P	
Gerson, David, Adam, ,	iale Initial)	☐ Memo Item Election: 2014  ▼ Primary
Mailing Address PO Box 1465		General Other (specify) ▼
City	State	ZIP Code  ** Personal Funds of the Candidate
Burnsville	MN	55337 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
5000.00	7	0.00 5000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10M / D04D / Y Ž01Š Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes ▼ No
List All Endorsers or Guarantors (if any) to	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line only	y)	······································
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OF

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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, ,						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> Ž013	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 Outstanding:		, , , , , ,	
2. Full Name (Last, First, Middle In	itial)			Name of Em	ployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:			7		
3. Full Name (Last, First, Middle In	itial)			Name of Em	ployer		
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

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FOR LINE NUMBER: (check only one)

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OF

		130
NAME OF COMMITTEE (In Full)  Gerson for Congress		Transaction ID : SC/10.5204
		·
LOAN SOURCE Full Name (Last, First, Mid 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
5000.00	9	0.00 5000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M10M / D23D / Y Ž01Š Y	M M / D D	/ Y 1/1/20 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) 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)	l	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)-		5000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 30 OF
FOR LINE NUMBER:
(check only one)

**X** 13a

		100		
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5205		
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014		
Gerson, David, Adam, ,	Memo Item    Clection: 2014			
Mailing Address PO Box 1465	Other (specify)			
City				
Burnsville	MN	55337 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
5000.00	,	0.00 5000.00		
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)		
M11M / D04D / Y Ž01Š Y	M M / D D	/ Y 1//1/20 Y 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any	) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
CURTOTAL C. This Desired This Desire (asking				
SUBTOTALS This Period This Page (optional	11)	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.		

NAME OF COMMITTEE (In Full)

**Gerson for Congress** 

#### SCHEDULE C (FEC Form 3) **LOANS**

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

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LOAN SOURCE Full Name (Last, First, Middle Initial)  Gerson, David, Adam, ,  Mailing Address PO Box 1465					Election: 2014  X Primary  General	
					Other (specify) ▼	
City		State	ZIP Cod	de		
Burnsville		MN	55337			✗ Personal Funds of the Candidate
Original Amount o	f Loan	Cumulative Pay	yment To	Date	Balar	nce Outstanding at Close of This Period
,	4000.00	,	,	0.00		4000.00
TERMS Date	e Incurred	С	Date Due		terest Rate	Secured:
M11M / D13D	2 / Y Ž013 Y	M M / D D	/ Y	1ÿ1/2ŏ <sup>Y</sup>	0.0	00
List All Endorsers	or Guarantors (if any) t	o Loan Source				
1. Full Name (Last	t, First, Middle Initial)			Name of Emplo	oyer	
Mailing Address	3			Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		y y y
2. Full Name (Last,	First, Middle Initial)			Name of Emplo	oyer	
Mailing Address				Occupation		
1				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		7
3. Full Name (Last,	First, Middle Initial)	1		Name of Emplo	oyer	
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:		, , , , , , , , , , , , , , , , , , , ,
4. Full Name (Last,	First, Middle Initial)			Name of Emplo	oyer	
Mailing Address				Occupation		
City	State	ZIP Code	-	Amount Guaranteed Outstanding:		9
	riod This Page (optional).				<del>-</del>	4000.00
OTALS This Period (	last page in this line only	/)			<b>-</b>	

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/10.5207
LOAN SOURCE Full Name (Last, First, Mi	ddle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	☐ Memo Item    Clection: 2014   ★ Primary   General	
Mailing Address PO Box 1465		Other (specify) ▼
City	State	ZIP Code  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
3000.00		0.00 3000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D19D / Y Ž01Š Y	M M / D D	/
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)		2000 00
		, , , , ,
TOTALS This Period (last page in this line on	y)	<b>—————————————————————————————————————</b>
Carry outstanding balance only to LINE 3, Sc	hedule 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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×	13a
	13b

AME OF COMMITTEE (In Full) Gerson for Congress			•	Transac	tion ID : SC/10.5208			
LOAN SOURCE Full Name (Last, First, Middle Initial) Gerson, David, Adam, ,				☐ Memo Item				
Mailing Address PO Box 1465					Other (specify) ▼			
City	State ZIP Co			Y Personal Funds of the Candidat				
Burnsville MN 55337								
1 1 1 1 1 1 1 1	Original Amount of Loan  Cumulative Payment To 4000.00				0.00 4000.00			
TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter				
M11M / D29D / Y Ž01Š	Y	M M / D D	/ Y 1)/1/20	1ÿ1/2ŏ				
List All Endorsers or Guarantors	(if any) to	Loan Source						
1. Full Name (Last, First, Middle I	nitial)		Name of	of Employer				
Mailing Address			Occupa	Occupation				
City	State	ZIP Code	Amount Guarant	teed				
2. Full Name (Last, First, Middle In	itial)		Outstan Name o	Name of Employer				
Mailing Address			Occupa	ition				
			Amount					
City	State	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)			Name o	of Employer				
Mailing Address			Occupa	Occupation				
City	State	ZIP Code	Amount Guaran Outstan	teed	, ,			
4. Full Name (Last, First, Middle In	4. Full Name (Last, First, Middle Initial)			of Employer				
Mailing Address			Occupa	ition				
City	State	ZIP Code	Amount Guaran Outstan	teed	7			
SUBTOTALS This Period This Page (	optional)			······································	4000.00			
FOTALS This Period (last page in this	line only	)		············	, , , , , , , , , , , , , , , , , , , ,			
Carry outstanding balance only to LI	NE 3, Sch	edule D, for this	line. If no Schee	dule D, carry forw	vard 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/10.5209				
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				
4000.00	ļ.,	0.00 4000.00				
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)				
M12M / D09D / Y Ž01Š Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any	) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	·	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	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	n					
ODDIVIALS This Period This Page (optional		4000.00				
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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13b Transaction ID: SC/10.5210 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 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 <sup>D</sup>16<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)..... 3000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

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

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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	l,	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 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 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	)	F000 00
		, , , , , , , , , , , , , , , , , , , ,
TOTALS This Period (last page in this line or	ıly)	······
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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**X** 13a 13b

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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) 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 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

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						•			130
AME OF COMMITTEE (In Full) Gerson for Congress					Trans	action I	D : SC/10.558	7	
LOAN SOURCE Full Name (Last, First, Middle Initial)  Gerson, David, Adam, ,  Mailing Address					Memo Ite	···	ction: 2014 Primary General Other (specif	y) <b>▼</b>	
PO Box 1465									
City		State MN	de		×	Personal Fu	ınds of the	e Candidate	
Burnsville			55337						
Original Amount of Loan Cumulative Payment To			ment To			alance C	Outstanding at		
391.0	0		7	0.00			3	3	91.00
TERMS Date Incurred		D	ate Due		Interest R (If none, er			Secure	ed:
M10M / D28D / Y Ž014	Y	M M / D D	/ Y	YNA Y		0.00	% (apr)	Ye	es 🗶 No
List All Endorsers or Guarantors (if	any) to	Loan Source							
1. Full Name (Last, First, Middle Init	tial)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount	-	_			_
City	State	ZIP Code		Guaranteed Outstanding:		7			
2. Full Name (Last, First, Middle Initial)				Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code	Guaranteed Outstanding:		7				
3. Full Name (Last, First, Middle Initi	al)	1		Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		7	,		
4. Full Name (Last, First, Middle Initi	al)	l		Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		7	- 9		
CURTOTAL C This Deviced This Dags (or	tional\								
SUBTOTALS This Period This Page (op	nional)				···· Þ		7	39	91.00
FOTALS This Period (last page in this I	ine only	)			▶		7	,	4
Carry outstanding balance only to LINE	3, Sch	edule D, for this	line. If r	no Schedule	D, carry fo	orward t	to appropriat	e 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/10.5608
	المام المنائدة	
Gerson, David, Adam, ,	iale initial)	☐ Memo Item Election: 2016  ▼ Primary  Constru
Mailing Address PO Box 1465		General Other (specify) ▼
City	State	ZIP Code  ** Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
3500.00	7	0.00 3500.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M03M / P04P / Y Ž01Š Y	M M / D D	/ Y YNAY Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
	•	
SUBTOTALS This Period This Page (optional)		3500.00
TOTALS This Period (last page in this line only	y)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		100			
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    Clection: 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)	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:			
CURTOTAL C This Deviced This Dane (subtiness	n				
SUBTOTALS This Period This Page (optional		5000.00			
TOTALS This Period (last page in this line o	nly)	······································			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5980
LOAN SOURCE Full Name (Last, First, N	Aiddle Initial)	Memo Item Election: 2016
Gerson, David, Adam, ,	Memo Item    Clection: 2016	
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00		0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M 09M / D 08D / Y 2015 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	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 (optiona	N	40000 00
COLUMN TOTAL TIME TOTAL TIME TO AGE (OPTIONA	'y	10000.00
TOTALS This Period (last page in this line o	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

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FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.6013
LOAN SOURCE Full Name (Last, First, M	liddle Initial)	Memo Item Election: 2016
Gerson, David, Adam, ,	Memo Item    Control   Con	
Mailing Address PO Box 1465	Other (specify) ▼	
City	State	ZIP Code  FF007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
33932.59	,	28539.64 5392.95
TERMS Date Incurred	]	late Due Interest Rate Secured: (If none, enter 0)
M09M / D30D / Y Ž015 Y	M M / D D	/ 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)	<u> </u>	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 State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	)	5392.95
TOTALS This Period (last page in this line or	ıly)	171460.36
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.