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

| FORIVI 3   | For An Aut          | horized Com                    | mittee                              |                            | Office Use Only                            |
|--|---------------------|--------------------------------|-------------------------------------|----------------------------|--|
| NAME OF     COMMITTEE (in full)                    | TYPE OR PRINT       |                                | cample: If typing, typer the lines. | ype 12FE4M5                |  |
| Gerson for Congress                                |                     |                                |                                     |                            | ı  |
|  |                     |                                |                                     |                            |  |
|  |                     |                                |                                     |                            |  |
| ADDRESS (number and street)                        | PO Box 1465         |                                |                                     |                            |  |
| ▼ OI 1 17 17 17 1                                  |                     |                                |                                     |                            |  |
| Check if different than previously reported. (ACC) | Burnsville          |                                |                                     | MN 5                       | 55337                                      |
| 2. <b>FEC IDENTIFICATION N</b>                     | UMBER ▼             | CITY ▲                         |                                     | STATE ▲                    | ZIP CODE ▲                                 |
| C C00523738  |                     | 3. IS THIS<br>REPORT           | NEW (N) C                           | AMENDE (A)                 | STATE ▼ DISTRICT  MN  02                   |
| 4. TYPE OF REPORT (CH                              | noose One)          | o) 12-Day <b>PRE</b>           | -Election Report fo                 | or the                     |  |
| (a) Quarterly Reports:                             | (                   | 5, 12 Day 1112                 |                                     |                            |  |
| April 15 Quarterly                                 | Report (Q1)         | Ш                              | Primary (12P)                       | General (12                | G) Runoff (12R)                            |
|  |                     |                                | Convention (12C)                    | ) Special (12              | S)   |
| July 15 Quarterly I                                | Report (Q2)         |                                |                                     | D / Y Y Y Y                |  |
| October 15 Quarte                                  | erly Report (Q3)    | Election on                    | M M / D                             | D / Y Y Y Y                | in the<br>State of                         |
| January 31 Year-E                                  | nd Report (YE)      | c) 30-Day <b>POS</b>           | T-Election Report                   | for the:                   |  |
| _  |                     | 5, 66 Bay <b>1 6</b>           |                                     |                            | . П  |
|  |                     | ш                              | General (30G)                       | Runoff (30F                | R) Special (30S)                           |
| Termination Report                                 | t (TER)             | Election on                    | M M / D                             | D / Y Y Y Y                | in the<br>State of                         |
| 5. Covering Period                                 | M / 01 / 01         | <sup>Y</sup> <sup>Y</sup> 2019 | through                             | M M / D D / 30             | Y Y Y Y Y 2019                             |
| I certify that I have examined the                 | Gerson, David, .    |                                | nowledge and belie                  | of it is true, correct and | complete.                                  |
| Gen<br>Signature of Treasurer                      | rson, David, , ,    |                                | [Electronically Filed               | Date                       | / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false, erron                   | eous, or incomplete | information may                | subject the person                  | signing this Report to the | penalties of 52 U.S.C. §30109              |
| Office   |                     |                                |                                     |                            |  |
| Use Only   |                     |                                |                                     |                            | FEC FORM 3<br>(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

2019 2019 09 30 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 103539.64 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 275000.00 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

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

07 2019 09 30 2019 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 0.00 0.00 from individuals ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 (d) The Candidate ..... TOTAL CONTRIBUTIONS (other than loans) 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 0.00 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS:

| 10. L | .07 (140.  |      |      |
|-------|--|------|------|
| (:    | a) Made or Guaranteed by the Candidate   | 0.00 | 0.00 |
| ,     | b) All Other Loans   | 0.00 | 0.00 |
|       | (add Lines 13(a) and (b))  | 0.00 | 0.00 |
| E     | OFFSETS TO OPERATING EXPENDITURES Refunds, Rebates, etc.)                              | 0.00 | 0.00 |
|       | OTHER RECEIPTS Dividends, Interest, etc.)  | 0.00 | 0.00 |
| 1     | TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4) | 0.00 | 0.00 |
|       |  |      |      |

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

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|     | II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|-----|---|-------------------------------|------------------------------------|
| 4-  |   | 0.00                          | 0.00                               |
| 17. | OPERATING EXPENDITURES  | 7                             | 7                                  |
| 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)      | 0.00                          | 0.00                               |
|     | III. CASH SU  | JMMARY                        |                                    |
| 23. | CASH ON HAND AT BEGINNING OF REPO                                 | RTING PERIOD                  | 103539.64                          |
| 24  | TOTAL RECEIPTS THIS PERIOD (from Line                             | 16, page 3)                   | 0.00                               |
| 25. | SUBTOTAL (add Line 23 and Line 24)                                |                               | 103539.64                          |
| 26. | TOTAL DISBURSEMENTS THIS PERIOD (fro                              | om Line 22)                   | 0.00                               |
| 27. | CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25) |                               | 103539.64                          |

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

PAGE 5
FOR LINE NUMBER: (check only one)

13a

OF

|  |                   | 130   |
|--|-------------------|---|
| NAME OF COMMITTEE (In Full)  Gerson for Congress               |                   | Transaction ID : SC/10.4392   |
|  |                   | I   |
| LOAN SOURCE Full Name (Last, First, Mic Gerson, David, Adam, , | ldle Initial)     | ☐ Memo Item   |
| Mailing Address<br>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             |
| 16554.96   | ,                 | 0.00  |
| TERMS Date Incurred  | D                 | ate Due Interest Rate Secured: (If none, enter 0)                     |
| M05M / D29D / Y Ž01Ž Y   | M M / D D         | /   |
| 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 State   | ZIP Code          | Guaranteed<br>Outstanding:  |
|  |                   |   |
| SUBTOTALS This Period This Page (optional)                     |                   | 16554.96  |
| TOTALS This Period (last page in this line only                | r)                | ·······   |
| Carry outstanding balance only to LINE 3, Sch                  | edule 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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FOR LINE NUMBER: (check only one)

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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<br>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

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FOR LINE NUMBER: (check only one)

13a

|   |                     | 13b  |  |
|---|---------------------|--|--|
| AME OF COMMITTEE (In Full) Gerson for Congress                  |                     | Transaction ID : SC/10.4381  |  |
| LOAN SOURCE Full Name (Last, First, Mailing Address PO Box 1465 | Middle Initial)     | ☐ Memo Item  Election: 2012  ## Primary  General  Other (specify) ▼            |  |
| City<br>Burnsville  | State               | ZIP Code  55337  Personal Funds of the Candidate                               |  |
| Original Amount of Loan 5000.00                                 | Cumulative Pa       | byment To Date  Balance Outstanding at Close of This Period  0.00  5000.00     |  |
| TERMS Date Incurred   | M " M / D " D       | Date Due Interest Rate (If none, enter 0)  O / 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   |  |
| City  | ZIP Code            | Amount Guaranteed Outstanding:   |  |
| 2. Full Name (Last, First, Middle Initial)                      |                     | Name of Employer   |  |
| Mailing Address   |                     | Occupation   |  |
| City  | ZIP Code            | Amount Guaranteed Outstanding:   |  |
| 3. Full Name (Last, First, Middle Initial)                      |                     | Name of Employer   |  |
| Mailing Address   |                     | Occupation   |  |
| City  | ZIP Code            | Amount Guaranteed Outstanding:   |  |
| 4. Full Name (Last, First, Middle Initial)                      | <b>'</b>            | Name of Employer   |  |
| Mailing Address   |                     | Occupation   |  |
| City  | ZIP Code            | Amount Guaranteed Outstanding:   |  |
| UBTOTALS This Period This Page (optional)                       |                     |  |  |
|   | 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)

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OF

|  |                      | 130   |
|--|----------------------|---|
| AME OF COMMITTEE (In Full) Gerson for Congress   |                      | Transaction ID: SC/10.4468  |
| LOAN SOURCE Full Name (Last, First, Gerson, David, Adam, ,  Mailing Address                  | Middle Initial)      | ☐ Memo Item   |
| PO Box 1465  |                      |   |
| City   | State                | ZIP Code  Personal Funds of the Candidate                               |
| Burnsville   | MN                   | 55337   |
| Original Amount of Loan 5.00   | Cumulative Pa        | yment To Date  Balance Outstanding at Close of This Period  0.00  5.00  |
| TERMS Date Incurred  | Γ                    | late Due Interest Rate Secured:   |
| <sup>M</sup> 07 <sup>M</sup> / <sup>D</sup> 24 <sup>D</sup> / <sup>Y</sup> Ž01Ž <sup>Y</sup> | M M / D D            | / YNAY Y 0.00 % (apr) Yes X No  |
| List All Endorsers or Guarantors (if an  | y) to Loan Source    |   |
| 1. Full Name (Last, First, Middle Initial)   |                      | Name of Employer  |
| Mailing Address  |                      | Occupation  |
|  |                      | Amount  |
| City   | e ZIP Code           | Guaranteed Outstanding:   |
| 2. Full Name (Last, First, Middle Initial)   | I                    | Name of Employer  |
| Mailing Address  |                      | Occupation  |
|  |                      | Amount  |
| City   | e 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   | e ZIP Code           | Guaranteed Outstanding:   |
| SUBTOTALS This Period This Page (option  | nal)                 | 5.00  |
| FOTALS This Period (last page in this line   | ·                    | ,   |
| Carry outstanding halance only to LIME 2   | Schodula D. for thi  | s line If no Schedule D. carry forward to appropriate line of Surrena   |
| Carry outstanding balance only to LINE 3,  | Scriedule 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)

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OF

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|---|--|--------------------|------------|----------------------------|--------------|--|
| AME OF COMMITTEE (In Full) Gerson for Congress                                  |  |                    |            |                            | Transa       | ction ID : SC/10.4128                    |
| LOAN SOURCE Full Name (Last,  | First, Mi                                  | ddle Initial)      |            |                            | Memo Item    | Election: 2012                           |
| Gerson, David, Adam, ,  |  |                    |            |                            | ,            | <b>x</b> Primary                         |
| Mailing Address   |  |                    |            |                            |              | ☐ General Other (specify) ▼              |
| Mailing Address<br>PO Box 1465  |  |                    |            |                            |              | Other (specify)                          |
| City  |  | State              | ZIP Cod    | de                         |              | Paramal Funda of the Condidate           |
| 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 |
| 5000  | 0.00                                       |                    |            | 0.00                       |              | 5000.00                                  |
| TERMS Date Incurred   |  | D                  | ate Due    |                            | Interest Rat |  |
| <sup>M</sup> 07 <sup>M</sup> / <sup>D</sup> 26 <sup>D</sup> / <sup>Y</sup> Ž01Ž | Y  | M M / D D          | / Y        | YNA Y                      | •            | 0.00                                     |
| List All Endorsers or Guarantors  | (if any) t                                 | o Loan Source      |            |                            |              |  |
| Full Name (Last, First, Middle I  | ,  |                    |            | 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 Em                 | ployer       |  |
| Mailing Address   |  |                    |            | Occupation                 |              |  |
|   | ,  |                    |            | Amount                     |              |  |
| City  | State                                      | Out                |            | Guaranteed<br>Outstanding: |              | 7 7                                      |
| 3. Full Name (Last, First, Middle In  | 3. Full Name (Last, First, Middle Initial) |                    |            | Name of Em                 | ployer       |  |
| Mailing Address   |  |                    |            | Occupation                 |              |  |
|   |  |                    |            | Amount                     |              |  |
| City  | State                                      | ZIP Code           |            | Guaranteed<br>Outstanding: |              | 7  |
| 4. Full Name (Last, First, Middle Initial)                                      |  |                    | Name of Em | ployer                     |              |  |
| Mailing Address   |  |                    |            | Occupation                 |              |  |
|   |  |                    |            | Amount                     |              |  |
| City  | State                                      | ZIP Code           |            | Guaranteed<br>Outstanding: |              | 7  |
|   |  |                    |            |                            |              |  |
| SUBTOTALS This Period This Page (   | optional).                                 |                    |            |                            | ▶            | 5000.00                                  |
| FOTALS This Period (last page in this   | line only                                  | y)                 |            |                            | ▶            | , , , , , , ,                            |
| Carry outstanding balance only to Lli   | NE 3. Scl                                  | hedule D. for this | s line. If | no Schedule                | D. carry for | ward to appropriate line of Summary.     |
| . ,   | ,  | , . <del>.</del>   |            |                            | ,            |  |

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

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

FOR LINE NUMBER: (check only one)

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|---|-----|
|   | 13b |

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

| List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Amount Outstanding:  Amount Occupation  Amount Amount Outstanding:  Amount Occupation  Amount Amount Amount Occupation  Amount Amount Amount Occupation  Amount Amount   |  |                       |                    |             | Detailed Garrina | y rage      |                   |             | 13b         |
|---|--|-----------------------|--------------------|-------------|------------------|-------------|-------------------|-------------|-------------|
| LOAN SOURCE Full Name (Last, First, Middle Initial)  Gerson, David, Adam, ,  Mailing Address PO Box 1465  City  Bumsville  State  City  Date Incurred  City  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  MN  State  ZIP Code  MN  6,00  0.00  6,00  TERMS  Date Incurred  Date Due  Interest Rate (if none, enter 0) (if none, enter 0) (if none, enter 0) (if none, enter 0)  Wes  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  City  State  ZIP Code  Outstanding:  Amount  Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  Guaranteed Outstanding:  Amount  Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Amount  Guaranteed Outstanding:  Amount  Guaranteed Outstanding:  Amount  Guaranteed Outstanding:  Amount  Guaranteed Outstanding:  Amount  City  State  ZIP Code  Outstanding:  Amount  City  Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount  Amount  Amount  Outstanding:  Amount   |  |                       |                    |             | Tra              | ansaction I | D : SC/10.4470    |             |             |
| Gerson, David, Adam, ,  Mailing Address PO Box 1465  City Burnsville  Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This in the Cance of the Cance of Council of Cance of Cancer |  |                       |                    |             |                  | I           |                   |             |             |
| Mailing Address PO Box 1486  City Burnsville  City State Burnsville  City State Signary  City State Signary  City State Signary  Coriginal Amount of Loan  Cumulative Payment To Date Balance Outstanding at Close of This Interest Rate (If none, enter 0)  Mo8™ / 210° / Y 2012 Y M M M / D D / Y NAY Y 0.00  TERMS Date Incurred  Date Due Interest Rate (If none, enter 0)  Mo8™ / 210° / Y 2012 Y M M M / D D / Y NAY Y 0.00  Mo8™ / D D M M M M / D D M M M M M M M M M M   |  | •                     | idle Initial)      |             | ☐ Memo           |             | -                 |             |             |
| Mailing Address   Po Box 1465   | Gerson, David, Ad                          | lam, ,                |                    |             |                  | <b>  X</b>  | •                 |             |             |
| PO Box 1465   | Mailing Address                            |                       |                    |             |                  |             |                   | _           |             |
| Burnsville  MN 55337  R Personal Funds of the Canc  Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This  6,00  TERMS  Date Incurred  Date Due  Interest Rate (If none, enter 0)  Work  Malling Address  Occupation  Amount  City  State  ZIP Code  Occupation  Amount  Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount  Guaranteed Outstanding:  Occupation  Amount  Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount  Guaranteed Outstanding:  Amount  Guaranteed Outstanding:  Occupation  Amount  Guaranteed Outstanding:  Amount  Guaranteed Outstanding:  Occupation  Amount  Guaranteed Outstanding:  | PO Box 1465                                |                       |                    |             |                  |             | Other (speerly)   | <u> </u>    |             |
| Original Amount of Loan  Cumulative Payment To Date  Balance Outstanding at Close of This    6.00  TERMS  Date Incurred  Date Due  Interest Rate (If none, enter 0)  We (apr)  Wes  List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  Occupation  Amount Amount Guaranteed Outstanding:  Occupation  Amount Amount Amount Guaranteed Outstanding:  Occupation  Amount Amount Amount Occupation  |  |                       |                    |             | )                | ×           | Personal Funds    | s of the Ca | ındidate    |
| TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured:    MOSM  | Burnsville                                 |                       | MN                 | 55337       |                  |             | ]                 |             |             |
| TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured:    M   | Original Amount of Loa                     | า                     | Cumulative Pa      | yment To D  | ate              | Balance (   | Outstanding at Cl | ose of This | s Period    |
| TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured:    M 08  |  | 6.00                  |                    |             | 0.00             |             |                   | 6.0         | 10          |
| List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  City  State  ZIP Code  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount Guaranteed Outstanding:  7. Ves  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  7. Ves  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Outstanding:  Name of Employer  Occupation  Amount Amount Outstanding:  Occupation  Amount Outstanding:  Occupation  Amount Outstanding:  Occupation  Amount Outstanding:  Occupation  Amount Amount Outstanding:  Occupation  Amount Occupation  Amount Occupation  Amount Occupation  Amount  |  | 0.00                  | 7                  | 7           | 0.00             |             | 7 7               | 0.0         | 0           |
| List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Gity  State  ZIP Code  Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  City  State  ZIP Code  Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Amount Amount Amount Amount Amount   | TERMS Date Inc.                            | rred                  | Г                  | Date Due    |                  |             |                   | Secured:    |             |
| 1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Occupation  Amount  Amount  | M08M / D10D /                              | Y Ž01Ž Y              | M M / D D          | / Y         | NA <sup>Y</sup>  | 0.00        | % (apr)           | Yes         | <b>x</b> No |
| 1. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Occupation  Amount  Amount  | List All Endorsers or G                    | uarantors (if any) to | o Loan Source      |             |                  |             |                   |             |             |
| Mailing Address  City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mame of Employer  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mame of Employer  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Occupation  Amount  Amount  Amount  Amount  Amount   |  | , ,,                  | 2 2041 204100      |             | Name of Employer |             |                   |             |             |
| City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Amount Mailing Address   | (=====, - ===                              | -,                    |                    |             |                  |             |                   |             |             |
| City State ZIP Code Guaranteed Outstanding:  2. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Name of Employer  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Mailing Address  Occupation  Amount Guaranteed Outstanding:  | Mailing Address                            |                       |                    |             | Occupation       |             |                   |             |             |
| 2. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  7. Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Guaranteed Outstanding:  Occupation  Amount Outstanding:  Amount   |  |                       |                    |             | Amount           |             |                   |             |             |
| Mailing Address  City  State  ZIP Code  Guaranteed Outstanding:  Name of Employer  Mailing Address  City  State  ZIP Code  Outstanding:  Name of Employer  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Name of Employer  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  Amount Amount Amount Amount Amount  | City                                       | State                 | ZIP Code           | I .         |                  | 7           | ,                 | -           |             |
| City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Name of Employer  Mailing Address  Occupation  Amount Amount Amount Amount Amount Amount  | 2. Full Name (Last, First, Middle Initial) |                       |                    |             | Name of Employer |             |                   |             |             |
| City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Name of Employer  Occupation  Name of Employer  Amount Guaranteed Outstanding:  Amount Occupation  Amount  | Mailing Address                            |                       |                    |             | Occupation       |             |                   |             |             |
| City State ZIP Code Guaranteed Outstanding:  3. Full Name (Last, First, Middle Initial)  Mailing Address  City State ZIP Code Guaranteed Outstanding:  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Name of Employer  Name of Employer  Occupation  Name of Employer  Amount Guaranteed Outstanding:  Amount Occupation  Amount  |  |                       |                    | -           | Amount           |             |                   |             |             |
| 3. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Name of Employer  Name of Employer  Occupation  Amount  Amount  Amount  Amount  | C:to c                                     | Ctata                 | ZID Code           |             |                  |             |                   |             |             |
| Mailing Address  City  State  ZIP Code  Guaranteed Outstanding:  Name of Employer  Mailing Address  Occupation  Amount  Guaranteed Outstanding:  Name of Employer  Amount   | City                                       | State                 | ZIP Code           |             | Outstanding:     | 7           | 7                 | - W         |             |
| City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount  Amount  | 3. Full Name (Last, First                  | , Middle Initial)     |                    |             | Name of Employer |             |                   |             |             |
| City State ZIP Code Guaranteed Outstanding:  4. Full Name (Last, First, Middle Initial) Name of Employer  Mailing Address Occupation  Amount  | Mailing Address                            |                       |                    |             | Occupation       |             |                   |             |             |
| 4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount   |  |                       |                    |             | Amount           |             |                   |             | -           |
| Outstanding:  4. Full Name (Last, First, Middle Initial)  Mailing Address  Occupation  Amount   | City                                       | State                 | ZIP Code           |             |                  |             |                   |             |             |
| Mailing Address  Occupation  Amount   |  |                       |                    | '           | Outstanding:     | ,           | , , , , , ,       |             |             |
| Amount  | 4. Full Name (Last, First                  | , Middle Initial)     |                    |             | Name of Employer |             |                   |             |             |
|   | Mailing Address                            |                       |                    |             | Occupation       |             |                   |             |             |
|   |  |                       |                    | H           | A mount          |             |                   |             |             |
| L City State 17IP Code 1 Guaranteed   | City                                       | State                 | ZIP Code           |             | Guaranteed       |             |                   |             |             |
| Outstanding:  | Oity                                       | Otato                 | Zii Oodc           |             |                  | 7           | 7                 |             |             |
|   | •  |                       | •                  | '           |                  |             |                   |             |             |
| SUBTOTALS This Period This Page (optional)  | SUBTOTALS This Period T                    | his Page (optional)   |                    |             |                  |             |                   | 6.0         | 0           |
| 6.00  |  |                       |                    |             |                  |             | 7                 | 0.0         | <u> </u>    |
| TOTALS This Period (last page in this line only)  | TOTALS This Period (last p                 | age 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 Summ  | Carry outstanding halance                  | only to LINE 3 Set    | nedule D. for this | s line If n | Schedule D. carr | v forward : | to annronriate li | ne of Sum   | mary        |

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

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

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

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| NAME OF COMMITTEE (In Full) Gerson for Congress   |                      | Transaction ID : SC/10.4131   |
|---|----------------------|---|
| LOAN SOURCE Full Name (Last, First, Gerson, David, Adam, ,  Mailing Address PO Box 1465 | ☐ Memo Item          |   |
|   |                      |   |
| City  | State                | ZIP Code  FERRIZ  Personal Funds of the Candidate                       |
| Burnsville  | MN                   | 55337   |
| Original Amount of Loan   | Cumulative Pay       | ment To Date  Balance Outstanding at Close of This Period               |
| 1000.00   |                      | 0.00 1000.00  |
| TERMS Date Incurred   | D                    | ate Due Interest Rate Secured:  |
| M08 <sup>M</sup> / D20 <sup>D</sup> / Y Ž01Ž Y  | M M / D D            | (If none, enter 0)  ✓ YNAY Y  0.00  % (apr)  Yes X No                   |
| List All Endorsers or Guarantors (if ar   | ny) to Loan Source   |   |
| Full Name (Last, First, Middle Initial)   |                      | Name of Employer  |
| Mailing Address   |                      | Occupation  |
| City Stat   | e ZIP Code           | Amount Guaranteed Outstanding:  |
| 2. Full Name (Last, First, Middle Initial)  |                      | Name of Employer  |
| Mailing Address   |                      | Occupation  |
|   |                      | Amount  |
| City  | ze ZIP Code          | Guaranteed Outstanding:   |
| 3. Full Name (Last, First, Middle Initial)  |                      | Name of Employer  |
| Mailing Address   |                      | Occupation  |
|   |                      | Amount  |
| City  | e ZIP Code           | Guaranteed Outstanding:   |
| 4. Full Name (Last, First, Middle Initial)  | -                    | Name of Employer  |
| Mailing Address   |                      | Occupation  |
|   |                      | Amount  |
| City Stat   | e ZIP Code           | Guaranteed Outstanding:   |
| SUBTOTALS This Period This Page (option   | nal)                 | 1000.00   |
| TOTALS This Period (last page in this line  | only)                |   |
| Carry outstanding balance only to LINE 3  | Schedule D. for this | s line. If no Schedule D. carry forward to appropriate line of Summary. |

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

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| AME OF COMMITTEE (In Full) Gerson for Congress               |                   | Transaction ID : SC/10.4442   |
|--|-------------------|---|
| LOAN SOURCE Full Name (Last, First, M Gerson, David, Adam, , | ☐ Memo Item       |   |
| Mailing Address<br>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<br>Guaranteed  |
| City   | ZIP Code          | Outstanding:  |
| 3. Full Name (Last, First, Middle Initial)                   |                   | Name of Employer  |
| Mailing Address  |                   | Occupation  |
| Oit.   | 710.0-1-          | Amount<br>Guaranteed  |
| City   | ZIP Code          | Outstanding:  |
| 4. Full Name (Last, First, Middle Initial)                   |                   | Name of Employer  |
| Mailing Address  |                   | Occupation  |
|  | 710.0             | Amount<br>Guaranteed  |
| City   | ZIP Code          | Outstanding:  |
| SUBTOTALS This Period This Page (optional)                   |                   | 479.33  |
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| 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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|---|------------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Gerson for Congress |                        | Transaction ID : SC/10.4444   |  |  |  |
| I OAN SOURCE Full Name (Last First I            | Middle Initial)        | Memo Item Election: 2014  |  |  |  |
| Gerson, David, Adam, ,                          | Gerson, David, Adam, , |   |  |  |  |
| Mailing Address<br>PO Box 1465                  |                        | General 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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|---|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) Gerson for Congress |   | Transaction ID : SC/10.4464   |  |  |  |
| LOAN SOURCE Full Name (Last First M             | liddle Initial)                                     | Memo Item Election: 2014  |  |  |  |
| Gerson, David, Adam, ,                          | LOAN SOURCE Full Name (Last, First, Middle Initial) |   |  |  |  |
| Mailing Address<br>PO Box 1465                  |   | General 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<br>Guaranteed  |  |  |  |
| City  | ZIP Code  | 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       |   |   |  |  |  |
| 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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|---|---------------------|---|--|--|--|
| NAME OF COMMITTEE (In Full) Gerson for Congress |                     | Transaction ID : SC/10.4502   |  |  |  |
| LOAN SOURCE Full Name (Last, First,             | Middle Initial)     | Memo Item Election: 2014  |  |  |  |
| Gerson, David, Adam, ,                          | ivieno i            |   |  |  |  |
| Mailing Address<br>PO Box 1465                  |                     | General 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   | J,                  | 0.00 4000.00  |  |  |  |
| TERMS Date Incurred                             | Γ                   | Date Due Interest Rate Secured: (If none, enter 0)                      |  |  |  |
| <sup>M</sup> 04 <sup>M</sup> / □18□ / Y Ž013 Y  | M M / D D           | / Y 1½1/2Ŏ 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  | ZIP Code            | Guaranteed Outstanding:   |  |  |  |
| 2. Full Name (Last, First, Middle Initial)      |                     | Name of Employer  |  |  |  |
| Mailing Address                                 |                     | Occupation  |  |  |  |
|   |                     | Amount<br>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:   |  |  |  |
| SUBTOTALS This Period This Page (options        |                     |   |  |  |  |
| ODDIVIALS THIS PERIOD THIS Page (options        | ai)                 | 4000.00   |  |  |  |
| TOTALS This Period (last page in this line of   | only)               | ······································                                  |  |  |  |
| Carry outstanding balance only to LINE 3,       | Schedule D, for thi | s line. If no Schedule D, carry forward to appropriate line of Summary. |  |  |  |

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

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| AME OF COMMITTEE (In Full)  Gerson for Congress                 |   | Transaction ID : SC/10.4545   |
|---|---|---|
| LOAN SOURCE Full Name (Last, First, M<br>Gerson, David, Adam, , | Memo Item Election: 2014    X   Primary   General |   |
| Mailing Address<br>PO Box 1465                                  | Other (specify) ▼                                 |   |
| City  | State   | ZIP Code  ** Personal Funds of the Candidate                            |
| Burnsville  | MN  | 55337   |
| Original Amount of Loan   | Cumulative Pa                                     | ment To Date Balance Outstanding at Close of This Period                |
| 4000.00   |   | 0.00 4000.00  |
| TERMS Date Incurred   | Γ   | ate Due Interest Rate Secured: (If none, enter 0)                       |
| M05 <sup>M</sup> / D13 <sup>D</sup> / Y Ž013 Y                  | M M / D D   | / Y 1ÿ1/2ŏ Y 0.00   |
| List All Endorsers or Guarantors (if any)                       | to Loan Source                                    |   |
| 1. Full Name (Last, First, Middle Initial)                      |   | Name of Employer  |
| Mailing Address   |   | Occupation  |
| City  | ZIP Code  | Amount Guaranteed Outstanding:  |
| 2. Full Name (Last, First, Middle Initial)                      |   | Name of Employer  |
| Mailing Address   |   | Occupation  |
|   |   | Amount<br>Guaranteed  |
| City  | ZIP Code  | Outstanding:  |
| 3. Full Name (Last, First, Middle Initial)                      |   | Name of Employer  |
| Mailing Address   |   | Occupation  |
| City State  | ZIP Code  | Amount<br>Guaranteed  |
|   | ZIP Code  | Outstanding:  |
| 4. Full Name (Last, First, Middle Initial)                      |   | Name of Employer  |
| Mailing Address   |   | Occupation  |
| City State  | ZIP Code  | Amount<br>Guaranteed  |
| City  | ZIP Code  | Outstanding:  |
| SUBTOTALS This Period This Page (optional                       | )   | 4000.00   |
| FOTALS 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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|   | 13h |

| LOAN SOURCE Full N<br>Gerson, David, A                        | •                              | ddle Initial) | ☐ Memo Item                           | Election: 2014    Primary   General      |  |
|---|--------------------------------|---------------|---------------------------------------|--|--|
| Mailing Address<br>PO Box 1465                                | Other (specify)                |               |                                       |  |  |
| City  |                                | State         | ZIP Code                              | Personal Funds of the Candidate          |  |
| Burnsville  |                                | MN            | 55337                                 |  |  |
| Original Amount of Lo   | an<br>5000.00                  | Cumulative Pa | nent To Date Bal                      | ance Outstanding at Close of This Period |  |
|   | 7                              |               | 9                                     | 5000.00                                  |  |
| TERMS Date Inc  | curred                         |               | te Due Interest Rat<br>(If none, ente | er 0)                                    |  |
| <sup>M</sup> 06 <sup>M</sup> / <sup>D</sup> 10 <sup>D</sup> / | <sup>Y</sup> Ž01Š <sup>Y</sup> | M M / D D     | / Y 1)1/20 Y                          | .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                               |  |
|   | la:                            |               | Amount                                | Amount<br>Guaranteed                     |  |
| City  | State                          | ZIP Code      | Outstanding:                          | 9  |  |
| 2. Full Name (Last, Firs                                      | st, Middle Initial)            |               | Name of Employer                      | Name of Employer                         |  |
| Mailing Address   |                                |               | Occupation                            |  |  |
|   |                                |               | Amount<br>Guaranteed                  |  |  |
| City  | State                          | ZIP Code      | Outstanding:                          | 9 9 9                                    |  |
| 3. Full Name (Last, Fire                                      | st, Middle Initial)            | ·             | Name of Employer                      |  |  |
| Mailing Address   |                                |               | Occupation                            |  |  |
|   | ı                              |               | Amount                                |  |  |
| City  | State                          | ZIP Code      | Guaranteed Outstanding:               | 9 9 9 9                                  |  |
| 4. Full Name (Last, Firs                                      | st, Middle Initial)            |               | Name of Employer                      |  |  |
| Mailing Address   |                                |               | Occupation                            | Occupation                               |  |
|   |                                |               | Amount                                |  |  |
| City  | State                          | ZIP Code      | Guaranteed Outstanding:               | 9 9                                      |  |
|   |                                |               | _                                     |  |  |
|   |                                |               |                                       |  |  |
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|----|---|-------------|-------------------|------------|--------------------------------------|---|--|
|    | ME OF COMMITTEE (In Full)<br>Serson for Congress    |             |                   |            | Tran                                 | saction ID : SC/10.4622                     |  |
|    |   | -· · • •    |                   |            |                                      | T =   |  |
|    | LOAN SOURCE Full Name (Last, Gerson, David, Adam, , | First, Mic  | ldle Initial)     |            | ☐ Memo Ite                           | em Election: 2014  x Primary                |  |
|    |   |             |                   |            |                                      | General                                     |  |
|    | Mailing Address<br>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 E                               | Balance Outstanding at Close of This Period |  |
|    | 131   | .12         | ,                 |            | 0.00                                 | 131.12                                      |  |
|    | TERMS Date Incurred                                 |             | D                 | Date Due   | Interest F<br>(If none, e            |   |  |
|    | M06 <sup>M</sup> / D30 <sup>D</sup> / Y Ž013        | Y           | M M / D D         | / Y        | 1)1/20 Y                             | 0.00 % (apr) Yes No                         |  |
|    | List All Endorsers or Guarantors                    | (if any) to | o Loan Source     |            |                                      |   |  |
|    | 1. Full Name (Last, First, Middle I                 | nitial)     |                   |            | Name of Employer                     |   |  |
|    | Mailing Address                                     |             |                   |            | Occupation                           |   |  |
|    |   |             |                   |            | Amount                               |   |  |
|    | City  | State       | ZIP Code          |            | Guaranteed Outstanding:              | 7   |  |
|    | 2. Full Name (Last, First, Middle In                | itial)      |                   |            | Name of Employer  Occupation  Amount |   |  |
|    | Mailing Address                                     |             |                   |            |                                      |   |  |
|    |   |             |                   |            |                                      |   |  |
|    | City  | State       | ZIP Code          |            | Guaranteed Outstanding:              | , , , , , , , ,                             |  |
|    | 3. Full Name (Last, First, Middle In                | itial)      | '                 |            | Name of Employer  Occupation         |   |  |
|    | Mailing Address                                     |             |                   |            |                                      |   |  |
|    |   |             |                   |            | Amount                               |   |  |
|    | City  | State       | ZIP Code          |            | Guaranteed Outstanding:              |   |  |
|    | 4. Full Name (Last, First, Middle In                | itial)      | '                 |            | Name of Employer                     |   |  |
|    | Mailing Address                                     |             |                   | Occupation |                                      |   |  |
|    |   |             |                   | Amount     |                                      |   |  |
|    | City  | State       | ZIP Code          |            | Guaranteed<br>Outstanding:           | , , , , , , , , ,                           |  |
|    |   |             | '                 |            | _                                    |   |  |
| SI | UBTOTALS This Period This Page (                    | optional)   |                   |            | <u> </u>                             | , 131.12                                    |  |
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| _  | Carry outstanding balance only to LI                | NE 3, Sch   | edule D, for this | s line. If | no Schedule D, carry f               | orward to appropriate line of Summary.      |  |
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|---|--|---|--|--|
| 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<br>PO Box 1465                  |  | Other (specify)   |  |  |
| City  | State                                      | ZIP Code  F5007  Personal Funds of the Candidate                        |  |  |
| Burnsville                                      | MN   | 55337   |  |  |
| Original Amount of Loan                         | Cumulative Pa                              | yment To Date Balance Outstanding at Close of This Period               |  |  |
| 5000.00   |  | 0.00 5000.00  |  |  |
| TERMS Date Incurred                             | Γ  | Date Due Interest Rate Secured: (If none, enter 0)                      |  |  |
| 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  | Guaranteed Outstanding:                    |   |  |  |
| 2. Full Name (Last, First, Middle Initial)      |  | Name of Employer  |  |  |
| Mailing Address                                 |  | Occupation  |  |  |
|   |  | Amount<br>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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|---|---|---|--|
| 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<br>PO Box 1465                  |   | Other (specify)   |  |
| City  | State   | ZIP Code  Scool Personal Funds of the Candidate                         |  |
| Burnsville                                      | MN  | 55337   |  |
| Original Amount of Loan                         | Cumulative Pa                                       | yment To Date Balance Outstanding at Close of This Period               |  |
| 5000.00   |   | 0.00 5000.00  |  |
| TERMS Date Incurred                             | 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                                      | 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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|--|--|----------------------------------|--------------|----------------------------|--------------|-----------------------------------|----------------|
| AME OF COMMITTEE (In Full) Gerson for Congress           |  |                                  |              |                            | Transa       | ction ID : SC/10.5172             |                |
| LOAN SOURCE Full Name (Last,                             | First. Mi                                  | ddle Initial)                    |              |                            | Mama Itam    | Election: 2014                    |                |
| Gerson, David, Adam, ,                                   |  |                                  |              |                            | Memo Item    | rimary                            |                |
| Gerson, David, Adam,                                     |  |                                  |              |                            |              | General                           |                |
| Mailing Address<br>PO Box 1465                           |  |                                  |              |                            |              | Other (specify)                   |                |
| City   |  | State                            | ZIP Cod      | de                         |              | Personal Funds of the Car         | ndidate        |
| Burnsville   |  | IVIIN                            | 55337        |                            |              |                                   |                |
| Original Amount of Loan                                  |  | Cumulative Pa                    | yment To     |                            |              | ance Outstanding at Close of This | Period         |
| 5000   | .00  | ,                                |              | 0.00                       | )            | 5000.00                           | )              |
| TERMS Date Incurred                                      |  | С                                | Date Due     |                            | Interest Rat |                                   |                |
| <sup>M</sup> 08 <sup>M</sup> / □19 <sup>D</sup> / Y Ž013 | Υ  | M M / D D                        | / Y          | 1)1/20 Y                   | 0            | .00 % (apr) Yes                   | <b>x</b> No    |
| List All Endorsers or Guarantors                         | (if anv) t                                 | to Loan Source                   |              |                            |              |                                   |                |
| 1. Full Name (Last, First, Middle II                     | , ,,                                       |                                  |              | Name of Em                 | nployer      |                                   |                |
| Mailing Address  |  |                                  |              | Occupation                 |              |                                   |                |
|  |  |                                  |              | Amount                     |              |                                   |                |
| City   | State                                      | ZIP Code Guaranteed Outstanding: |              | 7                          |              |                                   |                |
| 2. Full Name (Last, First, Middle Initial)               |  |                                  |              | Name of Em                 | nployer      |                                   |                |
| Mailing Address  |  |                                  |              | Occupation                 |              |                                   |                |
|  |  |                                  |              | Amount                     |              |                                   |                |
| City   | State                                      | ZIP Code Guaranteed Outstanding: |              |                            | 7            |                                   |                |
| 3. Full Name (Last, First, Middle In                     | 3. Full Name (Last, First, Middle Initial) |                                  |              | Name of Em                 | nployer      |                                   |                |
| Mailing Address  |  |                                  |              | Occupation                 |              |                                   |                |
|  |  |                                  |              | Amount                     |              |                                   |                |
| City   | State                                      | ZIP Code                         |              | Guaranteed<br>Outstanding: |              | 9 9                               |                |
| 4. Full Name (Last, First, Middle In                     | itial)                                     |                                  |              | Name of Em                 | ployer       |                                   |                |
| Mailing Address  |  |                                  | Occupation   |                            |              |                                   |                |
|  |  |                                  | •            | Amount                     |              |                                   |                |
| City   | State                                      | ZIP Code                         |              | Guaranteed<br>Outstanding: |              | 7 7                               |                |
| SUBTOTALS This Period This Page (o                       | ntional\                                   |                                  |              |                            |              |                                   | $\overline{a}$ |
| This relied this rage (C                                 | γριισπαι).                                 |                                  |              |                            |              | 5000.00                           |                |
| TOTALS This Period (last page in this                    | line onl                                   | y)                               |              |                            | ▶            |                                   |                |
| Carry outstanding balance only to LIF                    | NE 3, Sc                                   | hedule D, for this               | s line. If r | no Schedule                | D, carry for | ward to appropriate line of Sumr  | nary.          |

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

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|--|---|---|--|
| NAME OF COMMITTEE (In Full) Gerson for Congress    |   | Transaction ID : SC/10.5173   |  |
| LOAN SOURCE Full Name (Last, First,                | Middle Initial)                             | Memo Item Election: 2014  |  |
| Gerson, David, Adam, ,                             | Memo Item    Election: 2014                 |   |  |
| Mailing Address<br>PO Box 1465                     |   | Other (specify)   |  |
| City   | State                                       | ZIP Code  F5007  Personal Funds of the Candidate                        |  |
| Burnsville   | MN  | 55337   |  |
| Original Amount of Loan                            | Cumulative Pa                               | yment To Date Balance Outstanding at Close of This Period               |  |
| 5000.00  |   | 0.00 5000.00  |  |
| TERMS Date Incurred                                | Г   | Date Due Interest Rate Secured: (If none, enter 0)                      |  |
| M09M / D12D / 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   | City State 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 State   | ZIP Code                                    | Guaranteed Outstanding:   |  |
| CULTUTAL C This Davied This Davie (1.1)            |   |   |  |
| SUBTOTALS This Period This Page (optional) 5000.00 |   |   |  |
| TOTALS This Period (last page in this line of      | only)                                       |   |  |
| Carry outstanding balance only to LINE 3,          | Schedule D, for thi                         | s line. If no Schedule D, carry forward to appropriate line of Summary. |  |

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

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OF

| AME OF COMMITTEE (In Full) Gerson for Congress   |                      | Transaction ID: SC/10.5174  |  |  |
|--|----------------------|---|--|--|
| LOAN SOURCE Full Name (Last, First, Gerson, David, Adam, ,  Mailing Address                          | Middle Initial)      | ☐ Memo Item  Election: 2014  Primary  General  Other (specify) ▼        |  |  |
| 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 Date Balance Outstanding at Close of This Period               |  |  |
| 3000.00  |                      | 0.00 3000.00  |  |  |
| TERMS Date Incurred  | D                    | Date Due Interest Rate Secured: (If none, enter 0)                      |  |  |
| M09M / D30D / Y Ž01Š Y   | M M / D D            | / Y 1ÿ1/2ŏ Y 0.00   |  |  |
| List All Endorsers or Guarantors (if any   | ) to Loan Source     | None of Familian  |  |  |
| 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  |  |  |
| 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   | 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 | 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  |                      | Transaction ID : SC/10.5202   |  |  |
| LOAN SOURCE Full Name (Last, First, I Gerson, David, Adam, ,  Mailing Address PO Box 1465 | Middle Initial)      | ☐ Memo Item  Election: 2014   Primary  General  Other (specify) ▼       |  |  |
|   | Ctata                |   |  |  |
| City  Burnsville  | State<br>MN          | ZIP Code  55337  Personal Funds of the Candidate                        |  |  |
| Original Amount of Loan   | Cumulative Pa        | /ment To Date  Balance Outstanding at Close of This Period              |  |  |
| 5000.00   |                      | 0.00 5000.00  |  |  |
| TERMS Date Incurred   | С                    | late Due Interest Rate Secured: (If none, enter 0)                      |  |  |
| M10M / D04D / Y Z013 Y  | M M / D D            | / Y 1ÿ1/2ŏ Y 0.00   |  |  |
| List All Endorsers or Guarantors (if any  | ) to Loan Source     |   |  |  |
| 1. Full Name (Last, First, Middle Initial)  |                      | Name of Employer  |  |  |
| Mailing Address   |                      | Occupation  |  |  |
|   |                      | Amount  |  |  |
| City  | ZIP Code             | Guaranteed Outstanding:   |  |  |
| 2. Full Name (Last, First, Middle Initial)  |                      | Name of Employer  |  |  |
| Mailing Address   |                      | Occupation  |  |  |
|   |                      | Amount  |  |  |
| City  | ZIP Code             | Guaranteed Outstanding:   |  |  |
| 3. Full Name (Last, First, Middle Initial)  |                      | Name of Employer  |  |  |
| Mailing Address   |                      | Occupation  |  |  |
|   |                      | Amount  |  |  |
| City  | ZIP Code             | Guaranteed Outstanding:   |  |  |
| 4. Full Name (Last, First, Middle Initial)  | - •                  | Name of Employer  |  |  |
| Mailing Address   |                      | Occupation  |  |  |
|   |                      | Amount  |  |  |
| City  | ZIP Code             | Guaranteed Outstanding:   |  |  |
| SUBTOTALS This Period This Page (optional)  |                      |   |  |  |
| FOTALS This Period (last page in this line of   | only)                | ······································                                  |  |  |
| 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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|---|---|---|--|--|
| NAME OF COMMITTEE (In Full) Gerson for Congress |   | Transaction ID : SC/10.5203   |  |  |
| LOAN SOURCE Full Name (Last, First,             | Middle Initial)                             | Memo Item Election: 2014  |  |  |
| Gerson, David, Adam, ,                          | Memo Item    Clection: 2014                 |   |  |  |
| Mailing Address<br>PO Box 1465                  |   | Other (specify)   |  |  |
| City  | State                                       | ZIP Code  F5007  Personal Funds of the Candidate                        |  |  |
| Burnsville                                      | MN  | 55337   |  |  |
| Original Amount of Loan                         | Cumulative Pa                               | yment To Date Balance Outstanding at Close of This Period               |  |  |
| 5000.00   |   | 0.00 5000.00  |  |  |
| TERMS Date Incurred                             | Γ   | Date Due Interest Rate Secured: (If none, enter 0)                      |  |  |
| M10 <sup>M</sup> / D16 <sup>D</sup> / Y Ž01Š    | M M / D D                                   | / Y 1ÿ1/2ŏ 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                                      | City State ZIP Code Guaranteed Outstanding: |   |  |  |
| 2. Full Name (Last, First, Middle Initial)      |   | Name of Employer  |  |  |
| Mailing Address                                 |   | Occupation  |  |  |
|   |   | Amount<br>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  | ZIP Code                                    | Guaranteed Outstanding:   |  |  |
| CURTOTALS This Deviced This Dega (entire)       | SI)   |   |  |  |
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| 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. |  |  |

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|--|--|----------------------------------|--------------|----------------------------|---------------|---|---------------|
| AME OF COMMITTEE (In Full) Gerson for Congress |  |                                  |              |                            | Transa        | ction ID : SC/10.5204                                 |               |
| LOAN SOURCE Full Name (Last,                   | First, Mid                                 | ddle Initial)                    |              |                            | Memo Item     | Election: 2014  |               |
| Gerson, David, Adam, ,                         |  |                                  |              |                            | J Wellie Reil | rimary  |               |
|  |  |                                  |              |                            |               | General   |               |
| Mailing Address<br>PO Box 1465                 |  |                                  |              |                            |               | Other (specify)   ——————————————————————————————————— |               |
| City   |  | State                            | ZIP Cod      | de                         |               |   |               |
| Burnsville                                     |  | MN                               | 55337        |                            |               | Personal Funds of the Can                             | didate        |
| Original Amount of Loan                        |  | Cumulative Pay                   | yment To     | Date                       | Bal           | lance Outstanding at Close of This                    | Period        |
| 5000   | .00  | 3                                |              | 0.00                       | )             | 5000.00   |               |
| TERMS Date Incurred                            |  | D                                | Date Due     |                            | Interest Rat  |   |               |
| M10 <sup>M</sup> / D23 <sup>D</sup> / Y Ž013   | Υ  | M M / D D                        | / Y          | 1)1/20 Y                   | ,             | 0.00  | <b>x</b> No   |
| List All Endorsers or Guarantors               | (if any) t                                 | o Loan Source                    |              |                            |               |   |               |
| Full Name (Last, First, Middle Ir              |  | S Louir Course                   |              | Name of Em                 | ployer        |   |               |
| Mailing Address                                |  |                                  |              | Occupation                 |               |   |               |
|  |  |                                  |              | Amount                     |               |   |               |
| City   | State                                      | ZIP Code Guaranteed Outstanding: |              | 7                          |               |   |               |
| 2. Full Name (Last, First, Middle Ini          | 2. Full Name (Last, First, Middle Initial) |                                  |              | Name of Employer           |               |   |               |
| Mailing Address                                |  |                                  |              | Occupation                 |               |   |               |
|  |  |                                  |              | Amount                     |               |   |               |
| City   | State                                      | ZIP Code Guaranteed Outstanding: |              |                            | 9 9           |   |               |
| 3. Full Name (Last, First, Middle Initial)     |  |                                  | Name of Em   | ıployer                    |               |   |               |
| Mailing Address                                |  |                                  |              | Occupation                 |               |   |               |
|  |  |                                  |              | Amount                     |               |   |               |
| City   | State                                      | ZIP Code                         |              | Guaranteed<br>Outstanding: |               | y y   |               |
| 4. Full Name (Last, First, Middle Ini          | 4. Full Name (Last, First, Middle Initial) |                                  |              | Name of Em                 | ployer        |   |               |
| Mailing Address                                |  |                                  |              | Occupation                 |               |   |               |
|  |  |                                  | ŀ            | Amount                     |               |   |               |
| City   | State                                      | ZIP Code                         |              | Guaranteed<br>Outstanding: |               | 7 7   |               |
| SUBTOTALS This Period This Page (c             | ntinnal\                                   |                                  |              |                            |               |   | $\overline{}$ |
| This Period This Page (C                       | φιισπαι).                                  |                                  |              |                            |               | 5000.00   |               |
| <b>FOTALS</b> This Period (last page in this   | line only                                  | y)                               |              |                            | ▶             | , ,   |               |
| Carry outstanding balance only to LIN          | IE 3, Scl                                  | nedule D, for this               | s line. If r | no Schedule                | D, carry for  | ward to appropriate line of Sumn                      | nary.         |

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| 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<br>PO Box 1465                     |   | Other (specify)   |  |
| City   | State                                       | ZIP Code  F5007  Personal Funds of the Candidate                        |  |
| Burnsville   | MN  | 55337   |  |
| Original Amount of Loan                            | Cumulative Pa                               | yment To Date Balance Outstanding at Close of This Period               |  |
| 5000.00  | ,   | 0.00 5000.00  |  |
| TERMS Date Incurred                                | [   | 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   | 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) 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. |  |

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|--|---------------------|--|--|--|
| AME OF COMMITTEE (In Full) Gerson for Congress   |                     | Transaction ID : SC/10.5206  |  |  |
| LOAN SOURCE Full Name (Last, First, Notes) Gerson, David, Adam, ,  Mailing Address PO Box 1465 | fiddle Initial)     | ☐ Memo Item  Election: 2014    X   Primary   General   Other (specify)   ▼ |  |  |
|  |                     |  |  |  |
| City   | State               | ZIP Code  F5007  Personal Funds of the Candidate                           |  |  |
| Burnsville   | MN                  | 55337  |  |  |
| Original Amount of Loan  | Cumulative Pay      | ment To Date Balance Outstanding at Close of This Period                   |  |  |
| 4000.00  | 2                   | 0.00 4000.00   |  |  |
| TERMS Date Incurred  | С                   | ate Due Interest Rate Secured: (If none, enter 0)                          |  |  |
| M11M / D13D / Y Ž013 Y   | M M / D D           | / Y 1/1/20 Y 0.00 % (apr) Yes ▼ No   |  |  |
| List All Endorsers or Guarantors (if any)  | to Loan Source      |  |  |  |
| 1. Full Name (Last, First, Middle Initial)   |                     | Name of Employer   |  |  |
| Mailing Address  |                     | Occupation   |  |  |
|  |                     | Amount   |  |  |
| City   | ZIP Code            | Guaranteed Outstanding:  |  |  |
| 2. Full Name (Last, First, Middle Initial)   |                     | Name of Employer   |  |  |
| Mailing Address  |                     | Occupation   |  |  |
|  | 710.0.1             | Amount<br>Guaranteed   |  |  |
| City   | ZIP Code            | Outstanding:   |  |  |
| 3. Full Name (Last, First, Middle Initial)   | ·                   | Name of Employer   |  |  |
| Mailing Address  |                     | Occupation   |  |  |
| 0.1  | 710.0.1             | Amount<br>Guaranteed   |  |  |
| City   | ZIP Code            | Outstanding:   |  |  |
| 4. Full Name (Last, First, Middle Initial)   |                     | Name of Employer   |  |  |
| Mailing Address  |                     | Occupation   |  |  |
| Ott  | 710 0-1-            | Amount<br>Guaranteed   |  |  |
| City State   | ZIP Code            | Outstanding:   |  |  |
| SUBTOTALS This Period This Page (optional)   |                     |  |  |  |
| FOTALS This Period (last page in this line or  | nly)                | ······   |  |  |
| Carry outstanding balance only to LINE 3, S  | chedule 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/10.5207   |
| LOAN SOURCE Full Name (Last, First, N           | Middle Initial)    | Memo Item Election: 2014  |
| Gerson, David, Adam, ,                          | madio irritali,    | Memo Item    Clection: 2014   |
| Mailing Address<br>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)                      |
| M11M / D19D / Y 2013 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)      | 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  | ZIP Code           | Guaranteed Outstanding:   |
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|   |                    | , , , , , ,   |
| TOTALS This Period (last page in this line or   | ıly)               | <b>—————————————————————————————————————</b>                            |
| 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/10.5208             |             |
| LOAN SOURCE Full Name (Last,                    | First, Mi   | ddle Initial)      |              |                      | Memo Item                       | Election: 2014                    |             |
| Gerson, David, Adam, ,                          |             |                    |              |                      |                                 | Primary General                   |             |
| Mailing Address<br>PO Box 1465                  |             |                    |              |                      |                                 | Other (specify)                   |             |
| City  |             | State              | ZIP Cod      | le                   |                                 |                                   |             |
| Burnsville                                      |             | MN                 | 55337        |                      |                                 | Personal Funds of the Car         | ndidate     |
| Original Amount of Loan                         |             | Cumulative Pag     | yment To     | Date                 | Bala                            | ance Outstanding at Close of This | Period      |
| 4000  | 0.00        | 2                  | ,            | 0.00                 |                                 | 4000.00                           | )           |
| TERMS Date Incurred                             |             | D                  | Date Due     |                      | Interest Rate<br>(If none, ente |                                   |             |
| M11M / D29D / Y Z013                            | Y           | M M / D D          | ) / Y        | 1)1/20 Y             | 0                               | 00 % (apr) Yes                    | <b>x</b> No |
| List All Endorsers or Guarantors                | (if any) t  | o Loan Source      |              |                      |                                 |                                   |             |
| 1. Full Name (Last, First, Middle I             | nitial)     |                    |              | Name of Em           | ployer                          |                                   |             |
| Mailing Address                                 |             |                    |              | Occupation           |                                 |                                   |             |
| 0.4   | 04-4-       | 71D 0-4-           |              | Amount<br>Guaranteed |                                 |                                   |             |
| City  | State       | ZIP Code           |              | Outstanding:         |                                 | 9 9                               |             |
| 2. Full Name (Last, First, Middle In            | itial)      |                    |              | Name of Em           | ployer                          |                                   |             |
| Mailing Address                                 |             |                    |              | Occupation           |                                 |                                   |             |
| O'h.  | 01-1-       | 7ID 0-4-           |              | Amount<br>Guaranteed |                                 |                                   |             |
| City  | State       | ZIP Code           |              | Outstanding:         |                                 | 7 7                               |             |
| 3. Full Name (Last, First, Middle In            | itial)      |                    |              | Name of Em           | ployer                          |                                   |             |
| Mailing Address                                 |             |                    |              | Occupation           |                                 |                                   |             |
| City  | State       | ZIP Code           |              | Amount<br>Guaranteed |                                 |                                   |             |
| City  | State       | ZIP Code           |              | Outstanding:         |                                 | 9 9 9                             |             |
| 4. Full Name (Last, First, Middle In            | itial)      |                    |              | Name of Em           | ployer                          |                                   |             |
| Mailing Address                                 |             |                    |              | Occupation           |                                 |                                   |             |
| O't.  | 01-1-       | 71D 0 - 1 -        |              | Amount<br>Guaranteed |                                 |                                   |             |
| City  | State       | ZIP Code           |              | Outstanding:         |                                 | 7                                 |             |
| SUBTOTALS This Period This Page (               | optional).  |                    |              |                      |                                 | 4000.00                           |             |
| TOTALS This Period (last page in this           | s line only | y)                 |              |                      |                                 |                                   |             |
| Carry outstanding balance only to LI            | NE 3, Scl   | hedule D, for this | s line. If r | o Schedule           | D, carry for                    | ward to appropriate line of Sumi  | mary.       |

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| AME OF COMMITTEE (In Full) Gerson for Congress   |                       | Transaction ID : SC/10.5209  |
| LOAN SOURCE Full Name (Last, First Gerson, David, Adam, ,  Mailing Address PO Box 1465 | , Middle Initial)     | ☐ Memo Item  Election: 2014    X   Primary   General   Other (specify)   ▼   |
| City<br>Burnsville   | State                 | ZIP Code  55337  Personal Funds of the Candidate   |
| Original Amount of Loan 4000.00  | Cumulative Pa         | ayment To Date  Balance Outstanding at Close of This Period  0.00  4000.00   |
| TERMS Date Incurred  | M " M / D " D         | Date Due Interest Rate (If none, enter 0)  Output  Date Due Interest Rate (If none, enter 0)  Output  Output  Output  Wes No |
| List All Endorsers or Guarantors (if a   |                       |  |
| 1. Full Name (Last, First, Middle Initial  | )                     | Name of Employer   |
| Mailing Address  |                       | Occupation   |
| City   | te ZIP Code           | Amount Guaranteed Outstanding:   |
| 2. Full Name (Last, First, Middle Initial)   | <u>'</u>              | Name of Employer   |
| Mailing Address  |                       | Occupation   |
| City   | te ZIP Code           | Amount Guaranteed Outstanding:   |
| 3. Full Name (Last, First, Middle Initial)   |                       | Name of Employer   |
| Mailing Address  |                       | Occupation   |
| City   | te ZIP Code           | Amount Guaranteed Outstanding:   |
| 4. Full Name (Last, First, Middle Initial)   | •                     | Name of Employer   |
| Mailing Address  |                       | Occupation   |
| City   | te ZIP Code           | Amount Guaranteed Outstanding:   |
| SUBTOTALS This Period This Page (option  |                       | , 100000   |
| Carry outstanding balance only to LINE 3   | , Schedule D. for thi | is line. If no Schedule D, carry forward to appropriate line of Summary.   |

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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.

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| AME OF COMMITTEE (In Full)  Gerson for Congress |            |                    |             |                            | Transac       | ction ID : SC/10.5542                   |             |
| LOAN SOURCE Full Name (Last,                    | First, Mi  | ddle Initial)      |             |                            | Momo Itom     | Election: 2014                          |             |
| Gerson, David, Adam,                            | - ,        | ,                  |             |                            | Memo Item     | rimary                                  |             |
| Gerson, Bavid, Adam, ,                          |            |                    |             |                            |               | General                                 |             |
| Mailing Address<br>PO Box 1465                  |            |                    |             |                            |               | Other (specify)                         |             |
| City  |            | State              | ZIP Cod     | le                         |               | Personal Funds of the Ca                | andidate    |
| Burnsville                                      |            | MN                 | 55337       |                            |               | Total and an and an and a               |             |
| Original Amount of Loan                         |            | Cumulative Page    | yment To    | Date                       | Bala          | ance Outstanding at Close of Thi        | s Period    |
| 3000  | 0.00       | 9                  |             | 0.00                       |               | 3000.0                                  | )0          |
| TERMS Date Incurred                             |            | С                  | Date Due    |                            | Interest Rate |   |             |
| M01 <sup>M</sup> / D08 <sup>D</sup> / Y Ž014    | 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     |             |                            |               | - (4)                                   |             |
| Full Name (Last, First, Middle I                | ,          | to Loan Source     |             | Name of Em                 | ployer        |   |             |
| Mailing Address                                 |            |                    |             | Occupation                 |               |   |             |
|   |            |                    | -           | Amount                     |               |   |             |
| City  | State      | ZIP Code           |             | Guaranteed                 |               |   |             |
| J,  | J. Land    |                    |             | Outstanding:               |               | , |             |
| 2. Full Name (Last, First, Middle In            | itial)     |                    |             | Name of Em                 | ployer        |   |             |
| Mailing Address                                 |            |                    |             | Occupation                 |               |   |             |
|   |            |                    |             | Amount                     |               |   | 1           |
| City  | State      | ZIP Code           |             | Guaranteed<br>Outstanding: |               | 7 7                                     |             |
| 3. Full Name (Last, First, Middle In            | itial)     |                    |             | Name of Em                 | ployer        |   |             |
| Mailing Address                                 |            |                    |             | Occupation                 |               |   |             |
|   |            |                    |             | Amount                     |               |   | 1           |
| City  | State      | ZIP Code           |             | Guaranteed<br>Outstanding: |               | y y x                                   | 1           |
| 4. Full Name (Last, First, Middle In            | itial)     | •                  |             | Name of Em                 | ployer        |   |             |
| Mailing Address                                 |            |                    |             | Occupation                 |               |   |             |
|   |            |                    | -           | Amount                     |               |   | 1           |
| City  | State      | ZIP Code           |             | Guaranteed<br>Outstanding: |               | 7                                       | J           |
|   |            |                    |             |                            |               |   |             |
| SUBTOTALS This Period This Page (               | optional). |                    |             |                            | ▶             | 3000.0                                  | 0           |
| FOTALS This Period (last page in this           | s line onl | y)                 |             |                            | ▶             |   |             |
| Carry outstanding balance only to LI            | NF 3 Sc    | hedule D for this  | s line If r | no Schedule                | D. carry for  | vard to appropriate line of Sum         |             |
| July outstanding Dalance Unity to Li            | 0, 00      | neadle D, for this | 5 mig. ii l | . Jonedule                 | ⇒, carry rorv | tara to appropriate inte of Juli        | ıuı y.      |

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Transaction ID: SC/10.5543 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>16<sup>D</sup> M 01M 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 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.

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|---|--------------------|---|
| NAME OF COMMITTEE (In Full) Gerson for Congress |                    | Transaction ID : SC/10.5544   |
| LOAN SOURCE Full Name (Last, First, M           | iddle Initial)     | Memo Item Election: 2014  |
| Gerson, David, Adam, ,                          | iddic iiiildij     | Memo Item    Clection: 2014   |
| Mailing Address<br>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               |
| 10000.00  |                    | 0.00  |
| TERMS Date Incurred                             | Γ                  | Date Due Interest Rate Secured: (If none, enter 0)                      |
| M02M / D26D / Y Ž014 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  | ZIP Code           | Guaranteed Outstanding:   |
| 2. Full Name (Last, First, Middle Initial)      |                    | Name of Employer  |
| Mailing Address                                 |                    | Occupation  |
| Oit.  | 71D O- 1-          | Amount<br>Guaranteed  |
| City State                                      | ZIP Code           | Outstanding:  |
| 3. Full Name (Last, First, Middle Initial)      |                    | Name of Employer  |
| Mailing Address                                 |                    | Occupation  |
| - In  |                    | Amount<br>Guaranteed  |
| City  | ZIP Code           | Outstanding:  |
| 4. Full Name (Last, First, Middle Initial)      | •                  | Name of Employer  |
| Mailing Address                                 |                    | Occupation  |
|   |                    | Amount<br>Guaranteed  |
| City  | ZIP Code           | Outstanding:  |
| SUBTOTALS This Period This Page (optional)      |                    |   |
| This renod This Page (optional)                 |                    | 10000.00  |
| TOTALS This Period (last page in this line or   | ıly)               | ······································                                  |
| 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. |

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| NAME OF COMMITTEE (In<br>Gerson for Congres |                                |                   | Transa                                | action ID : SC/10.5587                              |
|---|--------------------------------|-------------------|---------------------------------------|---|
| Gerson, David, Ac                           | •                              | Idle Initial)     | ☐ Memo Iten                           | n Election: 2014  x Primary  General                |
| Mailing Address<br>PO Box 1465              |                                |                   |                                       | Other (specify) ▼                                   |
| City  |                                | State             | ZIP Code                              | X Personal Funds of the Candidate                   |
| Burnsville                                  |                                | MN                | 55337                                 |   |
| Original Amount of Loa                      | n<br>391.00                    | Cumulative Pag    | yment To Date Ba                      | lance Outstanding at Close of This Period<br>391.00 |
| TERMS Date Inco                             | urred                          |                   | Pate Due Interest Ra                  |   |
| M10M / D28D /                               | <sup>Y</sup> Ž014 <sup>Y</sup> | M M / D D         | (If none, ent                         | 0.00 % (apr) Yes X No                               |
| List All Endorsers or G                     | Guarantors (if any) to         | o Loan Source     |                                       |   |
| 1. Full Name (Last, First                   | st, Middle Initial)            |                   | Name of Employer                      |   |
| Mailing Address                             |                                |                   | Occupation                            |   |
| City  | State                          | ZIP Code          | Amount Guaranteed Outstanding:        | , , , , , , , ,                                     |
| 2. Full Name (Last, First                   | t, Middle Initial)             |                   | Name of Employer                      |   |
| Mailing Address                             |                                |                   | Occupation                            |   |
| City  | State                          | ZIP Code          | Amount Guaranteed Outstanding:        | 7   |
| 3. Full Name (Last, First                   | t, Middle Initial)             |                   | Name of Employer                      |   |
| Mailing Address                             |                                |                   | Occupation                            |   |
| City  | State                          | ZIP Code          | Amount Guaranteed Outstanding:        | 7   |
| 4. Full Name (Last, First                   | t, Middle Initial)             |                   | Name of Employer                      |   |
| Mailing Address                             |                                |                   | Occupation                            |   |
|   |                                |                   | Amount                                |   |
| City  | State                          | ZIP Code          | Guaranteed<br>Outstanding:            | 7   |
| SUBTOTALS This Period T                     | his Page (optional)            |                   | · · · · · · · · · · · · · · · · · · · | 391.00  |
| TOTALS This Period (last p                  | page in this line only         | ·) ·······        |                                       |   |
| Carry outstanding balance                   | only to LINE 3. Sch            | edule D. for this | s line. If no Schedule D. carry for   | rward to appropriate line of Summary.               |

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|---|--------------------|---|
| NAME OF COMMITTEE (In Full) Gerson for Congress |                    | Transaction ID : SC/10.5608   |
| LOAN SOURCE Full Name (Last, First, N           | Middle Initial)    | Memo Item Election: 2016  |
| Gerson, David, Adam, ,                          | madic initial)     | Memo Item    Clection: 2016   |
| Mailing Address<br>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               |
| 3500.00   |                    | 0.00 3500.00  |
| TERMS Date Incurred                             | Γ                  | Date Due Interest Rate Secured: (If none, enter 0)                      |
| M03 <sup>M</sup> / D04 <sup>D</sup> / 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)      | <u> </u>           | Name of Employer  |
| Mailing Address                                 |                    | Occupation  |
|   |                    | Amount  |
| City State                                      | ZIP Code           | Guaranteed Outstanding:   |
| SUBTOTALS This Period This Page (optiona        | n                  |   |
| CODICIALO IIIIS FERIOR IIIIS FAGE (OPLIONA      | ·/····             | 3500.00   |
| 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. |

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|--|-----------|-------------------|------------|----------------------------|----------------------------|-----------|--|------------|---------------|-------------|
| AME OF COMMITTEE (In Full)  Gerson for Congress          |           |                   |            |                            | Trans                      | saction I | D : SC/10.58                                     | 67         |               |             |
| LOAN SOURCE Full Name (Last, F<br>Gerson, David, Adam, , | irst, Mid | Idle Initial)     |            |                            | Memo Ite                   | Elec      | ction: 2016<br>Primary<br>General<br>Other (spec |            |               |             |
| PO Box 1465  |           |                   |            |                            |                            |           |  |            |               |             |
| City   |           | State             | ZIP Coc    | le                         |                            | ×         | Personal F                                       | unds of t  | he Car        | ıdidate     |
| Burnsville   |           | MN                | 55337      |                            |                            |           |  |            |               |             |
| Original Amount of Loan                                  |           | Cumulative Pay    | ment To    |                            |                            | alance (  | Outstanding a                                    |            | -             | -           |
| 5000.0   | 00        |                   | 9          | 0.00                       | )                          |           |  | 7          | 5000.00       | ,           |
| TERMS Date Incurred                                      |           | D                 | ate Due    |                            | Interest R<br>(If none, er |           |  | Sec        | ured:         |             |
| M08M / D12D / Y Ž01Š                                     | Y         | M M / D D         | / Y        | YNA Y                      |                            | 0.00      | % (apr)  |            | Yes           | <b>x</b> No |
| List All Endorsers or Guarantors (i                      | f any) to | o Loan Source     |            |                            |                            |           |  |            |               |             |
| 1. Full Name (Last, First, Middle In                     | itial)    |                   |            | Name of Em                 | ployer                     |           |  |            |               |             |
| Mailing Address  |           |                   |            | Occupation                 |                            |           |  |            |               |             |
|  |           |                   |            | Amount                     | _                          |           |  |            |               |             |
| City   | State     | ZIP Code          |            | Guaranteed Outstanding:    |                            | 7         |  |            |               |             |
| 2. Full Name (Last, First, Middle Init                   | ial)      |                   |            | Name of Employer           |                            |           |  |            |               |             |
| Mailing Address  |           |                   |            | Occupation                 |                            |           |  |            |               |             |
| 20   |           | T                 |            | Amount<br>Guaranteed       | _                          |           |  |            |               |             |
| City   | State     | ZIP Code          |            | Outstanding:               |                            | -         | 7  |            |               |             |
| 3. Full Name (Last, First, Middle Init                   | ial)      | •                 |            | Name of Em                 | ployer                     |           |  |            |               |             |
| Mailing Address  |           |                   |            | Occupation                 |                            |           |  |            |               |             |
| 011  |           | 710.0             |            | Amount<br>Guaranteed       |                            |           |  |            |               |             |
| City   | State     | ZIP Code          |            | Outstanding:               |                            | 7         | 7  |            |               |             |
| 4. Full Name (Last, First, Middle Init                   | ial)      |                   |            | Name of Em                 | ployer                     |           |  |            |               |             |
| Mailing Address  |           |                   |            | Occupation                 |                            |           |  |            |               |             |
|  |           | T                 |            | Amount                     |                            |           |  |            | $\overline{}$ |             |
| City   | State     | ZIP Code          |            | Guaranteed<br>Outstanding: |                            | 7         | 7  |            |               |             |
| SUBTOTALS This Period This Page (or                      | otional)  |                   |            |                            | ···· <b>&gt;</b>           | -         |  |            | 5000.00       |             |
| FOTALS This Period (last page in this                    | line only | ·) ·······        |            |                            | ▶                          |           | ,  | ,          |               |             |
| Carry outstanding balance only to LIN                    | E 3, Sch  | edule D, for this | line. If r | no Schedule I              | D, carry fo                | orward t  | to appropria                                     | ite line o | f Sumr        | nary.       |

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|--|--------------------|----------------|----------------------------|---------------------------------|-----------------|
| NAME OF COMMITTEE (In Full)  |                    |                | Tran                       | saction ID : SC/10.5980         |                 |
| Gerson for Congress  |                    |                |                            |                                 |                 |
| LOAN SOURCE Full Name (Last, First, M  | liddle Initial)    |                | Memo Ite                   | em Election: 2016               |                 |
| Gerson, David, Adam, ,   |                    |                |                            | rimary                          |                 |
|  |                    |                |                            | General                         |                 |
| Mailing Address<br>PO Box 1465   |                    |                |                            | Other (specify)                 |                 |
| City   | State              | ZIP Code       | <u> </u>                   |                                 |                 |
| Burnsville   | MN                 | 55337          |                            | Personal Funds of the           | Candidate       |
| Original Amount of Loan  | Cumulative Pa      | avment To D    | ate E                      | Balance Outstanding at Close of | <br>Γhis Period |
|  |                    |                |                            |                                 |                 |
| 10000.00   |                    |                | 0.00                       | 1000                            | 0.00            |
| TERMS Date Incurred  | Γ                  | Date Due       | Interest F<br>(If none, e  |                                 | d:              |
| <sup>M</sup> 09 <sup>M</sup> / <sup>D</sup> 08 <sup>D</sup> / <sup>Y</sup> Ž015 <sup>Y</sup> | M M / D D          | ) / Y Y        | NA Y                       | 0.00 % (apr) Yes                | s X No          |
| List All Endorsers or Guarantors (if any)  | to Loan Source     | )              |                            |                                 |                 |
| 1. Full Name (Last, First, Middle Initial)   |                    | 1              | Name of Employer           |                                 |                 |
| Mailing Address  |                    | (              | Occupation                 |                                 |                 |
|  |                    |                | Amount                     |                                 |                 |
| City State   | ZIP Code           |                | Guaranteed                 |                                 |                 |
| State  | Zii Gode           | (              | Outstanding:               | 7                               |                 |
| 2. Full Name (Last, First, Middle Initial)   |                    | 1              | Name of Employer           |                                 |                 |
| Mailing Address  |                    | (              | Occupation                 |                                 |                 |
|  |                    | 1              | Amount                     |                                 |                 |
| City State   | ZIP Code           |                | Guaranteed                 |                                 |                 |
|  |                    |                | Outstanding:               |                                 |                 |
| 3. Full Name (Last, First, Middle Initial)   |                    |                | Name of Employer           |                                 |                 |
| Mailing Address  |                    | (              | Occupation                 |                                 |                 |
|  |                    |                | Amount                     |                                 |                 |
| City State   | ZIP Code           |                | Guaranteed                 |                                 |                 |
|  |                    | (              | Outstanding:               | , , , , , , , ,                 |                 |
| 4. Full Name (Last, First, Middle Initial)   | •                  | 1              | Name of Employer           |                                 |                 |
| Mailing Address  |                    | (              | Occupation                 |                                 |                 |
|  |                    | 7              | Amount                     |                                 | _               |
| City State   | ZIP Code           |                | Guaranteed<br>Outstanding: |                                 |                 |
|  |                    |                |                            |                                 |                 |
| SUBTOTALS This Period This Page (optional)   | )                  |                | ······                     | 1000                            | 0.00            |
| TOTALS This Period (last page in this line or  | ıly)               |                |                            |                                 | 一               |
|  |                    |                |                            | 7                               |                 |
| Carry outstanding balance only to LINE 3, So   | chedule D, for thi | is line. If no | Schedule D, carry f        | orward to appropriate line of S | ummary.         |

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| AME OF COMMITTEE (In Full) Gerson for Congress |            |                    |            |                            | Transac                          | ction ID : SC/10.6013                 |             |
| LOAN SOURCE Full Name (Last,                   | First, Mi  | ddle Initial)      |            |                            | Mama Itam                        | Election: 2016                        |             |
| Gerson, David, Adam, ,                         | ,          | ,                  |            |                            | Memo Item                        | rimary                                |             |
| Gerson, Bavid, Adam,                           |            |                    |            |                            |                                  | General                               |             |
| Mailing Address<br>PO Box 1465                 |            |                    |            |                            |                                  | Other (specify)                       |             |
| City   |            | State              | ZIP Cod    | de                         |                                  | Personal Funds of the Ca              | andidate    |
| Burnsville                                     |            | MN                 | 55337      |                            |                                  |                                       |             |
| Original Amount of Loan                        |            | Cumulative Pay     | yment To   | Date                       | Bala                             | ance Outstanding at Close of Thi      | s Period    |
| 33932  | 2.59       |                    |            | 0.00                       | )                                | 33932.6                               | 59          |
| TERMS Date Incurred                            |            | D                  | Date Due   |                            | Interest Rate<br>(If none, enter |                                       |             |
| <sup>M</sup> 09 <sup>M</sup> / □30 □ / Y Ž01Š  | Y          | M M / D D          | / Y        | YNA Y                      |                                  | 00                                    | <b>x</b> No |
| List All Endorsers or Guarantors               | (if any) t | to Loan Source     |            |                            |                                  | ,                                     |             |
| Full Name (Last, First, Middle III)            | ,          | to Loan Source     |            | Name of Em                 | ployer                           |                                       |             |
| Mailing Address                                |            |                    |            | Occupation                 |                                  |                                       |             |
|  |            |                    |            | Amount                     |                                  |                                       |             |
| City   | State      | ZIP Code           |            | Guaranteed Outstanding:    |                                  | 7                                     |             |
| 2. Full Name (Last, First, Middle Ir           | itial)     |                    |            | Name of Em                 | ployer                           |                                       |             |
| Mailing Address                                |            |                    |            | Occupation                 |                                  |                                       |             |
|  |            |                    |            | Amount                     |                                  |                                       | _           |
| City   | State      | ZIP Code           |            | Guaranteed<br>Outstanding: |                                  | , , , , , , , ,                       |             |
| 3. Full Name (Last, First, Middle Ir           | nitial)    |                    |            | Name of Em                 | nployer                          |                                       |             |
| Mailing Address                                |            |                    |            | Occupation                 |                                  |                                       |             |
|  |            |                    |            | Amount                     | _                                |                                       | _           |
| City   | State      | ZIP Code           |            | Guaranteed Outstanding:    |                                  | · · · · · · · · · · · · · · · · · · · |             |
| 4. Full Name (Last, First, Middle Ir           | nitial)    | '                  |            | Name of Em                 | ployer                           |                                       |             |
| Mailing Address                                |            |                    |            | Occupation                 |                                  |                                       |             |
|  |            |                    |            | Amount                     |                                  |                                       | 1           |
| City   | State      | ZIP Code           |            | Guaranteed<br>Outstanding: |                                  | 7 7 7                                 |             |
| CURTOTAL C This Deviced This Dags              | antianal\  |                    |            |                            |                                  |                                       |             |
| SUBTOTALS This Period This Page (              | opuonai).  |                    |            |                            | ▶                                | 33932.5                               | 59          |
| TOTALS This Period (last page in this          | s line onl | y)                 |            |                            | ▶                                |                                       |             |
| Carry outstanding balance only to LI           | NE 3. Sci  | hedule D. for this | s line. If | no Schedule                | D. carry for                     | ward to appropriate line of Sun       | nmarv       |
| . ,  | ,          |                    |            |                            | ,                                |                                       | J.          |

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

FOR LINE NUMBER: (check only one)

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|---|-----|
|   | 13b |

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Transaction ID: SC/10.6284 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify)  $\blacktriangledown$ City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50000.00 0.00 50000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 12M 0.00 <sup>D</sup>23<sup>D</sup> Ž015 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 50000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

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|---|--------------------|---|
| NAME OF COMMITTEE (In Full)  Gerson for Congress    |                    | Transaction ID : SC/10.6765   |
| LOAN SOURCE Full Name (Last, First, Mi              | ddlo Initial)      | - Floations 2010  |
| Gerson, David, Adam, ,                              | dule ililiai)      | ☐ Memo Item   |
| Mailing Address<br>PO Box 1465                      |                    | Other (specify) ▼   |
| City  | State              | ZIP Code  ** Personal Funds of the Candidate                          |
| Burnsville  | MN                 | 55337   |
| Original Amount of Loan                             |                    |   |
| 25000.00  | 9                  | 0.00 25000.00   |
| TERMS Date Incurred                                 |                    | ate Due Interest Rate Secured: (If none, enter 0)                     |
| M03 <sup>M</sup> / D30 <sup>D</sup> / Y Ž016 Y      | M M / D D          | / Y YNAY Y 0.00 % (apr) Yes X No                                      |
| List All Endorsers or Guarantors (if any)           | to Loan Source     |   |
| Full Name (Last, First, Middle Initial)             |                    | Name of Employer  |
| Mailing Address                                     |                    | Occupation  |
|   |                    | Amount  |
| City  | ZIP Code           | Guaranteed Outstanding:   |
| 2. Full Name (Last, First, Middle Initial)          | ·                  | Name of Employer  |
| Mailing Address                                     |                    | Occupation  |
|   |                    | Amount  |
| City  | ZIP Code           | Guaranteed<br>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) 25000.00 |                    |   |
| TOTALS This Period (last page in this line only     | y)                 | 275000.00   |
| Carry outstanding balance only to LINE 3, Sc        | hedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |