PAGE 1 / 46

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

PONIVI 3	For An Au	thorized Com	mittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	cample: If typing, ver the lines.	type 12FE4M	15
Gerson for Congress					I
ADDRESS (number and street)	PO Box 1465				
▼ Check if different					
than previously reported. (ACC)	Burnsville			MN	55337
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00523738		3. IS THIS REPORT	× NEW (N)	OR AMEN	STATE ▼ DISTRICT  MN 02
4. TYPE OF REPORT (Cho	ose One)	(b) 12-Day <b>PRE</b>	E-Election Report	for the:	
(a) Quarterly Reports:		П	Primary (12P)	General	(12G) Runoff (12R)
April 15 Quarterly Re	eport (Q1)	- F			
July 15 Quarterly Re	port (Q2)		Convention (12	C) Special	(12S)
October 15 Quarterly	/ Report (Q3)	Election on	M M /	D D / Y Y Y	in the State of
January 31 Year-End	Report (YE)	(c) 30-Day <b>POS</b>	ST-Election Repor	t for the:	
			General (30G)	Runoff (	30R) Special (30S)
Termination Report (	TER)	Election on	M M /	D " D / Y " Y " Y "	in the State of
5. Covering Period 01	/ D D / 01	Y Y Y Y Y Y 2020	through	M M / D D D 31	/ Y Y Y Y Y Y 2020
I certify that I have examined this  Type or Print Name of Treasurer	s Report and to t Gerson, David,		nowledge and be	lief it is true, correct a	nd complete.
	on, David, , ,		[Electronically File	04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroned	ous, or incomplete	information may	subject the person	n signing this Report to	the penalties of 52 U.S.C. §30109
Office					
Use Only					FEC FORM 3 (Revised 05/2016)

#### **SUMMARY PAGE**

of Receipts and Disbursements

PAGE 2 / 46

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Gerson for Congress

2020 2020 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) ...... 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 0.00 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 0.00 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 0.00 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 171460.36 Schedule C and/or Schedule D).....

#### For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 05/2016)

PAGE 3 / 46

Write or Type Committee Name

#### Gerson for Congress

01 01 2020 03 31 2020 Report Covering the Period: From: To:

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

**DETAILED SUMMARY PAGE** 

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 46

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	0.00
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	103539.64	103539.64
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	103539.64	103539.64
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)	103539.64	103539.64
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	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 (froi	m Line 22)	103539.64
7	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	0.00

#### S

TEMIZED DISBURSEMENTS    Use separate schedule s    Check only one    Check on			-										
Tremized Disbursements    Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee (Last, First, Middle Initial)  A. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City State MN Destrict 02  Full Name (Last, First, Middle Initial)  B. Gerson for Congress  Office Sought:	,			llee capavata cab	andula(a)	TOTT EINE NOMBER							
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm of connection for connectic purposes, other than using the name and address of any political committee to solicit contributions from such comm of commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm of commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm of commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes of Disbursement    Date of Disbursement				•	` '								
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributor for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common for for committee to solicit contributions from such common for for committee to solicit contributions from such common for for committee to solicit contributions from such common for for committee to solicit contributions from such common for for committee to solicit contributions from such common for for committee to solicit contributions from such committees. Full distributions from such committees from such contributions from such committees. Full distributions from such committees from such committees from such contributions from such committees. Full distributions from such committees from such contributions from such contributions from such committees. Full distributions from such contributions from such contributions from such contributions.  Full Name (Last, First, Middle Initial)  Candidate Name Gerson fo	•••	EMIZED DISBURSEMENTS											
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm  NAME OF COMMITTEE (in Full)  Refrison for Congress  Full Name (Last, First, Middle Initial)  A. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City  Burnsville  Purpose of Disbursement  Candidate Name  Gerson for Congress  Office Sought:    Nouse Senate President State:    Nouse Senate Senate President State:    Nouse Senate Senate Senate Senate President State:    Nouse Senate Senate Senate Senate Senate Senate President State:    Nouse Senate	_												
NAME OF COMMITTEE (in Full) Gerson for Congress Full Name (Last, First, Middle Initial)  A. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City Burnsville Purpose of Disbursement Condidate Name Gerson for Congress Office Sought:													
Full Name (Last, First, Middle Initial)  A. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City  Burnsville  Prose of Disbursement  Candidate Name  Gerson for Congress  Office Sought:													
Full Name (Last, First, Middle Initial)  A. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City Burnsville Purpose of Disbursement Candidate Name Gerson for Congress Office Sought:	$  \rangle$	• • •											
A. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City  Burnsville  Purpose of Disbursement  Candidate Name  Gerson for Congress  Office Sought:													
Mailing Address PO Box 1465  City		_											
City   State   Zip Code   MN   S5337   FEC Identification Number   Cooperation   Candidate Name   Category   Transaction ID : SB19A.6964   MN   S5075   Category   Transaction ID : SB19A.6965   Transaction ID : SB1	A.	Gerson, David, Adam, ,				Date of Disbursement							
City Burnsville   State   Zip Code   MN   S5337   FEC Identification Number   Candidate Name   Category/ Type   State   Mn   District   Oz   Primary   X   General   Gerson for Congress   Other (specify)   Transaction ID : SB19A.6961   Memo Item   State: MN   District   Oz   State   Disbursement   Disbursement   Date of Disbursement   Disbursement   Date of Disburs		Mailing Address DO Day 1405											
Burnsville Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress Office Sought:		Mailing Address PO Box 1465				21 2020							
Burnsville MN 55337 Purpose of Disbursement Candidate Name Gerson for Congress Office Sought:		City	State	Zip Code		EEC Identification Number							
Candidate Name Gerson for Congress Office Sought:			MN	55337		FEC Identification Number							
Candidate Name Gerson for Congress  Office Sought:		Purpose of Disbursement Loan Repayment				C C00523738							
Gerson for Congress  Office Sought:													
Office Sought:						/ Amount of Each Disbursement this Period							
Senate President Other (specify) ▼  State: MN District: 02 Full Name (Last, First, Middle Initial) B. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City Burnsville MN 55337  Purpose of Disbursement Candidate Name Gerson for Congress  Office Sought: X House President Primary X General Other (specify) ▼  Mailing Address 1035 Summit Avenue  City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Caste MN District: 02  Full Name (Last, First, Middle Initial)  C. Gerson, David, , ,  Mailing Address 1035 Summit Avenue  City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought: X House Primary X General Other (specify) ▼  State Zip Code MN 55075  FEC Identification Number Candidate Name Category/ Memoritem  FEC Identification Number Category/ Memoritem  Category/ South Saint Paul State Zip Code MN 55075  FEC Identification Number Category/ Memoritem  Category/ South Saint Paul State Zip Code MN 55075  FEC Identification Number Category/ Memoritem  Category/ South Saint Paul State Zip Code MN 55075  FEC Identification Number Category/ South Saint Paul S			ment For:	2016	туре	50000.00							
President		7 115455 = 115455	1										
State   MN		President	Other (sp	pecify) ▼									
B. Gerson, David, Adam, ,  Mailing Address PO Box 1465  City Burnsville Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought:  X House Primary Primary X General Primary X General Other (specify)  Full Name (Last, First, Middle Initial) C. Gerson, David, , ,  Mailing Address 1035 Summit Avenue  City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought: X House Primary X General Other (specify)  Date of Disbursement  Category/ Type  Transaction ID: SB19A.6964  Memo Item  FEC Identification Number  Transaction ID: SB19A.6964  Memo Item  FEC Identification Number  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Test Identification Number  Category/ Type  Category/ Type  Category/ Type  Test Identification Number  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Test Identification Number  Category/ Type  Category		State: Bistriot: 9-				I Wello Item							
Mailing Address PO Box 1465  City Burnsville Burnsville Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress Office Sought: State: MN District: 02  Full Name (Last, First, Middle Initial) C. Gerson, David, , ,  Mailing Address 1035 Summit Avenue  City South Saint Paul Purpose of Disbursement Candidate Name Gerson for Congress Office Sought:  X House Primary X General Other (specify)  Date of Disbursement Category/ Type  Date of Disbursement Category/ Type  FEC Identification Number  Category/ Type  Category/ Type  FEC Identification Number  Category/ Type  Gerson for Congress  Office Sought: X House Senate Primary General Other (specify)  Other (specify)  Memo Item													
Mailing Address PO Box 1465  City Burnsville Burnsvill	В.	Gerson, David, Adam, ,				Date of Disbursement							
City Burnsville Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress Office Sought:  X House President State: MN District: 02  Full Name (Last, First, Middle Initial) C. Gerson, David, , ,  Mailing Address Office Sought:  Category/ President South Saint Paul  Purpose of Disbursement Other (specify)  State  Zip Code MN  Zip Code Mn  State: Zip Code MN  State  Zip Code MN  State  Zip Code MN  State  Category/ South Saint Paul  Purpose of Disbursement Candidate Name Gerson for Congress Office Sought:  V House Disbursement For: 2016  FEC Identification Number  Category/ Transaction ID: SB19A.6964  FEC Identification Number  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Gerson for Congress Office Sought:  X House Disbursement For: 2016  FEC Identification Number  Category/ Type  Coobs23738  Amount of Each Disbursement this F  Category/ Type  Coobs23738  Amount of Each Disbursement this F  Category/ Type  Coobs23738  Amount of Each Disbursement this F  Category/ Type  Coobs23738  Amount of Each Disbursement this F  Coobs23738		Mailing Address DO Dou 4405											
Burnsville  Purpose of Disbursement Loan Repayment Candidate Name Gerson for Congress  Office Sought:		Walling / Nooress PO Box 1465				01 21 2020							
Burnsville Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought:		City	State	Zip Code		FFC Identification Number							
Candidate Name Gerson for Congress  Office Sought:    House		Burnsville	MN	55337		I LO Identification Number							
Candidate Name Gerson for Congress  Office Sought:						C C00523738							
Gerson for Congress  Office Sought:													
Office Sought:					0,	Amount of Each Disbursement this Period							
Senate President Other (specify) ▼			ment For:	2016	туре	25000.00							
State: MN District: 02  Full Name (Last, First, Middle Initial)  C. Gerson, David, , ,  Mailing Address 1035 Summit Avenue  City South Saint Paul  Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought:		<b>"</b>											
State: MN District: 02  Full Name (Last, First, Middle Initial)  C. Gerson, David, , ,  Mailing Address 1035 Summit Avenue  City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress Office Sought: x House Senate President State: MN District: 02  Date of Disbursement  Date of Disbursement  Cade  Tele Code State State: MN District: 02  Disbursement For: 2016  Transaction ID: SB19A.6965 Memo Item		President	Other (sp										
C. Gerson, David, , ,  Mailing Address 1035 Summit Avenue  City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Cardidate Name Gerson for Congress Office Sought: Senate President State: MN District: 02  Date of Disbursement  M		State: MN District: 02				Wellio Itelli							
Mailing Address 1035 Summit Avenue  City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress Office Sought:    V		,											
City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought:  Senate President State: MN District: 02  State Zip Code MN 55075  FEC Identification Number  Category/ Type  Memo Item	C.	Gerson, David, , ,				Date of Disbursement							
City South Saint Paul Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress Office Sought:    X		Mailing Address											
South Saint Paul  Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought:  Senate President  State: MN  District: 02  MN  55075  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Transaction ID: SB19A.6965  Memo Item		1035 Summit Avenue				01 20 2020							
South Saint Paul  Purpose of Disbursement Loan Repayment  Candidate Name Gerson for Congress  Office Sought:  Senate President  State: MN  District: 02  MN  55075  C C00523738  Amount of Each Disbursement this F  Category/ Type  Category/ Type  Category/ Type  Transaction ID: SB19A.6965  Memo Item		City	State	Zip Code		EEC Identification Number							
Candidate Name Gerson for Congress  Office Sought:  State: MN  District: 02  Category/ Type  Amount of Each Disbursement this F  Category/ Type  Transaction ID: SB19A.6965			MN	55075		FEG Identification Number							
Candidate Name Gerson for Congress  Office Sought:  Senate President State: MN  District: 02  Category/ Type  Amount of Each Disbursement this F  28539.6  Transaction ID: SB19A.6965  Memo Item			C C00523738										
Gerson for Congress  Office Sought:  Senate President State: MN District: 02  Category Type  Disbursement For: 2016  Frimary Other (specify)  Other (specify)  Memo Item													
Office Sought:    X			/ Amount of Each Disbursement this Period										
Senate President State: MN District: 02  Primary General Other (specify)  Memo Item			2016	туре	28539.64								
State: MN District: 02  Other (specify)  Memo Item		<u> </u>											
State: MN District: 02			pecify)										
SUBTOTAL of Disbursements This Page (optional)	_	State: MN District: 02	<u> </u>	<b>▼</b>		INICITIO ILCITI							
SUBTUTAL OF DISpursements. This Page (optional)	Г	CURTOTAL of Dishurance and This Dame (a Control											
		SUBTUTAL OF DISBURSEMENTS THIS Page (optional)				103539.64							

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

103539.64

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

FOR LINE NUMBER: (check only one)

PAGE

6

13a

OF

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

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

PAGE 7
FOR LINE NUMBER: (check only one)

13a

OF

		100				
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4365				
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012				
Gerson, David, Adam, ,	madie miliary	Memo Item    Clection: 2012				
Mailing Address PO Box 1465		Other (specify)				
City	State	ZIP Code  F5007  Personal Funds of the Candidate				
Burnsville	MN	55337				
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period				
10000.00		0.00 10000.00				
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)				
M07 <sup>M</sup> / D19 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y YNAY Y 0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any	) to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)	·	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)	'	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
SURTOTALS This Period This Page (entions	N					
CODICIALO IIIIS I ellou IIIIS Page (optiona	SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line o	nly)	······································				
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.				

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

PAGE 8
FOR LINE NUMBER: (check only one)

**X** 13a

OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4381
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2012
Gerson, David, Adam, ,	madio miliary	Memo Item    Clection: 2012
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00	l ,	0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M07 <sup>M</sup> / D24 <sup>D</sup> / Y Ž01Ž Y	M M / D D	/ Y YNA Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
CURTOTAL C This Deviced This Dags (entires	n	
SUBTOTALS This Period This Page (optiona	1)	5000.00
TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 9
FOR LINE NUMBER: (check only one)

**X** 13a

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

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

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FOR LINE NUMBER: (check only one)

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OF

						130			
	ME OF COMMITTEE (In Full) Serson for Congress				Trans	saction ID : SC/10.4128			
Ľ									
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo Ite	m Election: 2012  x Primary			
						General			
	Mailing Address PO Box 1465					Other (specify)			
	City		State	ZIP Co	de	✗ Personal Funds of the Candidate			
	Burnsville		MN	55337		reisonal runus of the Candidate			
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period			
	5000	0.00			0.00	5000.00			
	TERMS Date Incurred		D	Date Due	Interest R (If none, er				
	<sup>M</sup> 07 <sup>M</sup> / <sup>D</sup> 26 <sup>D</sup> / Y Ž01Ž	Y	M M / D D	/ Y	YNA Y	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
•	City	State	ZIP Code		Guaranteed Outstanding:				
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9			
SI	SUBTOTALS This Period This Page (optional) 5000.00								
т	OTALS This Period (last page in this	s line only	r)		······	, ,			
С	carry outstanding balance only to LI	NE 3. Sch	nedule D. for this	s line. If	no Schedule D. carrv fo	prward to appropriate line of Summary.			
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

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

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

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13b Transaction ID: SC/10.4129 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>10<sup>D</sup> <sup>M</sup>80<sup>M</sup> Ž01Ž YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 5000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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				Detailed of	arriiriary r aş	gc			13b
AME OF COMMITTEE (In Full)  Gerson for Congress					Transac	ction ID	: SC/10.4470	0	
LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,  Mailing Address PO Box 1465	First, Mid	ddle Initial)			Memo Item		on: 2012 Primary General Other (specify	y) <b>▼</b>	
City Burnsville		State MN	ZIP Coc 55337	le		×	Personal Fur	nds of the (	Candidate
Original Amount of Loan  Cumulative Payment To [				Date 0.00	Bala	ance Ou	itstanding at		his Period
TERMS Date Incurred  M08M / D10D / Y Z01Z	Pate Due		Interest Rate If none, enter		<b>%</b> (apr)	Secured Yes	~		
List All Endorsers or Guarantors		o Loan Source							
1. Full Name (Last, First, Middle I	nitial)			Name of Emp	lloyer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
2. Full Name (Last, First, Middle In	itial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:					
3. Full Name (Last, First, Middle In	itial)			Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7		
4. Full Name (Last, First, Middle In	itial)	'		Name of Employer					
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		7	7		
UBTOTALS This Period This Page (optional)									
Carry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If n	o Schedule D	, carry for	ward to	appropriate	e line of Su	ımmarv.

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

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OF

		130							
NAME OF COMMITTEE (In Full)  Gerson for Congress		Transaction ID : SC/10.4130							
LOAN SOURCE Full Name (Last, First, Mic Gerson, David, Adam, ,	ldle Initial)	☐ Memo Item							
		General							
Mailing Address PO Box 1465		Other (specify) ▼							
City	State	ZIP Code  ** Personal Funds of the Candidate							
Burnsville	MN	55337							
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period							
1000.00		0.00							
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)							
M08 <sup>M</sup> / D17 <sup>D</sup> / Y Ž01Ž 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 State	ZIP Code	Guaranteed Outstanding:							
2. Full Name (Last, First, Middle Initial)	'	Name of Employer							
Mailing Address		Occupation							
		Amount							
City	ZIP Code	Guaranteed Outstanding:							
3. Full Name (Last, First, Middle Initial)	•	Name of Employer							
Mailing Address		Occupation							
		Amount							
City	ZIP Code	Guaranteed Outstanding:							
4. Full Name (Last, First, Middle Initial)	•	Name of Employer							
Mailing Address		Occupation							
		Amount							
City State	ZIP Code	Guaranteed Outstanding:							
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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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OF

						130		
AME OF COMMITTEE (In Full)  Gerson for Congress					Transa	oction ID : SC/10.4131		
LOAN SOURCE Full Name (Last,	First, Mid	ddle Initial)			Memo Item			
Gerson, David, Adam, ,						Primary General		
Mailing Address PO Box 1465						Other (specify)		
City		State	ZIP Cod	de		Personal Funds of the Candidat		
Burnsville		MN	55337			1 ersonal runus or the Canadat		
Original Amount of Loan		Cumulative Pay	yment To	Date	Bal	lance Outstanding at Close of This Period		
1000	.00	7		0.00		1000.00		
TERMS Date Incurred Date Due				Interest Rat (If none, enter				
M08 <sup>M</sup> / D20 <sup>D</sup> / Y Ž01Ž	Υ	M M / D D	/ Y	YNA Y	(	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors	(if any) t	o Loan Source						
1. Full Name (Last, First, Middle II	nitial)			Name of Em	ployer			
Mailing Address				Occupation				
011				Amount Guaranteed				
City	State	ZIP Code		Outstanding:		7		
2. Full Name (Last, First, Middle In	itial)	·		Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle In	l itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		7		
4. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
C:h	Ctata	ZID Code		Amount Guaranteed				
City	State	ZIP Code		Outstanding:		9 9		
SUBTOTALS This Period This Page (o	optional).					1000.00		
FOTALS This Period (last page in this	line only	/)				9 9		
Carry outstanding halance only to LII	NF 3 Sci	nedule D. for this	s line If	no Schedule	D. carry for	ward to appropriate line of Summary.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

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

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

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	13b

OF

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

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

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OF

						130			
	ME OF COMMITTEE (In Full) Serson for Congress				Trans	saction ID : SC/10.4464			
Ц		=							
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo Ite	Election: 2014  X Primary			
	Mailing Address PO Box 1465				General Other (specify) ▼				
	City		State	ZIP Co	de				
	Burnsville		MN	55337		Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period			
	3000	0.00	,		0.00	3000.00			
	TERMS Date Incurred		C	ate Due	Interest R (If none, er				
	M03 <sup>M</sup> / D26 <sup>D</sup> / Y Ž013 Y M M / D D / Y			/ Y	/Ť/20Ž0 <sup>Y</sup>	0.00 % (apr) Yes X No			
	List All Endorsers or Guarantors	(if anv) to	o Loan Source						
	Full Name (Last, First, Middle Initial)				Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	3. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
		·			Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	4. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
		_			Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
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T	OTALS This Period (last page in this	s line only	y)		······				
С	carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	orward to appropriate line of Summary.			
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

		130			
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4502			
LOAN SOURCE Full Name (Last, First, I Gerson, David, Adam, ,  Mailing Address	Middle Initial)	☐ Memo Item  Election: 2014  Primary  General  Other (specify) ▼			
PO Box 1465					
City	State	ZIP Code  FERRY  Personal Funds of the Candidate			
Burnsville	MN	55337			
Original Amount of Loan 4000.00	Cumulative Pa	ment To Date  Balance Outstanding at Close of This Period  0.00  4000.00			
y y					
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)			
M04 <sup>M</sup> / D18 <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	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.			

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

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OF

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

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

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			Detailed Currinary 1	age	13b
NAME OF COMMITTEE (In Full)			Trans	action ID : SC/10.4591	
Gerson for Congress					
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo Iter	m Election: 2014	
Gerson, David, Adam, ,				<b>x</b> Primary	
				General	
Mailing Address PO Box 1465				Other (specify)	
City	State	ZIP Code	)	M Daysonal Finada of the	
Burnsville	MN	55337		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pag	yment To D	ate Ba	alance Outstanding at Close of T	his Period
5000.00			0.00	5000	0.00
TERMS Date Incurred		Date Due	Interest Ra		:
M06M / P10P / Y Ž013 Y	M M / D D	/ Y 1	(If none, en	0.00	
10 200			71720	% (apr) Yes	x No
List All Endorsers or Guarantors (if any) to	o Loan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
		-	Amount		
City State	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
		<u> </u>	Amount		
City State	ZIP Code		Guaranteed Outstanding:	7 7 7 7	
3. Full Name (Last, First, Middle Initial)	'		Name of Employer		
Mailing Address			Occupation		
			Amount		
City State	ZIP Code		Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City	ZIP Code	-	Guaranteed Outstanding:	y y	
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TOTALS This Period (last page in this line only	/)		······	7 7	
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry fo	rward to appropriate line of Si	ummarv.

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

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.4622
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	Floation: 2044
Gerson, David, Adam, ,	ilidale li littalij	☐ Memo Item
Mailing Address PO Box 1465		Other (specify)   ———————————————————————————————————
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
131.12		0.00 131.12
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)
M06 <sup>M</sup> / D30 <sup>D</sup> / Y Ž013 Y	M M / D D	/ Y 1/1/20 Y 0.00
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
GODICIALS THIS PERIOD THIS Page (optional	)	131.12
TOTALS This Period (last page in this line or	nly)	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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(check only one)

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		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5169
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	ivildale iliitalij	Memo Item    Clection: 2014
Mailing Address PO Box 1465		Other (specify)
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M07 <sup>M</sup> / D05 <sup>D</sup> / Y 2013 Y	M M / D D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	/) to Loan Source	
1. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (option		
SOBIOIALS This Period This Page (option	aı)	5000.00
TOTALS This Period (last page in this line	only)	······································
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		130
NAME OF COMMITTEE (In Full)  Gerson for Congress		Transaction ID : SC/10.5170
	1-11- 1:4:-1\	
Gerson, David, Adam, ,	adie initial)	Memo Item Election: 2014  Primary  Occupant
Mailing Address PO Box 1465		General Other (specify) ▼
City	State	ZIP Code  ** Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M07 <sup>M</sup> / D29 <sup>D</sup> / Y Ž013 Y	M M / D D	/ Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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)	1	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		5000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

							130	
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 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:				
2. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
				Amount				
City	State	ZIP Code		Guaranteed Outstanding:		9 9		
4. Full Name (Last, First, Middle In	itial)			Name of Employer				
Mailing Address				Occupation				
			•	Amount				
City	State	ZIP Code		Guaranteed 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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OF

									13	D
AME OF COMMITTEE (In Full) Gerson for Congress					Trans	saction I	ID : SC/10.51	73		
LOAN SOURCE Full Name (Last, First Gerson, David, Adam, ,	st, Midd	le Initial)			Memo Ite	Elec	ction: 2014 Primary General Other (spec			
PO Box 1465										
City	S	State	ZIP Co				Personal F	unds of t	he Candid	ate
Burnsville		MN	55337	_						
Original Amount of Loan 5000.00	-	Cumulative Pay	ment To	0.00	-	alance (	Outstanding		of This Pe 5000.00	riod
TERMS Date Incurred Date Due					Interest R			Sec	ured:	
M09M / D12D / Y Z013 Y			1)1/20 Y	(II florie, el	0.00	% (apr)		Yes 🗶	No	
List All Endorsers or Guarantors (if a	any) to	Loan Source								
1. Full Name (Last, First, Middle Initia	al)			Name of Em	ıployer					
Mailing Address				Occupation						
				Amount Guaranteed Outstanding:						
City	ate	ZIP Code								
2. Full Name (Last, First, Middle Initial	l)	I		Name of Employer						
Mailing Address				Occupation						
				Amount						
City	ate	ZIP Code		Guaranteed Outstanding:		7	7			
3. Full Name (Last, First, Middle Initial	1)			Name of Employer						
Mailing Address				Occupation						
		1		Amount					$\overline{}$	
City	ate	ZIP Code		Guaranteed Outstanding:		7	7			
4. Full Name (Last, First, Middle Initial	l)	•		Name of Employer						
Mailing Address				Occupation						
		1		Amount						
City	ate	ZIP Code		Guaranteed Outstanding:		-	7			
SUBTOTALS This Period This Page (opti	ional)				···· <b>&gt;</b>		,	, 5	5000.00	
TOTALS This Period (last page in this lin	ne only) .						,	7		]
Carry outstanding balance only to LINE	3, Sche	dule D, for this	line. If	no Schedule	D, carry fo	orward	to appropria	ite line o	f Summar	у.

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

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5174
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item    Clection: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
3000.00		0.00 3000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M09M / D30D / Y 2013 Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	) to Loan Source	
Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
CURTOTAL C This Deviced TV D	-0	
SUBTOTALS This Period This Page (options	ازاد	3000.00
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

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	ME OF COMMITTEE (In Full) Serson for Congress				Trans	saction ID : SC/10.5202		
Ľ								
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo Item   Election: 2014   x Primary			
						General		
	Mailing Address PO Box 1465					Other (specify)		
	City State ZIP Coo				de	Personal Funds of the Candidate		
	Burnsville MN 55337					r ersonal r unds of the Candidate		
	Original Amount of Loan		Cumulative Pay	yment To	Date E	Balance Outstanding at Close of This Period		
	5000	0.00			0.00	5000.00		
	TERMS Date Incurred		D	Date Due	Interest F (If none, e			
	M10 <sup>M</sup> / D04 <sup>D</sup> / Y Ž013	Y	M M / D D	/ Y	1)1/20 Y	0.00 % (apr) Yes X No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7		
	2. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation  Amount			
•	City	State	ZIP Code		Guaranteed Outstanding:	7		
	3. Full Name (Last, First, Middle In	itial)			Name of Employer  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 Outstanding:	7		
			·		_			
SI	UBTOTALS This Period This Page (	optional)			······	5000.00		
т	OTALS This Period (last page in this	s line only	·)		······	, , , , , , , , , , , , , , , , , , , ,		
С	arry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carrv f	orward to appropriate line of Summary.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

						130		
	ME OF COMMITTEE (In Full) Serson for Congress				Trans	saction ID : SC/10.5203		
Ľ								
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	First, Mic	ldle Initial)		☐ Memo Item			
						General		
	Mailing Address PO Box 1465					Other (specify)		
	City State ZIP Cod				de	✗ Personal Funds of the Candidate		
	Burnsville MN 55337					1 ersonal i unus of the Candidate		
	Original Amount of Loan		Cumulative Pay	yment To	Date B	alance Outstanding at Close of This Period		
	5000	0.00			0.00	5000.00		
	TERMS Date Incurred		D	ate Due	Interest R (If none, er			
	M10 <sup>M</sup> / D16 <sup>D</sup> / Y Ž013	Y	M M / D D	/ Y	1ÿ1/2Ŏ <sup>Ÿ</sup>	0.00 % (apr) Yes X No		
	List All Endorsers or Guarantors	(if any) to	o Loan Source					
	1. Full Name (Last, First, Middle I				Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9 9		
	2. Full Name (Last, First, Middle Initial)				Name of Employer			
	Mailing Address				Occupation  Amount			
•	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:	7		
	4. Full Name (Last, First, Middle In	itial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	9 9		
		•	'					
SI	UBTOTALS This Period This Page (	optional)			······	5000.00		
т	OTALS This Period (last page in this	s line only	·)		·····	, , , , , , , , ,		
С	arry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	prward to appropriate line of Summary.		
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Use separate schedule(s) for each category of the Detailed Summary Page

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		13b
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5204
LOAN SOURCE Full Name (Last, First Gerson, David, Adam, ,  Mailing Address PO Box 1465	t, Middle Initial)	☐ Memo Item ☐ Election: 2014 ☐ Primary ☐ General ☐ Other (specify) ▼
City Burnsville	State MN	ZIP Code 55337  Personal Funds of the Candidate
Original Amount of Loan 5000.00	Cumulative Pa	ayment To Date  Balance Outstanding at Close of This Period  0.00  5000.00
TERMS Date Incurred  M10M / D23D / Y Z013 Y		Date Due Interest Rate (If none, enter 0)  D / Y 1//1/20 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if a		
1. Full Name (Last, First, Middle Initia	1)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	·	, decide
Carry outstanding balance only to LINE	3, Schedule D. for th	nis 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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(check only one)

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		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5205
LOAN SOURCE Full Name (Last, First,	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item    Clection: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	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	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL C. This Desired This Desire (asking		
SUBTOTALS This Period This Page (optional	11)	5000.00
TOTALS This Period (last page in this line of	only)	······
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5206
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item    Clection: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
4000.00	,	0.00 4000.00
TERMS Date Incurred	]	Date Due Interest Rate Secured: (If none, enter 0)
M11M / D13D / Y 2013 Y	M M / D D	/ Y 1//1/20 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
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)	<b>'</b>	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona	)	4000.00
COLUMN TO THE TOTAL THE TAGE (OPTIONA	,	4000.00
TOTALS This Period (last page in this line of	ly)	······································
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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OF

									130
AME OF COMMITTEE (In Full) Gerson for Congress					Trans	action II	D : SC/10.520	)7	
LOAN SOURCE Full Name (Last, Find Gerson, David, Adam, ,			] Memo Ite	×	tion: 2014 Primary General	E.)			
Mailing Address PO Box 1465							Other (specif	y) <b>▼</b>	
City Burnsville		State MN	ZIP Cod 55337	de		×	Personal Fu	unds of th	e Candidate
Original Amount of Loan		Cumulative Pay		Date	В:	alance C	Outstanding a	t Close o	f This Period
3000.0	0	,	,	0.00			7		000.00
TERMS Date Incurred		D	ate Due		Interest Ra (If none, en			Secui	red:
M11M / D19D / Y Ž013	Y	M M / D D	/ Y	1)1/20 Y		0.00	% (apr)	Y	res 🗶 No
List All Endorsers or Guarantors (if	anv) to	Loan Source							
1. Full Name (Last, First, Middle Init	• •			Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	City State ZIP Code			Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initia	al)	1		Name of Employer					
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		7	7		
3. Full Name (Last, First, Middle Initial	al)			Name of Em	ployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:		7	7		
4. Full Name (Last, First, Middle Initial	al)			Name of Employer					
Mailing Address				Occupation					
				Amount					_
City	State	ZIP Code		Guaranteed Outstanding:		7	- 9		
SUBTOTALS This Period This Page (op	tional)				. г				
TOTALS This Period (last page in this li							7	30	000.00
					•		7	7	
Carry outstanding balance only to LINE	3, Sch	edule D, for this	line. If	no Schedule I	D, carry fo	rward t	o appropriat	e line of	Summary.

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

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		13b
AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5208
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 Burnsville	State MN	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 M / D C	Date Due Interest Rate (If none, enter 0)  Output  Date Due Interest Rate (If none, enter 0)  Output  Output
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)		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		,
Carry outstanding balance only to LINE 3	, Schedule D. for thi	is line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

		100
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5209
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2014
Gerson, David, Adam, ,	Memo Item    Clection: 2014	
Mailing Address PO Box 1465	Other (specify)	
City	State	ZIP Code  F5007  Personal Funds of the Candidate
Burnsville	MN	55337
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
4000.00	l ,	0.00 4000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M12M / D09D / Y Ž01Š Y	M M / D D	/ Y 1ÿ1/2ŏ Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	1	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	!	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona	ı)	
COSTOTALO TINO I GNOW TINO Page (optiona	y	4000.00
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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OF

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

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

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OF

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Transaction ID: SC/10.5542 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Gerson, David, Adam, , General Mailing Address PO Box 1465 Other (specify) City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D08D M01M 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)..... 3000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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OF

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

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

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OF

NAME OF COMMITTEE (In Gerson for Congres			Transa	action ID : SC/10.5544				
Gerson, David, Ac	Election: 2014  X Primary  General							
Mailing Address PO Box 1465	Other (specify) ▼							
City		State	ZIP Code	X Personal Funds of the Candidate				
Burnsville Original Amount of Loai		MN Cumulative Pa	55337	alance Outstanding at Close of This Period				
Original Amount of Loai	10000.00	Outfluidilive T a	0.00	10000.00				
TERMS Date Incu	urred		Date Due Interest Ra					
M02 <sup>M</sup> / D26 <sup>D</sup> /	<sup>Y</sup> Ž014 <sup>Y</sup>	M M / D D	/ Y 1ў1/2Ŏ Y					
List All Endorsers or G	uarantors (if any) to	o Loan Source						
1. Full Name (Last, Firs	t, Middle Initial)		Name of Employer					
Mailing Address			Occupation	Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7				
2. Full Name (Last, First	, Middle Initial)		Name of Employer	Name of Employer				
Mailing Address			Occupation					
			Amount					
City	State	ZIP Code	Guaranteed Outstanding:	7 7				
3. Full Name (Last, First	, Middle Initial)		Name of Employer					
Mailing Address			Occupation					
City	State	ZIP Code	Amount Guaranteed					
4. Full Name (Last, First			Outstanding:  Name of Employer	7				
Mailing Address	,aaio iiniaij		Occupation					
Walling Address				·				
City	State	ZIP Code	Amount Guaranteed Outstanding:	7				
SUBTOTALS This Period T	his Page (ontional)		. г	10000.00				
TOTALS This Period (last p				10000.00				
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Carry outstanding balance	only to LINE 3, Sch	edule D, for this	s line. If no Schedule D, carry fo	rward to appropriate line of Summary.				

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

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OF

		100				
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5587				
LOAN SOURCE Full Name (Last First N	liddle Initial)	Memo Item Election: 2014				
Gerson, David, Adam,	LOAN SOURCE Full Name (Last, First, Middle Initial)					
Mailing Address 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				
391.00	,	0.00 391.00				
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)				
M10M / D28D / Y 2014 Y	M M / D D	0.00 % (apr) Yes X No				
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	'	Name of Employer				
Mailing Address		Occupation				
		Amount				
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)	1	Name of Employer				
Mailing Address		Occupation				
		Amount				
City	ZIP Code	Guaranteed Outstanding:				
SUBTOTALS This Period This Page (optional	)					
COSTOTATO THIS FEROU THIS FAGE (OPLICHAL	,	391.00				
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Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.				

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

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OF

		100				
NAME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5608				
I OAN SOURCE Full Name (Last First M	Middle Initial)	Memo Item Election: 2016				
Gerson, David, Adam, ,	LOAN SOURCE Full Name (Last, First, Middle Initial)					
Mailing Address 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				
3500.00	ļ ,	0.00 3500.00				
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)				
M03M / D04D / Y Ž01Š 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 State	ZIP Code	Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)	·	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount Guaranteed				
City	ZIP Code	Outstanding:				
4. Full Name (Last, First, Middle Initial)	-	Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	ZIP Code	Guaranteed Outstanding:				
CURTOTAL C This Deviced This Degre (entires	n					
SUBTOTALS This Period This Page (optional	······································	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.				

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

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AME OF COMMITTEE (In Full)	Transaction ID : SC/10.5867								
Gerson for Congress									
LOAN SOURCE Full Name	(Last, First, M			Memo Item					
Gerson, David, Adam	1, ,						Primary		
NA '11' A L L							General	,	
Mailing Address PO Box 1465					Other (specify	′) <b>▼</b>			
City	ZIP Code	de X Personal Funds of the			nds of the (	Candid			
Burnsville		MN	55337				- Croonar rai		
Original Amount of Loan		Cumulative Pa	ayment To Da	ite	Bal	ance Ou	itstanding at	Close of Th	his Pe
, , ,	5000.00		,	0.00			,	5000	0.00
TERMS Date Incurred		[	Date Due		Interest Rat			Secured	l:
M08 <sup>M</sup> / D12 <sup>D</sup> / Y	ž01Š <sup>Y</sup>	M M / D D	/ Y Y	NA Y		.00	% (apr)	Yes	x
List All Endorsers or Guara	antors (if any)	to Loan Source	)						
1. Full Name (Last, First, M	iddle Initial)		٨	lame of Em	ployer				
Mailing Address			C	Occupation					
			Α	mount					_
City	State	ZIP Code		luaranteed Outstanding:		,	7		
2. Full Name (Last, First, Mi	ddle Initial)	'	٨	Name of Employer					
Mailing Address	Mailing Address				Occupation				
				mount					
City	State	ZIP Code		luaranteed Outstanding:		7	7		_
3. Full Name (Last, First, Mi	٨	Name of Employer							
Mailing Address			C	ccupation					
				mount		-			$\overline{}$
City	State	ZIP Code		iuaranteed Outstanding:		7	7	-	_
4. Full Name (Last, First, Mi	٨	Name of Employer							
Mailing Address	C	Occupation							
			А	mount	-				_
City	State	ZIP Code		luaranteed Outstanding:		7	7		_
	'	'							
JBTOTALS This Period This Page (optional)									
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Carry outstanding balance only	/ to LINE 3. So	hedule D, for thi	is line. If no	Schedule	D, carry for	ward to	appropriate	ine of Su	ımmar

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AME OF COMMITTEE (In Full) Gerson for Congress		Transaction ID : SC/10.5980
LOAN SOURCE Full Name (Last, First, Mailing Address	Aiddle Initial)	Memo Item Election: 2016   ▼ Primary  General  Other (specify) ▼
PO Box 1465		——————————————————————————————————————
City Burnsville	State	ZIP Code  55337  Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	
10000.00		0.00 10000.00
TERMS Date Incurred	С	ate Due Interest Rate Secured: (If none, enter 0)
M09M / D08D / Y Ž01Š Y	M M / D D	√ YNA Y O.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
O't.	710.0-4-	Amount Guaranteed
City State	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	Amount
City State	ZIP Code	Guaranteed Outstanding:
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		,
TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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			Detailed Guillinary	1 age	13b			
NAME OF COMMITTEE (In Full)			Trar	nsaction ID : SC/10.6013				
Gerson for Congress								
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo It	tem Election: 2016				
Gerson, David, Adam, ,		_	x Primary					
				General				
Mailing Address PO Box 1465			Other (specify) ▼					
City	State	;						
Burnsville	MN	55337		Y Personal Funds of the C	andidate			
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outstanding at Close of Ti	nis Period			
33932.59	,	, ,	28539.64 5392.95					
TERMS Date Incurred	D	Date Due	Interest		:			
M09M / D30D / Y Ž01Š Y	M M / D D	/ Y Y	(If none, enter 0)  VNA  O.00  (apr)  Yes No					
List All Endorsers or Guarantors (if any) to	o Loan Source			- / / (- -/)				
1. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address			Occupation	ation				
			Amount		_			
City State	ZIP Code	<b>I</b>	Guaranteed Outstanding:					
2. Full Name (Last, First, Middle Initial)	1	Name of Employer						
Mailing Address	(	Occupation						
		7	Amount					
City State	ZIP Code		Guaranteed  Outstanding:	. , . , ,				
3. Full Name (Last, First, Middle Initial)	-	1	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 State	ZIP Code		Guaranteed Outstanding:					
	I							
SUBTOTALS This Period This Page (optional)			······	5392	.95			
TOTALS This Period (last page in this line only	/)		·····•	7 7				
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D. carry	forward to appropriate line of Su	mmarv.			

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						130			
	ME OF COMMITTEE (In Full) Serson for Congress				Trai	nsaction ID : SC/10.6284			
_		F' 1 1 1 1	1 11 1 22 8			T =			
	LOAN SOURCE Full Name (Last, Gerson, David, Adam, ,	rırst, Mic	iale initial)		☐ Memo I	<b>x</b> Primary			
	Mailing Address PO Box 1465					General Other (specify) ▼			
	City	State	ZIP Co	de	M Demond Foods of the Occiliates				
	Burnsville		MN	55337		Personal Funds of the Candidate			
	Original Amount of Loan		Cumulative Pay	yment To	Date	Balance Outstanding at Close of This Period			
	50000	0.00	7		50000.00				
	TERMS Date Incurred		D	ate Due	Interest (If none,				
	M12M / D23D / Y Ž01Š	Y	M M / D D	/ Y	V YNA Y 0.00				
	List All Endorsers or Guarantors	(if any) to	o Loan Source						
	1. Full Name (Last, First, Middle I				Name of Employer				
	Mailing Address				Occupation Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	7			
	2. Full Name (Last, First, Middle In	itial)			Name of Employer				
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9 9 9			
	3. Full Name (Last, First, Middle In	itial)	·		Name of Employer  Occupation				
	Mailing Address								
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9			
	4. Full Name (Last, First, Middle In	itial)	•	Name of Employer					
	Mailing Address				Occupation				
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:	9			
S	UBTOTALS This Period This Page (	optional)			<b>•</b>	0.00			
T	OTALS This Period (last page in this	s line only	r)		······				
C	Carry outstanding balance only to LI	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry	forward to appropriate line of Summary.			
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Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.6765 NAME OF COMMITTEE (In Full) Gerson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Gerson, David, Adam, , General Mailing Address Other (specify)  $\blacktriangledown$ PO Box 1465 City State ZIP Code X Personal Funds of the Candidate MN 55337 Burnsville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 25000.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 03M ž016 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) ..... 171460.36 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.