

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Gerson for Congress

ADDRESS (number and street)

3260 Dodd Ln

Check if different than previously reported. (ACC)

Eagan

MN

55121

2. FEC IDENTIFICATION NUMBER ▼

C C00523738

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

MN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

Type or Print Name of Treasurer David Adam Gerson

Signature of Treasurer David Adam Gerson

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Gerson for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3874.80	3874.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3874.80	3874.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12680.16	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	16554.96	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Gerson for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	16554.96	16554.96
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	16554.96	16554.96
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	16554.96	16554.96

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3874.80	3874.80
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) ►	3874.80	3874.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	16554.96
25. SUBTOTAL (add Line 23 and Line 24).....	16554.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3874.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12680.16

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 8
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Gerson for Congress

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

Mailing Address 3260 Dodd Ln

City Eagan State MN Zip Code 55121

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

Name of Employer Meggitt Occupation Engineer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
16554.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA13A.4392

Amount of Each Receipt this Period
16554.96

Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

16554.96

16554.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 8
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gerson for Congress

A. Nick Caron

Full Name (Last, First, Middle Initial)
Mailing Address 9202 E Point Douglas Ln S

City Cottage Grove State MN Zip Code 55016

Purpose of Disbursement Web Design

Candidate Name **David Adam Gerson**

Office Sought: House Senate President
State: MN District: 02

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 06 / 13 / 2012

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.4398

Category/Type: 001

B. Lindstrom Embroidery

Full Name (Last, First, Middle Initial)
Mailing Address 7866 12th Ave S

City Bloomington State MN Zip Code 55425

Purpose of Disbursement Campaign Shirts

Candidate Name **David Adam Gerson**

Office Sought: House Senate President
State: MN District: 02

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 06 / 21 / 2012

Amount of Each Disbursement this Period: 330.28

Transaction ID : SB17.4399

Category/Type: 001

c. Millersburg Properties LLC

Full Name (Last, First, Middle Initial)
Mailing Address 201 W Travelers Trl Suite 225

City Burnsville State MN Zip Code 55337

Purpose of Disbursement Rent for Campaign Office

Candidate Name **David Adam Gerson**

Office Sought: House Senate President
State: MN District: 02

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement: 06 / 20 / 2012

Amount of Each Disbursement this Period: 1700.00

Transaction ID : SB17.4401

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 3030.28

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gerson for Congress

Full Name (Last, First, Middle Initial) A. Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 180 State Building 100 Rev Martin Luther King Jr Blvd		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4403
City St Paul	State MN Zip Code 55155	
Purpose of Disbursement Candidate Application Fee	Category/Type 001	
Candidate Name David Adam Gerson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) B. Secretary of State		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 180 State Building 100 Rev Martin Luther King Jr Blvd		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.4402
City St Paul	State MN Zip Code 55155	
Purpose of Disbursement Incorporation Fee	Category/Type 001	
Candidate Name David Adam Gerson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN District: 02		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	390.00
TOTAL This Period (last page this line number only).....	3420.28

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Gerson for Congress** Transaction ID : **SC/10.4392**

LOAN SOURCE Full Name (Last, First, Middle Initial) **David Adam Gerson** *[PERSONAL FUNDS]* Election: 2012
 Primary
 General
 Other (specify) ▼

Mailing Address
3260 Dodd Ln

City State ZIP Code
Eagan MN 55121

Original Amount of Loan 16554.96	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 16554.96
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TERMS

Date Incurred M 05 / D 29 / Y 2012	Date Due M M / D D / Y 1/1/2020	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	▶	16554.96
TOTALS This Period (last page in this line only).....	▶	16554.96

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