

# FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

3. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1)
- October 15 (Q3)
- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11)
- July 15 (Q2)
- January 31 Year-End Report (YE)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

12-Day Pre-Election Report for the Election on  in the State of

30-Day Post-Election Report for the General Election on

4. IS THIS REPORT AN AMENDMENT?

yes  no

5. COVERING PERIOD

07 /  01 /  2016 THROUGH  09 /  30 /  2016

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

Signature of Treasurer  [Electronically Filed] Date  10 /  04 /  2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

# Gilmore For America, LLC

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

## SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....	<input type="text" value="1607.10"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="4175.00"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="5782.10"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4) .....	<input type="text" value="5214.05"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	<input type="text" value="568.05"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="291350.50"/>
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.).....	<input type="text" value="384870.90"/>

## NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	<input type="text" value="107519.95"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	<input type="text" value="383925.28"/>

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3P (Rev. 05/2016)

PAGE 3 / 24

NAME OF COMMITTEE (in Full)

**Gilmore For America, LLC**

Report Covering the Period: From:

M M / D D / Y Y Y Y  
07 / 01 / 2016

To:

M M / D D / Y Y Y Y  
09 / 30 / 2016

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized .....	4050.00	105560.71
(ii) unitemized .....	125.00	3010.24
(iii) Total contributions .....	4175.00	108570.95
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees .....	0.00	2000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d)) .....	4175.00	110570.95
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	0.00	279075.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	279075.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	0.00	1790.49
(b) Fundraising .....	0.00	0.00
(c) Legal and Accounting .....	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c)) .....	0.00	1790.49
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	4175.00	391436.44

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Gilmore For America, LLC

Report Covering the Period: From:

07 / 01 / 2016

To:

09 / 30 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

23. OPERATING EXPENDITURES.....	1560.05	385715.77
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS .....	0.00	945.62
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	2651.00	3051.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) .....	2651.00	3051.00
29. OTHER DISBURSEMENTS .....	1003.00	1156.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	5214.05	390868.39

**III. CONTRIBUTED ITEMS  
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00	
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FEC Form 3P (Rev. 05/2016)  
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES  
BY STATE FOR  
A PRESIDENTIAL CANDIDATE**  
(Used Only by Primary Committees Receiving  
or Expecting To Receive Federal Funds)

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER **C** C00582668

Gilmore For America, LLC

ADDRESS (number and street) PO Box 29322

Henrico VA 23242-0322  
CITY STATE ZIP CODE

3. NAME OF CANDIDATE

**ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>





**SCHEDULE A-P  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)  
**Gilmore For America, LLC**

<b>A.</b> Full Name (Last, First, Middle Initial) Rowley, Jefferson, , Mr., Mailing Address 530 E. 89th St. Apt. 2K City New York State NY Zip Code 10128-7901			Transaction ID : SA17A.4854 Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2016
FEC ID number of contributing federal political committee. C			Contribution  Amount of Each Receipt this Period 100.00  <input type="checkbox"/> Memo Item
Name of Employer Northwestern Mutual Life Ins. Occupation Financial Rep.			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 600.00			

<b>B.</b> Full Name (Last, First, Middle Initial) Taub, H., Russell, Mr., Mailing Address 50 Adelphi Ave. City Providence State RI Zip Code 02906			Transaction ID : SA17A.4849 Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2016
FEC ID number of contributing federal political committee. C			Contribution  Amount of Each Receipt this Period 500.00  <input type="checkbox"/> Memo Item
Name of Employer Taub Feuer Associates Occupation Founder			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00			

<b>C.</b> Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code			Date of Receipt M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period  <input type="checkbox"/> Memo Item
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date			

Subtotal Of Receipts This Page (optional)..... 600.00

Total This Period (last page this line number only)..... 4050.00

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Gilmore For America, LLC**

Full Name (Last, First, Middle Initial) <b>A. Anedot.com</b>			Date of Disbursement MM / DD / YYYY 08 / 26 / 2016		
Mailing Address 10156 Perkins Rd. Ste. 311-F			FEC Identification Number C		
City Baton Rouge	State LA	Zip Code 70810	Transaction ID : <b>SB23.4865</b>		
Purpose of Disbursement Credit Card Fee		Category/ Type 101	Amount of Each Disbursement this Period 10.05		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. K&amp;L Gates, LLP</b>			Date of Disbursement MM / DD / YYYY 07 / 05 / 2016		
Mailing Address 1601 L St., NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20006-1600	Transaction ID : <b>SB23.4855</b>		
Purpose of Disbursement Legal Fees		Category/ Type 101	Amount of Each Disbursement this Period 1500.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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 Receipts This Page** (optional)..... 1510.05

**Total This Period** (last page this line number only)..... 1510.05

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Gilmore For America, LLC**

Full Name (Last, First, Middle Initial) <b>A. K&amp;L Gates, LLP</b>			Date of Disbursement MM / DD / YYYY 08 / 11 / 2016		
Mailing Address 1601 L St., NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20006-1600	Transaction ID : <b>SB28A.4861</b>		
Purpose of Disbursement Legal Fee		Category/ Type 101	Amount of Each Disbursement this Period 2500.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Rocovich, Sue Ellen, , Dr.,</b>			Date of Disbursement MM / DD / YYYY 07 / 08 / 2016		
Mailing Address 5264 Falcon Ridge Rd., SW			FEC Identification Number C		
City Roanoke	State VA	Zip Code 24018	Transaction ID : <b>SB28A.4856</b>		
Purpose of Disbursement Contribution Refund		Category/ Type 101	Amount of Each Disbursement this Period 100.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. U.S. Postmaster</b>			Date of Disbursement MM / DD / YYYY 07 / 08 / 2016		
Mailing Address 10509 Patterson Ave.			FEC Identification Number C		
City Richmond	State VA	Zip Code 23229	Transaction ID : <b>SB28A.4857</b>		
Purpose of Disbursement PO Box Rent		Category/ Type 101	Amount of Each Disbursement this Period 51.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

**Subtotal Of Receipts This Page** (optional)..... 2651.00

**Total This Period** (last page this line number only)..... 2651.00

# SCHEDULE B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Gilmore For America, LLC**

Full Name (Last, First, Middle Initial) <b>A. K&amp;L Gates, LLP</b>			Date of Disbursement MM / DD / YYYY 09 / 15 / 2016		
Mailing Address 1601 L St., NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20006-1600	Transaction ID : <b>SB29.4864</b>		
Purpose of Disbursement Legal Fees		Category/ Type 101	Amount of Each Disbursement this Period 1000.00		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:	District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement MM / DD / YYYY		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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 Receipts This Page** (optional)..... 1000.00

**Total This Period** (last page this line number only)..... 1000.00

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4187

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

43000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

43000.00

### TERMS

Date Incurred

MM / DD / YYYY  
09 / 24 / 2015

Date Due

MM / DD / YYYY  
6/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....

43000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4632

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

### TERMS

Date Incurred

MM / DD / YYYY  
11 / 02 / 2015

Date Due

MM / DD / YYYY  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....

15000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4343

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

### TERMS

Date Incurred

MM / DD / YYYY  
11 / 24 / 2015

Date Due

MM / DD / YYYY  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

10000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4344

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

### TERMS

Date Incurred

MM / DD / YYYY  
12 / 02 / 2015

Date Due

MM / DD / YYYY  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....

10000.00

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

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



# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4345

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

8075.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8075.00

### TERMS

Date Incurred

M M / D D / Y Y Y Y  
12 / 04 / 2015

Date Due

M M / D D / Y Y Y Y  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes  No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

8075.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4356

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

### TERMS

Date Incurred

M M / D D / Y Y Y Y  
12 / 15 / 2015

Date Due

M M / D D / Y Y Y Y  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

6000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4372

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

32000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

32000.00

### TERMS

Date Incurred

M M / D D / Y Y Y Y  
12 / 31 / 2015

Date Due

M M / D D / Y Y Y Y  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

32000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4714

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

### TERMS

Date Incurred

MM / DD / YYYY  
01 / 22 / 2016

Date Due

MM / DD / YYYY  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4715

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

### TERMS

Date Incurred

MM / DD / YYYY  
01 / 28 / 2016

Date Due

MM / DD / YYYY  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....

50000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4716

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

28000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28000.00

### TERMS

Date Incurred

MM / DD / YYYY  
02 / 02 / 2016

Date Due

MM / DD / YYYY  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Subtotal Of Receipts This Page (optional).....

28000.00

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

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

# SCHEDULE C-P LOANS

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

PAGE OF

FOR LINE NUMBER:  19a  19b  
(check only one)

NAME OF COMMITTEE (In Full)

Transaction ID : SC/12.4717

Gilmore For America, LLC

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

Gilmore, James, S., , III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address

8105 Spencely Pl.

City

Richmond

State

VA

Zip Code

23229-8426

Personal Funds of the Candidate

Original Amount of Loan

27000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

27000.00

### TERMS

Date Incurred

MM / DD / YYYY  
03 / 02 / 2016

Date Due

MM / DD / YYYY  
06/30/2016

Interest Rate (if none, enter 0)

0.00

% (apr)

Secured:

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding:

Subtotal Of Receipts This Page (optional).....

27000.00

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

279075.00

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

**SCHEDULE D-P**  
**DEBTS AND OBLIGATIONS (Excluding Loans)**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:  11  
 12

NAME OF COMMITTEE (In Full)  
 Gilmore For America, LLC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**K&L Gates, LLP**

Nature of Debt (Purpose):  
 Legal Fees

Mailing Address 1601 L St., NW

City  
 Washington

State  
 DC

Zip Code  
 20006-1600

Outstanding Balance Beginning This Period

12275.50

Transaction ID : SD12.4713

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12275.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	12275.50
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	12275.50
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C-P (last page only) .....	▶	279075.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	291350.50