

# 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.

12FE4M5

Gilmore For America, LLC

ADDRESS (number and street)

PO Box 29322

Check if different than previously reported. (ACC)

Henrico

CITY

VA

STATE

23242-0322

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00582668

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

Thirtieth day report following the General Election

on MM / DD / YYYY

Twelfth day report preceding election

on MM / DD / YYYY in the State of

Is this Report an Amendment?

yes

no

5. Covering Period

MM / DD / YYYY 01 / 01 / 2016

through

MM / DD / YYYY 03 / 31 / 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

Karen F. Marcus

Signature of Treasurer

Karen F. Marcus

[Electronically Filed]

Date

MM / DD / YYYY 04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. 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="33657.52"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3) .....	<input type="text" value="169013.00"/>
8. SUBTOTAL (Lines 6 and 7) .....	<input type="text" value="202670.52"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	<input type="text" value="202528.09"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="142.43"/>
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 .....	<input type="text" value="382717.52"/>

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

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	<input type="text" value="103937.95"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="381771.90"/>

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

Gilmore For America, LLC

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
03 / 31 / 2016

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
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 .....	12650.00	99660.71
(ii) unitemized .....	1363.00	2677.24
(iii) Total contributions .....	14013.00	102337.95
(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)) .....	14013.00	104337.95
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate .....	155000.00	279075.00
(b) Other Loans .....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	155000.00	279075.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating .....	0.00	40.49
(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	40.49
21. OTHER RECEIPTS (Dividends, Interest, etc.) .....	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21) .....	169013.00	383453.44

**DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

Gilmore For America, LLC

Report Covering the Period: From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
03 / 31 / 2016

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	201990.09	381812.39
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.....	400.00	400.00
(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)) .....	400.00	400.00
29. OTHER DISBURSEMENTS .....	138.00	153.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	202528.09	383311.01

**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,  
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)

Office Use Only

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

CITY

VA

STATE

23242-0322

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

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
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

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
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**

**A.** Full Name (Last, First, Middle Initial)  
**Andi Boyle**

Mailing Address 430 H Street Rd.

City	State	Zip Code
Lynden	WA	98264

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Duke Development	Property Mgmt.

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4746**

Date of Receipt

M M / D D / Y Y Y Y
01 / 27 / 2016

Contribution

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>
--------------------------------------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Saul Cohen**

Mailing Address 336 Gofview Rd. Apt. 1019

City	State	Zip Code
North Palm Beach	FL	33408

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Wealth With Wisdom Advisors	CEO/Pres.

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4727**

Date of Receipt

M M / D D / Y Y Y Y
01 / 14 / 2016

Contribution

Amount of Each Receipt this Period

<input type="text" value="500.00"/>
-------------------------------------

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr. William S. Ervin III**

Mailing Address 7 Quail Run Dr.

City	State	Zip Code
Manakin Sabot	VA	23103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Emergency Medicine	Physician

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4718**

Date of Receipt

M M / D D / Y Y Y Y
01 / 05 / 2016

Contribution

Amount of Each Receipt this Period

<input type="text" value="400.00"/>
-------------------------------------

Memo Item

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

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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

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NAME OF COMMITTEE (In Full)

**Gilmore For America, LLC**

**A.** Full Name (Last, First, Middle Initial)

**Friends of Fannon (VA Candidate Cmte)**

Mailing Address PO Box 1219

City	State	Zip Code
Alexandria	VA	22313

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4780**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
02			08			2016			

Contribution

Amount of Each Receipt this Period

Memo Item

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

**Emily Holmes**

Mailing Address 1137 Selwood Dr.

City	State	Zip Code
VA Beach	VA	23464-5809

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4761**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
02			04			2016			

Contribution

Amount of Each Receipt this Period

Memo Item

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

**Howard Hoover**

Mailing Address 1509 Nantucket Dr.

City	State	Zip Code
Houston	TX	77057

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4729**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
01			15			2016			

Contribution

Amount of Each Receipt this Period

Memo Item

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

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



**SCHEDULE A-P  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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

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NAME OF COMMITTEE (In Full)

**Gilmore For America, LLC**

**A. Full Name (Last, First, Middle Initial)**

**Ronald L. Stein**

Mailing Address 1000, rue De La Gauchetiere O  
bureru 2900

City Montreal (Quebec) State ZZ Zip Code H3B 4W5

FEC ID number of contributing federal political committee.

Name of Employer De Grandpre Chait Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4759**

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

Contribution

Amount of Each Receipt this Period

Memo Item

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

**Ms Betty Jane Strong**

Mailing Address PO Box 5699

City Pine Bluff State AR Zip Code 71611

FEC ID number of contributing federal political committee.

Name of Employer The Strong Co. Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4724**

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

Amount of Each Receipt this Period

Memo Item

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

**Ed Vaughn**

Mailing Address 9410 Atlee Commerce Blvd.  
Ste. 2

City Ashland State VA Zip Code 23005

FEC ID number of contributing federal political committee.

Name of Employer Ed Vaughn Attorney at Law Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA17A.4763**

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

Contribution

Amount of Each Receipt this Period

Memo Item

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

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

# 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

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NAME OF COMMITTEE (In Full)

**Gilmore For America, LLC**

**A.** Full Name (Last, First, Middle Initial)

**Eb Wilkinson**

Mailing Address PO Box 36924

City	State	Zip Code
Tucson	AZ	85740

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

Name of Employer	Occupation
Imus Wilkinson Investment Mgmt	Managing Partner

Receipt For: 2016

Primary     General

Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17A.4742**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Contribution

Amount of Each Receipt this Period

2700.00

Memo Item

**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
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

Memo Item

**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
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

Memo Item

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

2700.00

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

12650.00

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

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NAME OF COMMITTEE (In Full)

**Gilmore For America, LLC**

**A.** Full Name (Last, First, Middle Initial)  
**James S. Gilmore III**

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA19A.4714**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	1	6

Personal Loan

Amount of Each Receipt this Period

<input type="text" value="50000.00"/>
---------------------------------------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**James S. Gilmore III**

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA19A.4715**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	6

Personal Loan

Amount of Each Receipt this Period

<input type="text" value="50000.00"/>
---------------------------------------

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**James S. Gilmore III**

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA19A.4716**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	6

Personal Loan

Amount of Each Receipt this Period

<input type="text" value="28000.00"/>
---------------------------------------

Memo Item

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

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

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

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NAME OF COMMITTEE (In Full)

**Gilmore For America, LLC**

**A.** Full Name (Last, First, Middle Initial)

**James S. Gilmore III**

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016

Primary     General

Other (specify) ▼

Election Cycle-to-Date ▼

**Transaction ID : SA19A.4717**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			02			2016			

Personal Loan

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

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

Amount of Each Receipt this Period

Memo Item

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

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

**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. 905 N. Washington Investors, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 1010 Wisconsin Ave., NW Ste. 600		<b>Transaction ID : SB23.4686</b>
City Washington	State DC	
Purpose of Disbursement Rent	Category/ Type 101	Amount of Each Disbursement this Period 1750.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. 905 N. Washington Investors, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 1010 Wisconsin Ave., NW Ste. 600		<b>Transaction ID : SB23.4687</b>
City Washington	State DC	
Purpose of Disbursement Rent	Category/ Type 101	Amount of Each Disbursement this Period 1750.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>c. Aneidot.com</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2016
Mailing Address 10156 Perkins Rd. Ste. 311-F		<b>Transaction ID : SB23.4703</b>
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fee	Category/ Type 101	Amount of Each Disbursement this Period 115.89
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**Subtotal Of Receipts This Page** (optional)..... 3615.89

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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<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 02 / 29 / 2016
Mailing Address 10156 Perkins Rd. Ste. 311-F		<b>Transaction ID : SB23.4704</b>
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fee	Category/ Type 101	Amount of Each Disbursement this Period 27.07
Candidate Name		<input type="checkbox"/> Memo Item
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. Anedot.com</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2016
Mailing Address 10156 Perkins Rd. Ste. 311-F		<b>Transaction ID : SB23.4803</b>
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fee	Category/ Type 101	Amount of Each Disbursement this Period 0.49
Candidate Name		<input type="checkbox"/> Memo Item
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. Peter Foster</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 5601 Turkey Oak Rd.		<b>Transaction ID : SB23.4665</b>
City Richmond	State VA	
Purpose of Disbursement State Organizational Director	Category/ Type 101	Amount of Each Disbursement this Period 2422.98
Candidate Name		<input type="checkbox"/> Memo Item
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)..... 2450.54

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

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

23     24     25     26     27a  
 27b     28a     28b     28c     29

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

Full Name (Last, First, Middle Initial) <b>A. Peter Foster</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 5601 Turkey Oak Rd.		<b>Transaction ID : SB23.4666</b>
City Richmond	State VA    Zip Code 23237	
Purpose of Disbursement State Organizational Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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. Peter Foster</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 5601 Turkey Oak Rd.		<b>Transaction ID : SB23.4667</b>
City Richmond	State VA    Zip Code 23237	
Purpose of Disbursement Mileage	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 911.52
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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. Peter Foster</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 5601 Turkey Oak Rd.		<b>Transaction ID : SB23.4668</b>
City Richmond	State VA    Zip Code 23237	
Purpose of Disbursement Lodging	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 78.27
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)..... 4489.79

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



**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

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<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. Dan Kreske</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 1855 Calvert St, NW - #101		<b>Transaction ID : SB23.4648</b>
City Washington	State DC	
Purpose of Disbursement Communications Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 5500.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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. Dan Kreske</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 1855 Calvert St, NW - #101		<b>Transaction ID : SB23.4649</b>
City Washington	State DC	
Purpose of Disbursement Communications Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 5500.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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. Dan Kreske</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1855 Calvert St, NW - #101		<b>Transaction ID : SB23.4650</b>
City Washington	State DC	
Purpose of Disbursement Communications Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2750.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	13750.00
<b>Total This Period</b> (last page this line number only).....	

**SCHEDULE B-P  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<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. Dan Kreske</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1855 Calvert St, NW - #101		<b>Transaction ID : SB23.4651</b>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 29.00	
Purpose of Disbursement Database	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
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. Dan Kreske</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1855 Calvert St, NW - #101		<b>Transaction ID : SB23.4652</b>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 260.00	
Purpose of Disbursement Campaign Signs	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
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. Dan Kreske</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1855 Calvert St, NW - #101		<b>Transaction ID : SB23.4653</b>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 2284.96	
Purpose of Disbursement Lodging	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
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)..... 2573.96

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

**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**Gilmore For America, LLC**

Full Name (Last, First, Middle Initial) <b>A. Dan Kreske</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 1855 Calvert St, NW - #101		<b>Transaction ID : SB23.4654</b>
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 3686.08	
Purpose of Disbursement Air Travel	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
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. Alexandra Lee</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 13549 Stargazer Ter.		<b>Transaction ID : SB23.4656</b>
City Centreville State VA Zip Code 20120	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Finance Director	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
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. Alexandra Lee</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 13549 Stargazer Ter.		<b>Transaction ID : SB23.4657</b>
City Centreville State VA Zip Code 20120	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Finance Director	Category/Type 101	<input type="checkbox"/> Memo Item
Candidate Name		
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)..... 11686.08

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

**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**Gilmore For America, LLC**

Full Name (Last, First, Middle Initial) <b>A. Alexandra Lee</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 13549 Stargazer Ter.		<b>Transaction ID : SB23.4658</b>
City Centreville	State VA	
Purpose of Disbursement Finance Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Lythos Studios</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address 212 E. Franklin St. Ste. A		<b>Transaction ID : SB23.4688</b>
City Richmond	State VA	
Purpose of Disbursement Website Maintenance	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Lythos Studios</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 212 E. Franklin St. Ste. A		<b>Transaction ID : SB23.4689</b>
City Richmond	State VA	
Purpose of Disbursement Website Maintenance	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... 6000.00

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

**SCHEDULE B-P  
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<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. Lythos Studios</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 212 E. Franklin St. Ste. A		<b>Transaction ID : SB23.4690</b>
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Website Maintenance	Category/Type 101	Amount of Each Disbursement this Period 300.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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. Karen F. Marcus</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4659</b>
City Henrico	State VA Zip Code 23233	
Purpose of Disbursement Financial Management Consultant	Category/Type 101	Amount of Each Disbursement this Period 1775.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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. Karen F. Marcus</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4660</b>
City Henrico	State VA Zip Code 23233	
Purpose of Disbursement Financial Management Consultant	Category/Type 101	Amount of Each Disbursement this Period 2900.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
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)..... 4975.00

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



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<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. Karen F. Marcus</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4664</b>
City Henrico	State VA	
Purpose of Disbursement Software		Amount of Each Disbursement this Period 100.00
Candidate Name	Category/ Type 101	<input type="checkbox"/> Memo Item
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. Marcus Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4640</b>
City Henrico	State VA	
Purpose of Disbursement Senior Strategic Consultant		Amount of Each Disbursement this Period 7000.00
Candidate Name	Category/ Type 101	<input type="checkbox"/> Memo Item
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. Marcus Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4641</b>
City Henrico	State VA	
Purpose of Disbursement Mileage		Amount of Each Disbursement this Period 924.07
Candidate Name	Category/ Type 101	<input type="checkbox"/> Memo Item
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)..... 8024.07

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

**SCHEDULE B-P  
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NAME OF COMMITTEE (In Full)  
**Gilmore For America, LLC**

Full Name (Last, First, Middle Initial) <b>A. Marcus Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4642</b>
City Henrico	State VA	
Purpose of Disbursement Senior Strategic Consultant	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Marcus Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4643</b>
City Henrico	State VA	
Purpose of Disbursement Voter List	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 950.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Marcus Consulting, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 12724 Glenkirk Rd.		<b>Transaction ID : SB23.4644</b>
City Henrico	State VA	
Purpose of Disbursement Senior Stategic Consultant	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... 8450.00

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

**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. Northern Neck Consultants</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 100 Taylor St. - #301		<b>Transaction ID : SB23.4645</b>
City Colonial Beach	State VA	
Purpose of Disbursement Senior Communications Advisor	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Northern Neck Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 100 Taylor St. - #301		<b>Transaction ID : SB23.4646</b>
City Colonial Beach	State VA	
Purpose of Disbursement Senior Communications Advisor	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Northern Neck Consultants</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2016
Mailing Address 100 Taylor St. - #301		<b>Transaction ID : SB23.4647</b>
City Colonial Beach	State VA	
Purpose of Disbursement senior Communications Advisor	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 1500.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... 7500.00

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



**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. Terry Brown Photography</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 214 W. Broad St.		<b>Transaction ID : SB23.4701</b>
City Richmond	State VA	
Purpose of Disbursement Candidate Photos	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 681.82
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4676</b>
City Bedford	State NH	
Purpose of Disbursement State Organizational Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 4000.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4677</b>
City Bedford	State NH	
Purpose of Disbursement State Organizational Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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).....

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

**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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4678</b>
City Bedford	State NH	
Purpose of Disbursement Mileage	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 987.94
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4679</b>
City Bedford	State NH	
Purpose of Disbursement Lawn Signs	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 301.13
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4680</b>
City Bedford	State NH	
Purpose of Disbursement Meeting Fees	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 98.42
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... 987.49

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

**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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4682</b>
City Bedford	State NH	
Purpose of Disbursement State Organizational Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4683</b>
City Bedford	State NH	
Purpose of Disbursement Mileage	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 1055.16
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4684</b>
City Bedford	State NH	
Purpose of Disbursement Parking	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 47.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... 3102.16

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

**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. The Policy Agency, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 45 Strawberry Hill Rd.		<b>Transaction ID : SB23.4685</b>
City Bedford	State NH	
Purpose of Disbursement Meeting Fees	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 184.63
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Think Printing</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2016
Mailing Address 2924 Bells Rd.		<b>Transaction ID : SB23.4692</b>
City Richmond	State VA	
Purpose of Disbursement Mailings	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 50000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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. Think Printing</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2016
Mailing Address 2924 Bells Rd.		<b>Transaction ID : SB23.4694</b>
City Richmond	State VA	
Purpose of Disbursement Mailings	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 50000.00
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)..... 100184.63

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

**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. Think Printing</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 2924 Bells Rd.		<b>Transaction ID : SB23.4695</b>
City Richmond	State VA	
Purpose of Disbursement Mailings		Amount of Each Disbursement this Period 7325.52
Candidate Name		<input type="checkbox"/> Memo Item
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		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
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		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	7325.52
<b>Total This Period</b> (last page this line number only).....	201756.48

**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. Susan E. Estes</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2016
Mailing Address 129 Brookchase Ln.		<b>Transaction ID : SB28A.4802</b>
City Richmond	State VA	
Zip Code 23229	Purpose of Disbursement Contribution Refund	Amount of Each Disbursement this Period 400.00
Candidate Name	Category/Type 101	<input type="checkbox"/> Memo Item
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		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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		
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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:		

<b>Subtotal Of Receipts This Page</b> (optional).....	400.00
<b>Total This Period</b> (last page this line number only).....	400.00

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4187**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
43000.00	0.00	43000.00

### TERMS

Date Incurred: M 09 / D 24 / Y 2015  
 Date Due: M / D / Y 6/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4632**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

### TERMS

Date Incurred: M 11 / D 02 / Y 2015  
 Date Due: M / D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4343**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

James S. Gilmore III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

### TERMS

Date Incurred: M 11 / D 24 / Y 2015  
 Date Due: M / D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4344**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

### TERMS

Date Incurred: M 12 / D 02 / Y 2015  
 Date Due: M / D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4345**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8075.00	0.00	8075.00

### TERMS

Date Incurred: M 12 / D 04 / Y 2015  
 Date Due: M / D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4356**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

### TERMS

Date Incurred: M 12 / D 15 / Y 2015  
 Date Due: M / D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4372**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

James S. Gilmore III

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
32000.00	0.00	32000.00

### TERMS

Date Incurred: M 12 / D 31 / Y 2015  
 Date Due: M / D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4714**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

### TERMS

Date Incurred: M 01 / D 22 / Y 2016  
 Date Due: M / D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4715**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

### TERMS

Date Incurred: M 01 / D 28 / Y 2016  
 Date Due: M M / D D / Y 06/30/2016  
 Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4716**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
28000.00	0.00	28000.00

### TERMS

Date Incurred: MM/YY / DD/YY / YYYY  
02 / 02 / 2016

Date Due: MM/YY / DD/YY / YYYY  
06/30/2016

Interest Rate: 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, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-P LOANS

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

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

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

Transaction ID : **SC/12.4717**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**

Memo Item

Election: 2016

Primary

General

Other (specify) ▼

James S. Gilmore III

Mailing Address  
8105 Spencely Pl.

City State ZIP Code  
Richmond VA 23229-8426

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
27000.00	0.00	27000.00

### TERMS

Date Incurred: MM/DD/YYYY  /  / 2016  
 Date Due: MM/DD/YYYY  /  / 06/30/2016  
 Interest Rate: 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

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

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

**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 State Zip Code  
 Washington DC 20006-1600

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD12.4713

Amount Incurred This Period

12275.50

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 (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