

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 32

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

1. NAME OF COMMITTEE (in full) JIM GILMORE FOR PRESIDENT		2. IDENTIFICATION NUMBER C00431288
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 19128		
CITY, STATE, and ZIP CODE ALEXANDRIA VA 22320		3. IS THIS REPORT FOR : <input type="checkbox"/> Primary <input type="checkbox"/> General

4. TYPE OF REPORT (Check here if this is a Termination Report.)

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input checked="" type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	<p>Monthly Report Due On:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on _____ on _____	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 07/01/2007	THROUGH 09/30/2007
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	61764.66	
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	6101.11	
8. SUBTOTAL (Lines 6 and 7)	67865.77	
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	49662.66	
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	18203.11	
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00	
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	147048.45	
13. EXPENDITURES SUBJECT TO LIMITATION	370191.15	
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)	357986.16	
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	370191.15	

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 Danny Adams	Date 10/15/2007
Signature of Treasurer	

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 FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 3P (01/2001)
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DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

2 / 32

Name of committee (in full)

JIM GILMORE FOR PRESIDENT

Report Covering the Period

From: 07/01/2007

To: 09/30/2007

	Report Covering the Period	
	From: 07/01/2007	To: 09/30/2007
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	1100.00	349736.16
(b) Political Party Committees	0.00	250.00
(c) Other Political Committees	0.00	8000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	1100.00	357986.16
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	2000.00
(b) Other Loans	0.00	32804.03
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	34804.03
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :		
(a) Operating	5000.00	5000.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	5000.00	5000.00
21. OTHER RECEIPTS (Dividend, Interest, etc.)	1.11	4.07
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	6101.11	397794.26
II. DISBURSEMENTS		
23. OPERATING EXPENDITURES	49662.66	375191.15
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00
27. LOAN REPAYMENTS MADE :		
(a) Repayment of Loans made or Guaranteed by Candidate	0.00	2000.00
(b) Other Repayments	0.00	2400.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	4400.00
28. REFUNDS OF CONTRIBUTIONS TO :		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	49662.66	379591.15
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full) JIM GILMORE FOR PRESIDENT	
ADDRESS (number and street) P.O. Box 19128	
CITY, STATE, and ZIP CODE ALEXANDRIA VA 22320	2. IDENTIFICATION NUMBER C00431288

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 32
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <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)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) Dr. Robert Jacey		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
Mailing Address 2821 Parham Road Suite 105 City State Zip Code Richmond VA 23294		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee.		
Name of Employer Self-Employed Occupation Optomologist		Contribution Transaction ID: SA17A.5875
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1100.00		

B. Full Name (Last, First, Middle Initial) Leo Montgomery		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2007
Mailing Address 8805 Tamiami Trail North City State Zip Code Naples FL 34108		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee.		
Name of Employer Info Requested Occupation Info Requested		Contribution Transaction ID: SA17A.5874
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	1100.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 32
	(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 type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
SOUTH CAROLINA REPUBLICAN PARTY

Mailing Address
P O Box 12373

City State Zip Code
Columbia SC 29211

FEC ID number of contributing federal political committee.
C00034033

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2007

Amount of Each Receipt this Period
5000.00

Refund of Filing Fee

Transaction ID: SA20A.5876

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 32
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) BB&T Mailing Address 1909 K St., Nw City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 0.26 Interest
Election Cycle-to-Date ▼ 6103.22		Transaction ID: SA21.5910

B. Full Name (Last, First, Middle Initial) BB&T Mailing Address 1909 K St., Nw City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 07 / 31 / 2007
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 0.40 Interest
Election Cycle-to-Date ▼ 6103.62		Transaction ID: SA21.5923

C. Full Name (Last, First, Middle Initial) BB&T Mailing Address 1909 K St., Nw City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2007
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 0.03 Interest
Election Cycle-to-Date ▼ 6103.65		Transaction ID: SA21.5909

SUBTOTAL of Receipts This Page (optional) ▶	0.69
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 32
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) BB&T Mailing Address 1909 K St., Nw City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 0.23 Interest
Election Cycle-to-Date ▼ 6103.88		Transaction ID: SA21.5922

B. Full Name (Last, First, Middle Initial) BB&T Mailing Address 1909 K St., Nw City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 0.10 Interest
Election Cycle-to-Date ▼ 6103.98		Transaction ID: SA21.5908

C. Full Name (Last, First, Middle Initial) BB&T Mailing Address 1909 K St., Nw City State Zip Code Washington DC 20006 FEC ID number of contributing federal political committee.		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 8 / 2 0 0 7
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period 0.09 Interest
Election Cycle-to-Date ▼ 6104.07		Transaction ID: SA21.5921

SUBTOTAL of Receipts This Page (optional)	0.42
TOTAL This Period (last page this line number only)	1.11

SCHEDULE B (FEC Form 3P) 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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Affordable Computer Rentals		Transaction ID: SB23.5883 Date of Disbursement
Mailing Address 21760 Beaumeade Circle Suite 170		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Ashburn	State VA	Zip Code 22150
Purpose of Disbursement Computer Rental	<input type="text" value="101"/>	
Candidate Name	Category/ Type	
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:	Amount of Each Disbursement this Period <input type="text" value="1622.50"/>	

Full Name (Last, First, Middle Initial) B. BB&T		Transaction ID: SB23.5914 Date of Disbursement
Mailing Address 1909 K St., Nw		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Merchant Fee	<input type="text" value="101"/>	
Candidate Name	Category/ Type	
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:	Amount of Each Disbursement this Period <input type="text" value="11.57"/>	

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: SB23.5906 Date of Disbursement
Mailing Address 1909 K St., Nw		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="16"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Merchant Fee	<input type="text" value="101"/>	
Candidate Name	Category/ Type	
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:	Amount of Each Disbursement this Period <input type="text" value="381.18"/>	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2015.25"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BB&T		Transaction ID: SB23.5903 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 562.43
City Washington State DC Zip Code 20006	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/Type

Full Name (Last, First, Middle Initial) B. BB&T		Transaction ID: SB23.5915 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 30.87
City Washington State DC Zip Code 20006	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/Type

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: SB23.5916 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 10.43
City Washington State DC Zip Code 20006	Purpose of Disbursement Merchant Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	603.73
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BB&T		Transaction ID: SB23.5913 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 71.25
City Washington State DC Zip Code 20006	Purpose of Disbursement Merchant Fees-Amex Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 101

Full Name (Last, First, Middle Initial) B. BB&T		Transaction ID: SB23.5902 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 15.32
City Washington State DC Zip Code 20006	Purpose of Disbursement Merchant Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 101

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: SB23.5901 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 494.97
City Washington State DC Zip Code 20006	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 101

SUBTOTAL of Disbursements This Page (optional) ▶	581.54
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 32

<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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BB&T		Transaction ID: SB23.5917 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 26.87
City Washington State DC Zip Code 20006	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 101

Full Name (Last, First, Middle Initial) B. BB&T		Transaction ID: SB23.5918 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 9.95
City Washington State DC Zip Code 20006	Purpose of Disbursement Merchant Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 101

Full Name (Last, First, Middle Initial) C. BB&T		Transaction ID: SB23.5899 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 40.33
City Washington State DC Zip Code 20006	Purpose of Disbursement Bank Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 101

SUBTOTAL of Disbursements This Page (optional) ▶	77.15
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. BB&T		Transaction ID: SB23.5919 Date of Disbursement 09 / 21 / 2007
Mailing Address 1909 K St., Nw		Amount of Each Disbursement this Period 15.36
City Washington State DC Zip Code 20006	Purpose of Disbursement Bank Fee Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BB&T Bankcard		Transaction ID: SB23.5941 Date of Disbursement 07 / 20 / 2007
Mailing Address 1365 Wisconsin Ave.		Amount of Each Disbursement this Period 936.00
City Washington State DC Zip Code 20007	Purpose of Disbursement Credit Card Payment Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BB&T Bankcard		Transaction ID: SB23.5942 Date of Disbursement 08 / 30 / 2007
Mailing Address 1365 Wisconsin Ave.		Amount of Each Disbursement this Period 940.00
City Washington State DC Zip Code 20007	Purpose of Disbursement Credit Card Payment Candidate Name Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1891.36
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Benjamin Bishop		Transaction ID: SB23.5925 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address 3500 SW 12th Pl.		Amount of Each Disbursement this Period 4600.97
City Des Moines State IA Zip Code 50315	Purpose of Disbursement Strategic Consulting/Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 101

Full Name (Last, First, Middle Initial) B. Benjamin Bishop		Transaction ID: SB23.5932 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 7
Mailing Address 3500 SW 12th Pl.		Amount of Each Disbursement this Period 2500.00
City Des Moines State IA Zip Code 50315	Purpose of Disbursement Strategic Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 101

Full Name (Last, First, Middle Initial) C. Tom Bunnell		Transaction ID: SB23.5926 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address PO Box 19128		Amount of Each Disbursement this Period 3500.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Strategic Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 101

SUBTOTAL of Disbursements This Page (optional) ▶	10600.97
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Catterton Printing		Transaction ID: SB23.5898 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 7
Mailing Address 100 Post Office Rd.		Amount of Each Disbursement this Period 500.00
City Waldorf State MD Zip Code 20602	Purpose of Disbursement Direct Mail Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type

Full Name (Last, First, Middle Initial) B. Colortree of Virginia		Transaction ID: SB23.5897 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 8000 Villa Park Dr.		Amount of Each Disbursement this Period 500.00
City Richmond State VA Zip Code 28990	Purpose of Disbursement Direct Mail Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type

Full Name (Last, First, Middle Initial) C. Cox Communications		Transaction ID: SB23.5878 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 7
Mailing Address PO Box 830217		Amount of Each Disbursement this Period 992.24
City Baltimore State MD Zip Code 20171	Purpose of Disbursement Telephone/Internet Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	101 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1992.24
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Creative Web Design		Transaction ID: SB23.5891
Mailing Address 2803 Sagecreek Ct.		Date of Disbursement 08 / 15 / 2007
City Midlothian	State VA	Zip Code 23112
Purpose of Disbursement Event Photography	Amount of Each Disbursement this Period 1500.00	
Candidate Name	101 Category/ Type	
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. Ms. Egan E. Crover		Transaction ID: SB23.5929
Mailing Address P.O. Box 19128		Date of Disbursement 07 / 02 / 2007
City Alexandria	State VA	Zip Code 22320
Purpose of Disbursement Administrative Consulting	Amount of Each Disbursement this Period 2750.00	
Candidate Name	101 Category/ Type	
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) C. Ms. Egan E. Crover		Transaction ID: SB23.5930
Mailing Address P.O. Box 19128		Date of Disbursement 07 / 09 / 2007
City Alexandria	State VA	Zip Code 22320
Purpose of Disbursement Travel	Amount of Each Disbursement this Period 572.12	
Candidate Name	101 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	4822.12
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Ms. Egan E. Crover		Transaction ID: SB23.5931 Date of Disbursement MM / DD / YYYY 07 / 11 / 2007	
Mailing Address P.O. Box 19128		Amount of Each Disbursement this Period 1000.00	
City Alexandria	State VA	Zip Code 22320	Purpose of Disbursement Administrative Consulting Candidate Name
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type 101		

Full Name (Last, First, Middle Initial) B. Ms. Egan E. Crover		Transaction ID: SB23.5936 Date of Disbursement MM / DD / YYYY 07 / 12 / 2007	
Mailing Address P.O. Box 19128		Amount of Each Disbursement this Period 2750.00	
City Alexandria	State VA	Zip Code 22320	Purpose of Disbursement Administrative Consulting Candidate Name
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type 101		

Full Name (Last, First, Middle Initial) C. Ms. Egan E. Crover		Transaction ID: SB23.5937 Date of Disbursement MM / DD / YYYY 08 / 08 / 2007	
Mailing Address P.O. Box 19128		Amount of Each Disbursement this Period 1375.00	
City Alexandria	State VA	Zip Code 22320	Purpose of Disbursement Travel Candidate Name
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type 101		

SUBTOTAL of Disbursements This Page (optional) ▶	5125.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Express Personnel Services		Transaction ID: SB23.5885
Mailing Address PO Box 730039		Date of Disbursement MM / DD / YYYY 07 / 26 / 2007
City Dallas	State TX	Zip Code 75373
Purpose of Disbursement Office Assistant-Temp. Help	Candidate Name	101 Category/ Type
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) ▼	Amount of Each Disbursement this Period 4247.64
State: District:		

Full Name (Last, First, Middle Initial) B. Express Personnel Services		Transaction ID: SB23.5894
Mailing Address PO Box 730039		Date of Disbursement MM / DD / YYYY 09 / 06 / 2007
City Dallas	State TX	Zip Code 75373
Purpose of Disbursement Office Assistant-Temp Help	Candidate Name	101 Category/ Type
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) ▼	Amount of Each Disbursement this Period 2000.00
State: District:		

Full Name (Last, First, Middle Initial) C. Huckaby Davis Lisker		Transaction ID: SB23.5896
Mailing Address 228 S. Washington St., Ste. 115		Date of Disbursement MM / DD / YYYY 09 / 06 / 2007
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Accounting/Compliance Services	Candidate Name	101 Category/ Type
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) ▼	Amount of Each Disbursement this Period 1000.00
State: District:		

SUBTOTAL of Disbursements This Page (optional)	7247.64
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Dan Kreske		Transaction ID: SB23.5924 Date of Disbursement MM / DD / YYYY 07 / 02 / 2007
Mailing Address PO Box 19128		Amount of Each Disbursement this Period 5000.32
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Strategic Consulting/Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type: 101		

Full Name (Last, First, Middle Initial) B. Dan Kreske		Transaction ID: SB23.5933 Date of Disbursement MM / DD / YYYY 07 / 12 / 2007
Mailing Address PO Box 19128		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Strategic Consulting Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type: 101		

Full Name (Last, First, Middle Initial) C. LeClair Ryan		Transaction ID: SB23.5895 Date of Disbursement MM / DD / YYYY 09 / 06 / 2007
Mailing Address 1701 Pennsylvania Ave N.W. Suite 1045		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20006	Purpose of Disbursement Legal Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type: 101		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.32
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Mr. Jesse Mallory		Transaction ID: SB23.5927 Date of Disbursement 07 / 02 / 2007
Mailing Address P.O. Box 330043 10430 Lincoln St.		Amount of Each Disbursement this Period 927.00
City Northglen State CO Zip Code 80233	Purpose of Disbursement Web Design Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 101

Full Name (Last, First, Middle Initial) B. Mr. Jesse Mallory		Transaction ID: SB23.5934 Date of Disbursement 07 / 12 / 2007
Mailing Address P.O. Box 330043 10430 Lincoln St.		Amount of Each Disbursement this Period 750.00
City Northglen State CO Zip Code 80233	Purpose of Disbursement Web Design Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 101

Full Name (Last, First, Middle Initial) C. Mr. Jesse Mallory		Transaction ID: SB23.5905 Date of Disbursement 07 / 20 / 2007
Mailing Address P.O. Box 330043 10430 Lincoln St.		Amount of Each Disbursement this Period 212.33
City Northglen State CO Zip Code 80233	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 101

SUBTOTAL of Disbursements This Page (optional) ▶	1889.33
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. National Telephone Corporation		Transaction ID: SB23.5907 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 1145		Amount of Each Disbursement this Period 334.16
City Newington State VA Zip Code 22122	Purpose of Disbursement Telephone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		101 Category/Type

Full Name (Last, First, Middle Initial) B. National Telephone Corporation		Transaction ID: SB23.5888 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 1145		Amount of Each Disbursement this Period 340.00
City Newington State VA Zip Code 22122	Purpose of Disbursement Telephone Service Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		101 Category/Type

Full Name (Last, First, Middle Initial) C. Mr. Anthony Surace		Transaction ID: SB23.5928 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 19128		Amount of Each Disbursement this Period 750.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Web Design Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		101 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1424.16
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. Mr. Anthony Surace		Transaction ID: SB23.5935 Date of Disbursement 07 / 12 / 2007
Mailing Address P.O. Box 19128		Amount of Each Disbursement this Period 750.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Web Design Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		101 Category/Type

Full Name (Last, First, Middle Initial) B. Mr. Anthony Surace		Transaction ID: SB23.5904 Date of Disbursement 07 / 20 / 2007
Mailing Address P.O. Box 19128		Amount of Each Disbursement this Period 147.00
City Alexandria State VA Zip Code 22320	Purpose of Disbursement Travel Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		101 Category/Type

Full Name (Last, First, Middle Initial) C. U.S. Postmaster		Transaction ID: SB23.5887 Date of Disbursement 07 / 27 / 2007
Mailing Address Post Office		Amount of Each Disbursement this Period 32.80
City Woodbridge State VA Zip Code 22191	Purpose of Disbursement Postage Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		101 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	929.80
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 32

<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

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)
JIM GILMORE FOR PRESIDENT

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: SB23.5890 Date of Disbursement
Mailing Address Post Office		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
City	State	Zip Code
Woodbridge	VA	22191
Purpose of Disbursement Postage		<input type="text" value="101"/>
Candidate Name		Category/ Type
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB23.5881 Date of Disbursement
Mailing Address P.O. Box 17120		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City	State	Zip Code
Tucson	AZ	95731
Purpose of Disbursement Cell Phone/Blackberry		<input type="text" value="101"/>
Candidate Name		Category/ Type
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:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB23.5893 Date of Disbursement
Mailing Address P.O. Box 17120		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City	State	Zip Code
Tucson	AZ	95731
Purpose of Disbursement Cell Phone/Blackberry		<input type="text" value="101"/>
Candidate Name		Category/ Type
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:		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1772.89"/>
TOTAL This Period (last page this line number only)	<input type="text" value="49473.50"/>

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 23 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

Transaction ID: SC/12.5134

LOAN SOURCE Full Name (Last, First, Middle Initial) Brian Anderson	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5315 Connecticut Ave., #608	
City Washington State DC ZIP Code 20015	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2300.00	0.00	2300.00

TERMS

Date Incurred <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 06 2007	Date Due Upon Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------	----------------------------	---------------------------------------------------------------------------------

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	2300.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 24 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

Transaction ID: SC/12.5869

LOAN SOURCE Full Name (Last, First, Middle Initial) BB&T	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1909 K St., Nw	
City Washington State DC ZIP Code 20006	

Original Amount of Loan 3700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3700.00
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TERMS

Date Incurred M M 06 D D 30 Y Y Y Y 2007	Date Due Upon Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional)	3700.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 25 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

Transaction ID: SC/12.5139

LOAN SOURCE Full Name (Last, First, Middle Initial) Elizabeth Livingstone	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 43013 Eustis St.	
City South Riding State VA ZIP Code 20152	

Original Amount of Loan 2012.77	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2012.77
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TERMS

Date Incurred <table border="1"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>3</td></tr> </table>	M	M	0	3	Date Due <table border="1"> <tr><td>D</td><td>D</td></tr> <tr><td>0</td><td>6</td></tr> </table>	D	D	0	6	Interest Rate <table border="1"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	Y	Y	Y	Y	2	0	0	7	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	3																		
D	D																		
0	6																		
Y	Y	Y	Y																
2	0	0	7																
Upon Demand		0 % (apr)																	

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	2012.77
TOTALS This Period (last page in this line only)	<input type="text"/>
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 (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 26 / 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

Transaction ID: SC/12.5140

LOAN SOURCE Full Name (Last, First, Middle Initial) John Livingstone	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 43013 Eustis St.	
City South Riding State VA ZIP Code 20152	

Original Amount of Loan 1985.14	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1985.14
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TERMS

Date Incurred <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 06 2007	Date Due Upon Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------	----------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	1985.14
TOTALS This Period (last page in this line only)	9997.91
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 (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advanced Mailing Services	Nature of Debt (Purpose): Direct Mail
Mailing Address 14970 Farm Creek Dr.	
City State ZIP Code Woodbridge VA 22191	

Outstanding Balance Beginning This Period 2085.48	Transaction ID: SD12.5264	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2085.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Affordable Computer Rentals	Nature of Debt (Purpose): Computer Rentals
Mailing Address 21760 Beaumeade Circle Suite 170	
City State ZIP Code Ashburn VA 22150	

Outstanding Balance Beginning This Period 1622.50	Transaction ID: SD12.5863	
Amount Incurred This Period 0.00	Payment This Period 1622.50	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allied Printing Resources	Nature of Debt (Purpose): Direct Mail Printing
Mailing Address PO Box 6506	
City State ZIP Code Carlstadt NJ 07072	

Outstanding Balance Beginning This Period 3692.58	Transaction ID: SD12.5265	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3692.58

1) SUBTOTALS This Period This Page (optional).....	5778.06
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BB&T Bankcard	Nature of Debt (Purpose): Credit Card Payment
Mailing Address 1365 Wisconsin Ave.	
City State ZIP Code Washington DC 20007	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD12.5938	
Amount Incurred This Period 26376.00	Payment This Period 1876.00	Outstanding Balance at Close of This Period 24500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Funding Direct	Nature of Debt (Purpose): Direct Mail
Mailing Address 1420 Spring Hill Rd., Ste. 490	
City State ZIP Code McLean VA 22102	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: SD12.5266	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Catterton Printing	Nature of Debt (Purpose): Direct Mail Production
Mailing Address 100 Post Office Rd.	
City State ZIP Code Waldorf MD 20602	

Outstanding Balance Beginning This Period 9466.47	Transaction ID: SD12.5267	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 8966.47

1) SUBTOTALS This Period This Page (optional).....	▶	34466.47
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colortree of Virginia	Nature of Debt (Purpose): Direct Mail Prodcution
Mailing Address 8000 Villa Park Dr.	
City State ZIP Code Richmond VA 28990	

Outstanding Balance Beginning This Period 2107.98	Transaction ID: SD12.5268	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 1607.98

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP Direct	Nature of Debt (Purpose): Direct Mail
Mailing Address 4600A Boston Way	
City State ZIP Code Lanham MD 20706	

Outstanding Balance Beginning This Period 2767.40	Transaction ID: SD12.5269	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2767.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EGC Business Center	Nature of Debt (Purpose): Direct Mail
Mailing Address 1420 Spring Hill Rd., #490	
City State ZIP Code McLean VA 22102	

Outstanding Balance Beginning This Period 2039.84	Transaction ID: SD12.5270	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2039.84

1) SUBTOTALS This Period This Page (optional).....	6415.22
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker	Nature of Debt (Purpose): Accounting/Compliance
Mailing Address 228 S. Washington St., Ste. 115	
City State ZIP Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 14128.36	Transaction ID: SD12.5271	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 13128.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LeClair Ryan	Nature of Debt (Purpose): Legal Service Fees
Mailing Address 1701 Pennsylvania Ave N.W. Suite 1045	
City State ZIP Code Washington DC 20006	

Outstanding Balance Beginning This Period 8461.25	Transaction ID: SD12.5861	
Amount Incurred This Period 0.00	Payment This Period 1000.00	Outstanding Balance at Close of This Period 7461.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marcus Consulting, LLC	Nature of Debt (Purpose): Strategice Consulting
Mailing Address 25 East Main Street	
City State ZIP Code Richmond VA 23219	

Outstanding Balance Beginning This Period 28628.69	Transaction ID: SD12.5711	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 28628.69

1) SUBTOTALS This Period This Page (optional).....	▶	49218.30
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI Imaging & Mail	Nature of Debt (Purpose): Direct Mail
Mailing Address 21721 Filigree Ct.	
City State ZIP Code Ashburn VA 20147	

Outstanding Balance Beginning This Period 3908.66	Transaction ID: SD12.5272	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3908.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mercury Public Affairs, LLC	Nature of Debt (Purpose): Polling and Travel
Mailing Address 137 Fifth Avenue 3rd Floor	
City State ZIP Code New York NY 10010	

Outstanding Balance Beginning This Period 25480.00	Transaction ID: SD12.5720	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25480.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Co.	Nature of Debt (Purpose): Direct Mail List Rental
Mailing Address 1420 Spring Hill Rd., #490	
City State ZIP Code McLean VA 22102	

Outstanding Balance Beginning This Period 6482.60	Transaction ID: SD12.5274	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6482.60

1) SUBTOTALS This Period This Page (optional).....	35871.26
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER:
 (check only one) 11
 12

NAME OF COMMITTEE (In Full)
 JIM GILMORE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Ink	Nature of Debt (Purpose): Printing
Mailing Address 12936 Ashtree Rd.	
City State ZIP Code Midlothian VA 23114	

Outstanding Balance Beginning This Period 5068.74	Transaction ID: SD12.5275	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5068.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Wireless	Nature of Debt (Purpose): Cell Phone
Mailing Address P.O. Box 17120	
City State ZIP Code Tucson AZ 95731	

Outstanding Balance Beginning This Period 1988.91	Transaction ID: SD12.5862	
Amount Incurred This Period 0.00	Payment This Period 1756.42	Outstanding Balance at Close of This Period 232.49

1) SUBTOTALS This Period This Page (optional).....	5301.23
2) TOTALS This Period (last page this line number only).....	137050.54
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	