

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 VA 23242-0322 CITY STATE 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) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
July 15 (Q2) January 31 Year-End Report (YE) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

Thirtieth day report following the General Election on Twelfth day report preceding election on in the State of

Is this Report an Amendment? yes no

5. Covering Period 04 / 01 / 2016 through 06 / 30 / 2016

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

Type or Print Name of Treasurer Karen F. Marcus

Signature of Treasurer Karen F. Marcus [Electronically Filed] Date 07 / 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.

Table with 10 columns, first column labeled 'Office Use Only'

Write or Type Committee Name

Gilmore For America, LLC

Report Covering the Period:

From:

04

01

2016

To:

06

30

2016

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	142.43
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	3808.00
8. SUBTOTAL (Lines 6 and 7)	3950.43
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	2343.33
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	1607.10
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).....	291350.50
13. EXPENDITURES SUBJECT TO LIMITATION	383310.85

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)	105995.95
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	382365.23

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
04 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 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	1850.00	101510.71
(ii) unitemized	208.00	2885.24
(iii) Total contributions	2058.00	104395.95
(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))	2058.00	106395.95
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	279075.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	279075.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	1750.00	1790.49
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	1750.00	1790.49
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	3808.00	387261.44

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
04 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	2343.33	384155.72
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.....	0.00	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))	0.00	400.00
29. OTHER DISBURSEMENTS	0.00	153.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	2343.33	385654.34

**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

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

**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 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)
Dan Cross

Mailing Address 6818 Monument Ave.

City	State	Zip Code
Richmond	VA	23226-2848

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.4816

Date of Receipt

M M / D D / Y Y Y Y
06 / 11 / 2016

Contribution

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Memo Item

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

Mailing Address 11600 Saddleback Dr.

City	State	Zip Code
Fredericksburg	VA	22407

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Cosmos Alliance	Atty & Consultant

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4817

Date of Receipt

M M / D D / Y Y Y Y
06 / 14 / 2016

Contribution

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Sue Ellen Rocovich

Mailing Address 5264 Falcon Ridge Rd., SW

City	State	Zip Code
Roanoke	VA	24018

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.4809

Date of Receipt

M M / D D / Y Y Y Y
04 / 07 / 2016

Contribution

Amount of Each Receipt this Period

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

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 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)

Dr. Sue Ellen Rocovich

Mailing Address 5264 Falcon Ridge Rd., SW

City State Zip Code
Roanoke VA 24018

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.4814

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	6

Contribution

Amount of Each Receipt this Period

Memo Item

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

Dr. Sue Ellen Rocovich

Mailing Address 5264 Falcon Ridge Rd., SW

City State Zip Code
Roanoke VA 24018

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.4832

Date of Receipt

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

Contribution

Amount of Each Receipt this Period

Memo Item

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

Richard W. Wright

Mailing Address 9 Foxmere Dr.

City State Zip Code
Richmond VA 23238

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wright Group Consultant

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4818

Date of Receipt

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

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 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)

Gilmore For America, LLC

A. Full Name (Last, First, Middle Initial)
905 N. Washington Investors, LLC

Mailing Address 1010 Wisconsin Ave., NW
Ste. 600

City Washington State DC Zip Code 20007

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 : SA20A.4811

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

Rent Deposit Refund

Amount of Each Receipt this Period

<input type="text" value="950.00"/>

Memo Item

B. Full Name (Last, First, Middle Initial)
905 N. Washington Investors, LLC

Mailing Address 1010 Wisconsin Ave., NW
Ste. 600

City Washington State DC Zip Code 20007

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 : SA20A.4812

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

Rent Deposit Refund

Amount of Each Receipt this Period

<input type="text" value="800.00"/>

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

<input type="text"/>

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) A. K&L Gates, LLP		Date of Disbursement MM / DD / YYYY 05 / 12 / 2016
Mailing Address 1601 L St., NW		Transaction ID : SB23.4839
City Washington	State DC	
Zip Code 20006-1600	Purpose of Disbursement Legal Fees	Amount of Each Disbursement this Period 2000.00
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. Alexandra Lee		Date of Disbursement MM / DD / YYYY 04 / 08 / 2016
Mailing Address 13549 Stargazer Ter.		Transaction ID : SB23.4827
City Centreville	State VA	
Zip Code 20120	Purpose of Disbursement Consulting Fee	Amount of Each Disbursement this Period 333.33
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) C.		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:		

Subtotal Of Receipts This Page (optional)..... 2333.33

Total This Period (last page this line number only)..... 2333.33

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**

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
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**

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 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
<input type="text" value="10000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>	<input type="text" value="06/30/2016"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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	Date Due	Interest Rate	Secured:
M 12 / D 04 / Y 2015	M / D / Y 06/30/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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**

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
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 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/12.4715**

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
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**

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
<input type="text" value="28000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="28000.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="02/02/2016"/>	<input type="text" value="06/30/2016"/>	<input type="text" value="0.00"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 / 02 / 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="checkbox"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="checkbox"/>

Subtotal Of Receipts This Page (optional).....▶ 27000.00

Total This Period (last page this line number only).....▶ 279075.00

Carry outstanding balance only to LINE 3, Schedule D, 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

12275.50

Transaction ID : SD12.4713

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12275.50

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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