

REPORT OF RECEIPTS AND DISBURSEMENTS
 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT 1 / 12

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 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 checked="" 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 checked="" 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 checked="" 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 10/01/2008	THROUGH 10/31/2008
---------------------------	---------------------------	------------------------------

SUMMARY	DESCRIPTION	AMOUNT
	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	16454.73
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	0.00
	8. SUBTOTAL (Lines 6 and 7)	16454.73
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	0.00
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	16454.73
	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)	140935.47
	13. EXPENDITURES SUBJECT TO LIMITATION	371939.79
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)	371939.79

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 Dan Kreske	Date 11/24/2008
--	--------------------

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)
---	--	--

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

2 / 12

(PAGE 2, FEC FORM 3P)

Name of committee (in full) JIM GILMORE FOR PRESIDENT		Report Covering the Period From: 10/01/2008 To: 10/31/2008	
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		0.00	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))		0.00	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		0.00	12086.12
(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))		0.00	12086.12
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	4.33
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		0.00	404880.64
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		0.00	384025.91
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)		0.00	388425.91
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)

3 / 12

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 C-P

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 4 / 12
	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 03	Date Due <input type="text"/> D <input type="text"/> D 06	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 2007	Upon Demand	Interest Rate 0.0000 % (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)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 C-P

LOANS

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

PAGE 5 / 12

FOR LINE NUMBER: (check only one) 19a 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:
 Primary
 General
 Other (specify) ▼

Mailing Address 1909 K St., Nw

City Washington State DC ZIP Code 20006

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>6</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <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>	M	M	0	6	D	D	3	0	Y	Y	Y	Y	2	0	0	7	Upon Demand	0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	6																		
D	D																		
3	0																		
Y	Y	Y	Y																
2	0	0	7																

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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="3700.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".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 C-P

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / 12
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2012.77	0.00	2012.77

TERMS

Date Incurred M M 03 D D 06 Y Y Y Y 2007	Date Due Upon Demand	Interest Rate 0.0000 % (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)	2012.77
TOTALS This Period (last page in this line only)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 C-P

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 / 12
	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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1985.14	0.00	1985.14

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 0.0000 % (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-P
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	Transaction ID: SD12.5264	
1585.48		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1585.48

B. 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	Transaction ID: SD12.5265	
3192.58		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3192.58

C. 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	Transaction ID: SD12.5938	
22495.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	22495.00

1) SUBTOTALS This Period This Page (optional).....	27273.06
2) TOTALS This Period (last page this line number only).....	
3) TOTAL 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-P
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 Campaign Funding Direct			Nature of Debt (Purpose): Direct Mail
Mailing Address 1420 Spring Hill Rd., Ste. 490			
City McLean	State VA	ZIP Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: SD12.5266	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="7966.47"/>		Transaction ID: SD12.5267	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7966.47"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="2767.40"/>		Transaction ID: SD12.5269	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2767.40"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="11733.87"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Schedule D-P
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 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

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

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

1) SUBTOTALS This Period This Page (optional).....	22629.45
2) TOTALS This Period (last page this line number only).....	
3) TOTAL 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-P
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 Marcus Consulting, LLC	Nature of Debt (Purpose): Strategice Consulting
Mailing Address 25 East Main Street	
City Richmond State VA ZIP Code 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

B. 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 Ashburn State VA ZIP Code 20147	

Outstanding Balance Beginning This Period 3408.66	Transaction ID: SD12.5272	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3408.66

C. 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 New York State NY ZIP Code 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

1) SUBTOTALS This Period This Page (optional).....	57517.35
2) TOTALS This Period (last page this line number only).....	
3) TOTAL 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-P
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 Omega List Co.			Nature of Debt (Purpose): Direct Mail List Rental
Mailing Address 1420 Spring Hill Rd., #490			
City McLean	State VA	ZIP Code 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	

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

C. 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 Tucson	State AZ	ZIP Code 95731	

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

1) SUBTOTALS This Period This Page (optional).....	11783.83
2) TOTALS This Period (last page this line number only).....	130937.56
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	9997.91
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	140935.47