

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

1 / 24

<b>1. NAME OF COMMITTEE (in full)</b> <b>JIM GILMORE FOR PRESIDENT</b>		<b>2. IDENTIFICATION NUMBER</b> C00431288
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported P.O. Box 19128		
<b>CITY, STATE, and ZIP CODE</b> ALEXANDRIA                      VA                                      22320		<b>3. IS THIS REPORT FOR :</b> <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 checked="" type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <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

<b>5. COVERING PERIOD</b>	<b>FROM</b> 10/01/2007	<b>THROUGH</b> 12/31/2007
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	.....	18203.11
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	.....	7086.38
8. SUBTOTAL (Lines 6 and 7)	.....	25289.49
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	8834.76
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
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>		
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 <b>Danny Adams</b>	Date 01/31/2008
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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.

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

2 / 24

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>JIM GILMORE FOR PRESIDENT</b>		Report Covering the Period From: 10/01/2007 To: 12/31/2007	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees .....	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 .....	7086.12	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)) .....	7086.12	12086.12	
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	0.26	4.33	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	7086.38	404880.64	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....	8834.76	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) .....	8834.76	388425.91	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
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 / 24

<b>1. NAME OF COMMITTEE (in full)</b> <b>JIM GILMORE FOR PRESIDENT</b>					
<b>ADDRESS (number and street)</b> P.O. Box 19128					
<b>CITY, STATE, and ZIP CODE</b> ALEXANDRIA VA 22320			<b>2. IDENTIFICATION NUMBER</b> 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
Massachusetts	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
			<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

**SCHEDULE A (FEC Form 3P)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4 / 24	
	(check only one)	
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<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)  
JIM GILMORE FOR PRESIDENT

<b>A.</b>	Full Name (Last, First, Middle Initial) Patriots Committee		Date of Receipt
	Mailing Address PO Box 320151		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City Alexandria	State VA	Zip Code 22320
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 7086.12
	Name of Employer	Occupation	Sale of Office Furniture
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 7086.12	Transaction ID: SA20A.5944

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="7086.12"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="7086.12"/>

# SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 24
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input checked="" type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)  
JIM GILMORE FOR PRESIDENT

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T		Date of Receipt																				
	Mailing Address 1909 K St., Nw		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0		3	1		2	0	0	7													
	City	State	Zip Code																				
Washington	DC	20006																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 0.05																					
Name of Employer		Occupation	Interest Income																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6104.12	Transaction ID: SA21.5959																				

<b>B.</b>	Full Name (Last, First, Middle Initial) BB&T		Date of Receipt																				
	Mailing Address 1909 K St., Nw		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	0		3	1		2	0	0	7													
	City	State	Zip Code																				
Washington	DC	20006																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 0.05																					
Name of Employer		Occupation	Interest Income																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6104.17	Transaction ID: SA21.5963																				

<b>C.</b>	Full Name (Last, First, Middle Initial) BB&T		Date of Receipt																				
	Mailing Address 1909 K St., Nw		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y													
	1	1		3	0		2	0	0	7													
	City	State	Zip Code																				
Washington	DC	20006																					
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 0.11																					
Name of Employer		Occupation	Interest Income																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 6104.28	Transaction ID: SA21.5970																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	0.21
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3P)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) BB&T		Date of Receipt
	Mailing Address 1909 K St., Nw		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/>
	City	State	Zip Code
	Washington	DC	20006
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	<input type="text" value=""/>		<input type="text" value="0.05"/>
Name of Employer		Occupation	Interest Income
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Transaction ID: SA21.5973
<input type="text" value=""/>		<input type="text" value="6104.33"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="0.05"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="0.26"/>

# 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

A.	Full Name (Last, First, Middle Initial) Advanced Mailing Services  Mailing Address 14970 Farm Creek Dr.  City Woodbridge State VA Zip Code 22191  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) ▼	Transaction ID: SB23.5953 Date of Disbursement 11 / 20 / 2007  Amount of Each Disbursement this Period 500.00  101 Category/ Type
B.	Full Name (Last, First, Middle Initial) Allied Printing Resources  Mailing Address PO Box 6506  City Carlstadt State NJ Zip Code 07072  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) ▼	Transaction ID: SB23.5955 Date of Disbursement 11 / 20 / 2007  Amount of Each Disbursement this Period 500.00  101 Category/ Type
C.	Full Name (Last, First, Middle Initial) BB&T  Mailing Address 1909 K St., Nw  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) ▼	Transaction ID: SB23.5960 Date of Disbursement 10 / 02 / 2007  Amount of Each Disbursement this Period 9.95  101 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1009.95
<b>TOTAL</b> 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)

<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

A.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB23.5958
	Mailing Address 1909 K St., Nw	Date of Disbursement 10 / 22 / 2007
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 11.47
	Purpose of Disbursement Bank Fee Candidate Name	101 Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB23.5961
	Mailing Address 1909 K St., Nw	Date of Disbursement 10 / 22 / 2007
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 10.48
	Purpose of Disbursement Bank Fee Candidate Name	101 Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) BB&T	Transaction ID: SB23.5964
	Mailing Address 1909 K St., Nw	Date of Disbursement 11 / 02 / 2007
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period 9.95
	Purpose of Disbursement Bank Fee Candidate Name	101 Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	31.90
<b>TOTAL</b> 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 10 / 24

<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

A.

Full Name (Last, First, Middle Initial)  
BB&T

Transaction ID: SB23.5971

Date of Disbursement

/   /

Mailing Address 1909 K St., Nw

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20006

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
BB&T

Transaction ID: SB23.5967

Date of Disbursement

/   /

Mailing Address 1909 K St., Nw

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20006

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
BB&T

Transaction ID: SB23.5972

Date of Disbursement

/   /

Mailing Address 1909 K St., Nw

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20006

Purpose of Disbursement

Bank Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

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)

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T Bankcard</p> <p>Mailing Address 1365 Wisconsin Ave.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payment on Account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5957</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 711.44</p> <p>101 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T Bankcard</p> <p>Mailing Address 1365 Wisconsin Ave.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payment on Account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5962</p> <p>Date of Disbursement 10 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 302.56</p> <p>101 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BB&amp;T Bankcard</p> <p>Mailing Address 1365 Wisconsin Ave.</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Payment on Account</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5949</p> <p>Date of Disbursement 11 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>101 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1514.00

**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 12 / 24

<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

A.	Full Name (Last, First, Middle Initial) BB&T Bankcard	Transaction ID: SB23.5968 Date of Disbursement 12 / 31 / 2007
	Mailing Address 1365 Wisconsin Ave. City Washington State DC Zip Code 20007 Purpose of Disbursement Payment on Account Candidate Name	Amount of Each Disbursement this Period 491.00 101 Category/ Type
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) ▼		

B.	Full Name (Last, First, Middle Initial) Catterton Printing	Transaction ID: SB23.5948 Date of Disbursement 11 / 13 / 2007
	Mailing Address 100 Post Office Rd. City Waldorf State MD Zip Code 20602 Purpose of Disbursement Direct Mail Candidate Name	Amount of Each Disbursement this Period 1000.00 101 Category/ Type
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) ▼		

C.	Full Name (Last, First, Middle Initial) Colortree of Virginia	Transaction ID: SB23.5950 Date of Disbursement 11 / 17 / 2007
	Mailing Address 8000 Villa Park Dr. City Richmond State VA Zip Code 28990 Purpose of Disbursement Direct Mail Candidate Name	Amount of Each Disbursement this Period 1607.98 101 Category/ Type
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) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3098.98
<b>TOTAL</b> 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 13 / 24

<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

A.	Full Name (Last, First, Middle Initial) Express Personnel Services	Transaction ID: SB23.5946 Date of Disbursement																			
	Mailing Address PO Box 730039	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	0	7												
	City Dallas State TX Zip Code 75373	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Assistant-Temp Help Candidate Name	<table border="1"><tr><td>846.79</td></tr></table>	846.79																		
846.79																					
	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																			

B.	Full Name (Last, First, Middle Initial) Express Personnel Services	Transaction ID: SB23.5947 Date of Disbursement																			
	Mailing Address PO Box 730039	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	3		2	0	0	7												
	City Dallas State TX Zip Code 75373	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Office Assistant-Temp Help Candidate Name	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	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																			

C.	Full Name (Last, First, Middle Initial) MacDonald Letter Service	Transaction ID: SB23.5951 Date of Disbursement																			
	Mailing Address 1632 Ohio	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	0	7												
	City Des Moines State IA Zip Code 50314	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Postage/Shipping Candidate Name	<table border="1"><tr><td>265.00</td></tr></table>	265.00																		
265.00																					
	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																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2111.79</td></tr></table>	2111.79
2111.79		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 14 / 24

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MDI Imaging & Mail Mailing Address 21721 Filigree Ct. City Ashburn State VA Zip Code 20147 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) ▼	Transaction ID: SB23.5954 Date of Disbursement 11 / 20 / 2007
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Willett Systems Mailing Address 445 N. Mechanic St. City Cumberland State MD Zip Code 21502 Purpose of Disbursement Web Development 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) ▼	Transaction ID: SB23.5956 Date of Disbursement 11 / 20 / 2007
	Amount of Each Disbursement this Period 500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1000.00

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

8834.76

**SCHEDULE C (FEC Form 3P)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 15 / 24
	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**

<b>LOAN SOURCE</b> 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	Interest Rate Upon Demand	<input type="text"/> % (apr) 0	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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2300.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 16 / 24
	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**

<b>LOAN SOURCE</b> 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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3700.00	0.00	3700.00

**TERMS**

Date Incurred MM DD YYYY 06 30 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>3700.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 17 / 24
	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**

<b>LOAN SOURCE</b> 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 <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 Upon Demand	Interest Rate 0 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M						
0	3						

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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2012.77</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>

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 18 / 24
	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**

<b>LOAN SOURCE</b> 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 M M 03 D D 06 Y Y Y Y 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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>1985.14</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>9997.91</b>

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

<b>A.</b> 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	<b>Transaction ID:</b> SD12.5264	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 1585.48

<b>B.</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 3692.58	<b>Transaction ID:</b> SD12.5265	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 3192.58

<b>C.</b> 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 24500.00	<b>Transaction ID:</b> SD12.5938	
Amount Incurred This Period 0.00	Payment This Period 2005.00	Outstanding Balance at Close of This Period 22495.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	27273.06
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> 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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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"/>		<b>Transaction ID: SD12.5266</b>	
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>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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="8966.47"/>		<b>Transaction ID: SD12.5267</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7966.47"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1607.98"/>		<b>Transaction ID: SD12.5268</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1607.98"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="8966.47"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**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

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> 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"/>		<b>Transaction ID: SD12.5269</b>	
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"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="2039.84"/>		<b>Transaction ID: SD12.5270</b>	
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="2039.84"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="13128.36"/>		<b>Transaction ID: SD12.5271</b>	
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="13128.36"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="17935.60"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**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

<b>A.</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 7461.25	<b>Transaction ID:</b> SD12.5861	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7461.25

<b>B.</b> 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	<b>Transaction ID:</b> SD12.5711	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 28628.69

<b>C.</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 State ZIP Code Ashburn VA 20147	

Outstanding Balance Beginning This Period 3908.66	<b>Transaction ID:</b> SD12.5272	
Amount Incurred This Period 0.00	Payment This Period 500.00	Outstanding Balance at Close of This Period 3408.66

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>39498.60</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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

<b>A.</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	<b>Transaction ID: SD12.5720</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25480.00

<b>B.</b> 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	<b>Transaction ID: SD12.5274</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6482.60

<b>C.</b> 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	<b>Transaction ID: SD12.5275</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5068.74

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>37031.34</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> 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)	PAGE 24 / 24	
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	11
	<input checked="" type="checkbox"/>	12

NAME OF COMMITTEE (In Full)  
 JIM GILMORE FOR PRESIDENT

A. 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		<b>Transaction ID: SD12.5862</b>	
232.49			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	232.49	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	232.49
2) <b>TOTALS</b> This Period (last page this line number only).....	130937.56
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	9997.91
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	140935.47