

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.

ADDRESS (number and street)

Check if different than previously reported. (ACC)

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** 3. **THIS REPORT IS FOR** Primary or General

4. **TYPE OF REPORT** (Choose One) Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

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

Thirtieth day report following the General Election on

Twelfth day report preceding election on in the State of

Is this Report an Amendment? yes no

5. **Covering Period** 10 / 01 / 2015 through 12 / 31 / 2015

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

Signature of Treasurer [Electronically Filed] Date 01 / 31 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only								
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Write or Type Committee Name

Gilmore For America, LLC

Report Covering the Period: From: / / To: / /

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		34384.40
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)		108633.20
8. SUBTOTAL (Lines 6 and 7)		143017.60
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)		109360.08
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)		33657.52
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).....		124075.00
13. EXPENDITURES SUBJECT TO LIMITATION		180727.43

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)		90324.95
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....		179781.81

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
10 / 01 / 2015

To:

MM / DD / YYYY
12 / 31 / 2015

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	26960.71	87010.71
(ii) unitemized	557.00	1314.24
(iii) Total contributions	27517.71	88324.95
(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))	27517.71	90324.95
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	81075.00	124075.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	81075.00	124075.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	40.49	40.49
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	40.49	40.49
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	108633.20	214440.44

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
10 / 01 / 2015

To:

MM / DD / YYYY
12 / 31 / 2015

II. DISBURSEMENTS

**COLUMN A
Total This Period**

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

23. OPERATING EXPENDITURES.....	108399.46	179822.30
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	945.62	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	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) and 28(c))	0.00	0.00
29. OTHER DISBURSEMENTS	15.00	15.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	109360.08	180782.92

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00582668

Gilmore For America, LLC

ADDRESS (number and street)

PO Box 29322

Henrico

CITY

VA

STATE

23242-0322

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

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

Mr. Hanif Akhtar

Mailing Address 15702 Woodchester Ct.

City	State	Zip Code
Leesburg	VA	20176

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Lincoln Financial Group	Financial Advisor

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4307

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2015			

Contribution

Amount of Each Receipt this Period

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

John E. Alderson

Mailing Address 1248 Shavers Farm Rd.

City	State	Zip Code
Fincastle	VA	24090

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Self Employed	Insurance

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4336

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Contribution

Amount of Each Receipt this Period

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

William L. Armstrong

Mailing Address 8787 W. Alameda Ave.

City	State	Zip Code
Lakewood	CO	80226

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Colorado Christian Univ.	Trustee

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4322

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Contribution

Amount of Each Receipt this Period

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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(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)
Martha M. Boneta

Mailing Address 2628 Five Oaks Rd.

City	State	Zip Code
Vienna	VA	22181-5435

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

Name of Employer	Occupation
Liberty Farm	Freedom Farmer

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.4357

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2015			

Contribution

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
Tommy M. Branin

Mailing Address 3420 Pump Rd.

City	State	Zip Code
Henrico	VA	23233-1111

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

Name of Employer	Occupation
Colonial Construction Material	VP/Sales

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 315.15

Transaction ID : SA17A.4554

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2015			

In-kind - Banner

Amount of Each Receipt this Period
 _____ 240.91

C. Full Name (Last, First, Middle Initial)
Dr. Maqsood A. Chaudhry

Mailing Address 855 Dolley Madison Blvd.

City	State	Zip Code
McLean	VA	22101

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

Name of Employer	Occupation
Grove Dental Clinic	Dentist

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.4301

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2015			

Contribution

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1740.91

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<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
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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. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.4359

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			21			2015			

Contribution

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address 69 Girdle Ridge

City	State	Zip Code
Katonah	NY	10536

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

Name of Employer	Occupation
Attorney	Entwistle & Cappucci, LLP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.4297

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Contribution

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
Mr. Francis H. Fannon IV

Mailing Address 315 Vassar Rd.

City	State	Zip Code
Alexandria	VA	22314

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

Name of Employer	Occupation
Suntrust Mtg., Inc.	Loan Officer

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.4318

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Contribution

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3700.00

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)
Thomas F. Farrell

Mailing Address 9019 Norwick Rd.

City	State	Zip Code
Richmond	VA	23229

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Dominion Resources	Pres. & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4313

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

Contribution

Amount of Each Receipt this Period

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

Mailing Address PO Box 2038

City	State	Zip Code
Kirkland	WA	98083

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Alaska Structures, Inc.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4324

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Contribution

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Donald W. Huffman

Mailing Address 3002 Burnleigh Rd., SW

City	State	Zip Code
Roanoke	VA	24014

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Attorney	Huffman & Nixon

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4328

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Contribution

Amount of Each Receipt this Period

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:

PAGE 12 / 46

(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)

Trent B. Latshaw

Mailing Address PO Box 691017

City State Zip Code
Tulsa OK 74169

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Latshaw Drilling Co., LLC Founder & Pres.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4349

Date of Receipt

/ /

Contribution

Amount of Each Receipt this Period

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.4365

Date of Receipt

/ /

Contribution

Amount of Each Receipt this Period

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

Herbert London

Mailing Address 10 West St. - Apt. 20E

City State Zip Code
New York NY 10004

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hudson Institute President Emeritus

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4378

Date of Receipt

/ /

Contribution

Amount of Each Receipt this Period

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)
Elaine M. Martin

Mailing Address 14202 Country Sky Way

City	State	Zip Code
Beaverdam	VA	23015

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4367

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2015

Contribution

Amount of Each Receipt this Period

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

Mailing Address 139 Onnie Chase Rd.

City	State	Zip Code
Gray	TN	37615

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Atlas Air Worldwide	COB

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4299

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2015

Contribution

Amount of Each Receipt this Period

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

Mailing Address 2640 E. 37th St.

City	State	Zip Code
Tulsa	OK	74105

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Panther Energy Co.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4315

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2015

Contribution

Amount of Each Receipt this Period

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)

John G. Rocovich Jr.

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
Moss & Rocovich	Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4317

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Contribution

Amount of Each Receipt this Period

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

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

John G. Rocovich Jr.

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
Moss & Rocovich	Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4346

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2015			

Contribution

Amount of Each Receipt this Period

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

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

John G. Rocovich Jr.

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
Moss & Rocovich	Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.4369

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2015			

Contribution

Amount of Each Receipt this Period

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

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

<input type="text" value="1500.00"/>

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

<input type="text" value="1500.00"/>

**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

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

A. Full Name (Last, First, Middle Initial) Ralph K. Smith		Transaction ID : SA17A.4334	
Mailing Address PO Box 91		Date of Receipt M M / D D / Y Y Y Y 11 / 19 / 2015	
City Roanoke	State VA	Zip Code 24002	Contribution
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 500.00
Name of Employer Senate of VA	Occupation Senator		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	500.00	

B. Full Name (Last, First, Middle Initial) Ashley L. Taylor Jr.		Transaction ID : SA17A.4351	
Mailing Address 4500 Coventry Rd.		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2015	
City Richmond	State VA	Zip Code 23221-3104	Contribution
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 2700.00
Name of Employer Troutman Sanders	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	2700.00	

C. Full Name (Last, First, Middle Initial) Polly J. Townsend		Transaction ID : SA17A.4320	
Mailing Address 34 Proctor St.		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2015	
City Manchester	State MA	Zip Code 01944	Contribution
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 2700.00
Name of Employer Retired	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	2700.00	

Subtotal Of Receipts This Page (optional).....▶ 5900.00

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)

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.4305

Date of Receipt

/ /

Contribution

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

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

/ /

Amount of Each Receipt this Period

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gilmore For America, LLC

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

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA19A.4632

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Personal Loan

Amount of Each Receipt this Period

<input type="text" value="15000.00"/>

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

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA19A.4343

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

Personal Loan

Amount of Each Receipt this Period

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

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

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA19A.4344

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Personal Loan

Amount of Each Receipt this Period

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

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

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Gilmore For America, LLC

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

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA19A.4345

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		04		2015

Personal Loan

Amount of Each Receipt this Period

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

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA19A.4356

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		15		2015

Personal Loan

Amount of Each Receipt this Period

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

Mailing Address 8105 Spencely Pl.

City	State	Zip Code
Richmond	VA	23229-8426

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Presidential Candidate	Presidential Candidate

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA19A.4372

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		31		2015

Personal Loan

Amount of Each Receipt this Period

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. 905 N. Washington Investors, LLC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 1010 Wisconsin Ave., NW Ste. 600		Transaction ID : SB23.4560
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 1750.00	
Purpose of Disbursement Rent	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. 905 N. Washington Investors, LLC		Date of Disbursement MM / DD / YYYY 11 / 09 / 2015
Mailing Address 1010 Wisconsin Ave., NW Ste. 600		Transaction ID : SB23.4586
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 1750.00	
Purpose of Disbursement Rent	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. 905 N. Washington Investors, LLC		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 1010 Wisconsin Ave., NW Ste. 600		Transaction ID : SB23.4607
City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period 1750.00	
Purpose of Disbursement Rent	Category/Type 101	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5250.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Anedot.com		Date of Disbursement MM / DD / YYYY 10 / 31 / 2015
Mailing Address 10156 Perkins Rd. Ste. 311-F		Transaction ID : SB23.4571
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fee	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="186.07"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Anedot.com		Date of Disbursement MM / DD / YYYY 11 / 30 / 2015
Mailing Address 10156 Perkins Rd. Ste. 311-F		Transaction ID : SB23.4599
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fee	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="147.15"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. Anedot.com		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 10156 Perkins Rd. Ste. 311-F		Transaction ID : SB23.4629
City Baton Rouge	State LA	
Purpose of Disbursement Credit Card Fees	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="6.73"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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. Tommy M. Branin		Date of Disbursement MM / DD / YYYY 10 / 09 / 2015
Mailing Address 3420 Pump Rd.		Transaction ID : SB23.4555
City Henrico	State VA	
Zip Code 23233-1111	Purpose of Disbursement In-kind - Banner	Amount of Each Disbursement this Period 420.91
Candidate Name	Category/ Type	
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. Owen Burgess		Date of Disbursement MM / DD / YYYY 12 / 18 / 2015
Mailing Address 12500 Homestead Dr.		Transaction ID : SB23.4625
City Nokesville	State VA	
Zip Code 20181	Purpose of Disbursement Field Staff	Amount of Each Disbursement this Period 450.63
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Peter Foster		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 5601 Turkey Oak Rd.		Transaction ID : SB23.4612
City Richmond	State VA	
Zip Code 23237	Purpose of Disbursement State Organization Director	Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/ Type 101	
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)..... 4191.54

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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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. Peter Foster		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 5601 Turkey Oak Rd.		Transaction ID : SB23.4613
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Mileage	Category/Type 101	Amount of Each Disbursement this Period 941.28
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Peter Foster		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 5601 Turkey Oak Rd.		Transaction ID : SB23.4614
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Event Table	Category/Type 101	Amount of Each Disbursement this Period 60.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) c. Peter Foster		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 5601 Turkey Oak Rd.		Transaction ID : SB23.4615
City Richmond	State VA Zip Code 23237	
Purpose of Disbursement Lodging	Category/Type 101	Amount of Each Disbursement this Period 216.67
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 1217.95

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. Peter Foster		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 5601 Turkey Oak Rd.		Transaction ID : SB23.4616
City Richmond	State VA	
Zip Code 23237	Purpose of Disbursement Petition Printing	Amount of Each Disbursement this Period 85.20
Candidate Name	Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. In Your Ear		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 1813 E. Broad St.		Transaction ID : SB23.4602
City Richmond	State VA	
Zip Code 23223	Purpose of Disbursement Video Production	Amount of Each Disbursement this Period 10500.00
Candidate Name	Category/Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. K&L Gates, LLP		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 1601 L St., NW		Transaction ID : SB23.4568
City Washington	State DC	
Zip Code 20006-1600	Purpose of Disbursement Legal Fees	Amount of Each Disbursement this Period 739.00
Candidate Name	Category/Type 101	
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)..... 11324.20

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. Dan Kreske		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 1855 Calvert St, NW - #101		Transaction ID : SB23.4558
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 5500.00	
Purpose of Disbursement Communications Director	Candidate Name	Category/ Type 101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Dan Kreske		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 1855 Calvert St, NW - #101		Transaction ID : SB23.4577
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 5500.00	
Purpose of Disbursement Communications Director	Candidate Name	Category/ Type 101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Dan Kreske		Date of Disbursement MM / DD / YYYY 12 / 01 / 2015
Mailing Address 1855 Calvert St, NW - #101		Transaction ID : SB23.4600
City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period 5500.00	
Purpose of Disbursement Communications Director	Candidate Name	Category/ Type 101
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)..... 16500.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Jeff LaCourse		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 1581 Agate Ct.		Transaction ID : SB23.4596
City McLean	State VA	
Purpose of Disbursement Postage	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="248.61"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Alexandra Lee		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 13549 Stargazer Ter.		Transaction ID : SB23.4559
City Centreville	State VA	
Purpose of Disbursement Finance Director	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="4000.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) c. Alexandra Lee		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 13549 Stargazer Ter.		Transaction ID : SB23.4567
City Centreville	State VA	
Purpose of Disbursement Postage	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="31.80"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Finance Director

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 02 / 2015

Transaction ID : SB23.4578

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Press Packets

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 10 / 2015

Transaction ID : SB23.4587

Amount of Each Disbursement this Period

38.12

Full Name (Last, First, Middle Initial)

C. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Press Packet Labels

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 10 / 2015

Transaction ID : SB23.4588

Amount of Each Disbursement this Period

66.71

Subtotal Of Receipts This Page (optional)..... 4104.83

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. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Shipping Fee

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 10 / 2015

Transaction ID : SB23.4589

Amount of Each Disbursement this Period

166.40

Full Name (Last, First, Middle Initial)

B. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Staff Business Cards

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 20 / 2015

Transaction ID : SB23.4593

Amount of Each Disbursement this Period

112.41

Full Name (Last, First, Middle Initial)

C. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Finance Director

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 01 / 2015

Transaction ID : SB23.4601

Amount of Each Disbursement this Period

4000.00

Subtotal Of Receipts This Page (optional)..... 4278.81

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. Lythos Studios		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 212 E. Franklin St. Ste. A		Transaction ID : SB23.4565
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Website Maintenance	Category/Type 101	Amount of Each Disbursement this Period 1150.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Lythos Studios		Date of Disbursement MM / DD / YYYY 11 / 05 / 2015
Mailing Address 212 E. Franklin St. Ste. A		Transaction ID : SB23.4585
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Website Maintenance	Category/Type 101	Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Lythos Studios		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 212 E. Franklin St. Ste. A		Transaction ID : SB23.4597
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Website Maintenance	Category/Type 101	Amount of Each Disbursement this Period 1000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 3150.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Lythos Studios		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 212 E. Franklin St. Ste. A		Transaction ID : SB23.4608
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Website Maintenance	Category/Type 101	Amount of Each Disbursement this Period 500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Lythos Studios		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 212 E. Franklin St. Ste. A		Transaction ID : SB23.4610
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement Website Maintenance	Category/Type 101	Amount of Each Disbursement this Period 1550.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) c. Karen F. Marcus		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4562
City Henrico	State VA Zip Code 23233	
Purpose of Disbursement Financial Management Consultant	Category/Type 101	Amount of Each Disbursement this Period 1450.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 3500.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Karen F. Marcus		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4582
City Henrico	State VA	
Purpose of Disbursement Financial Management Consultant	Category/ Type 101	Amount of Each Disbursement this Period 1500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. Karen F. Marcus		Date of Disbursement MM / DD / YYYY 12 / 07 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4609
City Henrico	State VA	
Purpose of Disbursement Financial Management Consultant	Category/ Type 101	Amount of Each Disbursement this Period 1675.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) c. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4561
City Henrico	State VA	
Purpose of Disbursement Senior Strategic Consultant	Category/ Type 101	Amount of Each Disbursement this Period 5000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 8175.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4563
City Henrico	State VA	
Purpose of Disbursement Video Editing Credit Card Fee	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 53.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4564
City Henrico	State VA	
Purpose of Disbursement Mileage	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 759.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4581
City Henrico	State VA	
Purpose of Disbursement Senior Strategic Consultant	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	
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)..... 5812.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4592
City Henrico	State VA	
Purpose of Disbursement Mileage	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 483.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4624
City Henrico	State VA	
Purpose of Disbursement Senior Strategic Consultant	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 12 / 28 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4628
City Henrico	State VA	
Purpose of Disbursement Senior Strategic Consultant	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1483.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Marcus Consulting, LLC		Date of Disbursement MM / DD / YYYY 12 / 31 / 2015
Mailing Address 12724 Glenkirk Rd.		Transaction ID : SB23.4630
City Henrico	State VA	
Zip Code 23233	Purpose of Disbursement Senior Strategic Consultnt	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. Brad Martin		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015
Mailing Address 10108 Deepwood Cir.		Transaction ID : SB23.4619
City Henrico	State VA	
Zip Code 23238	Purpose of Disbursement Field Staff	Amount of Each Disbursement this Period 619.00
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) c. Northern Neck Consultants		Date of Disbursement MM / DD / YYYY 10 / 01 / 2015
Mailing Address 100 Taylor St. - #301		Transaction ID : SB23.4556
City Colonial Beach	State VA	
Zip Code 22443	Purpose of Disbursement Senior Communications Advisor	Amount of Each Disbursement this Period 3000.00
Candidate Name	Category/ Type 101	
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)..... 5619.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Gilmore For America, LLC

Full Name (Last, First, Middle Initial)

A. Northern Neck Consultants

Mailing Address 100 Taylor St. - #301

City Colonial Beach State VA Zip Code 22443

Purpose of Disbursement Senior Communications Advisor

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB23.4576

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Northern Neck Consultants

Mailing Address 100 Taylor St. - #301

City Colonial Beach State VA Zip Code 22443

Purpose of Disbursement Senior Communications Advisor

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB23.4598

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Kristin Power

Mailing Address 1124 Barfield St.

City Daniel Island State SC Zip Code 29492

Purpose of Disbursement State Organization Director

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 01 / 2015

Transaction ID : SB23.4557

Amount of Each Disbursement this Period

2500.00

Subtotal Of Receipts This Page (optional)..... 8500.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Kristin Power		Date of Disbursement MM / DD / YYYY 11 / 02 / 2015
Mailing Address 1124 Barfield St.		Transaction ID : SB23.4579
City Daniel Island	State SC	
Purpose of Disbursement State Organization Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Kristin Power		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 1124 Barfield St.		Transaction ID : SB23.4603
City Daniel Island	State SC	
Purpose of Disbursement State Organization Director	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. Kristin Power		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 1124 Barfield St.		Transaction ID : SB23.4604
City Daniel Island	State SC	
Purpose of Disbursement Lodging	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 179.94
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 5179.94

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. State of New Hampshire

Mailing Address 25 Capital St.

City Concord State NH Zip Code 03301-6312

Purpose of Disbursement
Filing Fee

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 05 / 2015

Transaction ID : SB23.4584

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The Policy Agency, LLC

Mailing Address 45 Strawberry Hill Rd.

City Bedford State NH Zip Code 03110

Purpose of Disbursement
State Organization Director

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 01 / 2015

Transaction ID : SB23.4569

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

c. The Policy Agency, LLC

Mailing Address 45 Strawberry Hill Rd.

City Bedford State NH Zip Code 03110

Purpose of Disbursement
State Organization Director

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 02 / 2015

Transaction ID : SB23.4580

Amount of Each Disbursement this Period

4000.00

Subtotal Of Receipts This Page (optional)..... 9000.00

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

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. The Policy Agency, LLC		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 45 Strawberry Hill Rd.		Transaction ID : SB23.4605
City Bedford	State NH	
Zip Code 03110	Purpose of Disbursement State Organization Director	Amount of Each Disbursement this Period 4000.00
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. The Policy Agency, LLC		Date of Disbursement MM / DD / YYYY 12 / 02 / 2015
Mailing Address 45 Strawberry Hill Rd.		Transaction ID : SB23.4606
City Bedford	State NH	
Zip Code 03110	Purpose of Disbursement Mileage	Amount of Each Disbursement this Period 542.81
Candidate Name	Category/ Type 101	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) c. UptownColor		Date of Disbursement MM / DD / YYYY 11 / 04 / 2015
Mailing Address 1205 W. Main St.		Transaction ID : SB23.4583
City Richmond	State VA	
Zip Code 23220	Purpose of Disbursement Hand-out Card Printing	Amount of Each Disbursement this Period 1042.47
Candidate Name	Category/ Type 101	
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)..... 5585.28

Total This Period (last page this line number only)..... 107491.91

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Commission

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 01 / 2015

Transaction ID : SB25.4574

Amount of Each Disbursement this Period

370.00

Full Name (Last, First, Middle Initial)

B. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Invitations

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 10 / 2015

Transaction ID : SB25.4590

Amount of Each Disbursement this Period

302.12

Full Name (Last, First, Middle Initial)

C. Alexandra Lee

Mailing Address 13549 Stargazer Ter.

City State Zip Code
Centreville VA 20120

Purpose of Disbursement
Invitation Postage

101

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 10 / 2015

Transaction ID : SB25.4591

Amount of Each Disbursement this Period

147.00

Subtotal Of Receipts This Page (optional)..... 819.12

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input checked="" 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. Alexandra Lee		Date of Disbursement MM / DD / YYYY 11 / 20 / 2015
Mailing Address 13549 Stargazer Ter.		Transaction ID : SB25.4594
City Centreville	State VA	
Purpose of Disbursement Commission	<input type="checkbox"/> 101	Amount of Each Disbursement this Period 126.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 126.50

Total This Period (last page this line number only)..... 945.62

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)
James S. Gilmore III

[PERSONAL FUNDS]

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
43000.00	0.00	43000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 24 / 2015	6/30/2016	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/12.4632**

LOAN SOURCE Full Name (Last, First, Middle Initial)
James S. Gilmore III

[PERSONAL FUNDS]

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	Date Due	Interest Rate	Secured:
M 11 / D 02 / Y 2015	M M / D 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:
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)
James S. Gilmore III

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
8105 Spencely Pl.

City	State	ZIP Code
Richmond	VA	23229-8426

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 24 / Y 2015	M M / D 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/12.4344**

LOAN SOURCE Full Name (Last, First, Middle Initial)
James S. Gilmore III

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
8105 Spencely Pl.

City	State	ZIP Code
Richmond	VA	23229-8426

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 02 / 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/12.4345**

LOAN SOURCE Full Name (Last, First, Middle Initial)
James S. Gilmore III

[PERSONAL FUNDS]

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
8075.00	0.00	8075.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 04 / Y 2015	M M / D 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)
James S. Gilmore III

[PERSONAL FUNDS]

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
6000.00	0.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 15 / Y 2015	M M / D 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/12.4372**

LOAN SOURCE Full Name (Last, First, Middle Initial)
James S. Gilmore III

[PERSONAL FUNDS]

Election: 2016

- Primary
- General
- Other (specify) ▼

Mailing Address
8105 Spencely Pl.

City	State	ZIP Code
Richmond	VA	23229-8426

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2015	M M / D 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.