

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

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

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

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	<p>Monthly Report Due On:</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ <span style="margin-left: 150px;">(Type of Election)</span> election on _____ in the State of _____  <input type="checkbox"/> Thirtieth day report following the General Election on _____ on _____	<input checked="" type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20	<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20	<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31
<input checked="" type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20											
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20											
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31											

IS THIS REPORT AN AMENDMENT       YES       NO

<b>5. COVERING PERIOD</b>	<b>FROM</b> 01/01/2009	<b>THROUGH</b> 01/31/2009
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	.....	16454.73
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	.....	0.00
8. SUBTOTAL (Lines 6 and 7)	.....	16454.73
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	0.00
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	16454.73
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	140935.47
13. EXPENDITURES SUBJECT TO LIMITATION	.....	371939.79
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>		
14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	.....	357986.16
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	371939.79

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

Type or Print Name of Treasurer <b>Dan Kreske</b>	Date 02/19/2009
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Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

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

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**

2 / 12

(PAGE 2, FEC FORM 3P)

Name of committee (in full) <b>JIM GILMORE FOR PRESIDENT</b>		Report Covering the Period From: 01/01/2009 To: 01/31/2009	
<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P) .....	0.00	0.00	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees .....	0.00	349736.16	
(b) Political Party Committees .....	0.00	250.00	
(c) Other Political Committees .....	0.00	8000.00	
(d) The Candidate .....	0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	0.00	357986.16	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate .....	0.00	2000.00	
(b) Other Loans .....	0.00	32804.03	
(c) TOTAL LOANS (Add 19(a) and 19(b)) .....	0.00	34804.03	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating .....	0.00	12086.12	
(b) Fundraising .....	0.00	0.00	
(c) Legal and Accounting .....	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	12086.12	
21. OTHER RECEIPTS (Dividend, Interest, etc.) .....	0.00	4.33	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21) .....	0.00	404880.64	
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES .....	0.00	384025.91	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00	
25. FUNDRAISING DISBURSEMENTS .....	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS .....	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate .....	0.00	2000.00	
(b) Other Repayments .....	0.00	2400.00	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)) .....	0.00	4400.00	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees .....	0.00	0.00	
(c) Other Political Committees .....	0.00	0.00	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c)) .....	0.00	0.00	
29. OTHER DISBURSEMENTS .....	0.00	0.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) .....	0.00	388425.91	
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) .....	0.00		

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

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

### ALLOCATION BY STATE

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

**Schedule C-P**

**LOANS**

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

PAGE 4 / 12

FOR LINE NUMBER: (check only one)  19a  19b

NAME OF COMMITTEE (In Full)  
**JIM GILMORE FOR PRESIDENT**

**Transaction ID: SC/12.5134**

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
 Brian Anderson

Mailing Address 5315 Connecticut Ave., #608

City Washington State DC ZIP Code 20015

Election:  
 Primary  
 General  
 Other (specify) ▼

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

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="2300.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value=".00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 / 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**JIM GILMORE FOR PRESIDENT**

**Transaction ID: SC/12.5869**

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

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

**TERMS**

Date Incurred <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 30 2007	Date Due Upon Demand	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 / 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**JIM GILMORE FOR PRESIDENT**

**Transaction ID: SC/12.5139**

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

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

Date Incurred M M 03 D D 06 Y Y Y Y 2007	Date Due Upon Demand	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule C-P**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 / 12
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)  
**JIM GILMORE FOR PRESIDENT**

**Transaction ID: SC/12.5140**

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

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

**TERMS**

Date Incurred M M 03 D D 06 Y Y Y Y 2007	Date Due Upon Demand	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------------------	-------------------------	---------------------------------	---------------------------------------------------------------------------------

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

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

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

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 JIM GILMORE FOR PRESIDENT

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

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

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

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

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

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

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



**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 JIM GILMORE FOR PRESIDENT

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

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

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

Outstanding Balance Beginning This Period 7966.47	<b>Transaction ID: SD12.5267</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7966.47

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

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

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

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 JIM GILMORE FOR PRESIDENT

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

Outstanding Balance Beginning This Period <input type="text" value="2039.84"/>		<b>Transaction ID: SD12.5270</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2039.84"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="13128.36"/>		<b>Transaction ID: SD12.5271</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="13128.36"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="7461.25"/>		<b>Transaction ID: SD12.5861</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7461.25"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="22629.45"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 JIM GILMORE FOR PRESIDENT

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

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

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional).....	<b>57517.35</b>
2) <b>TOTALS</b> This Period (last page this line number only).....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**Schedule D-P**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

11  
 12

NAME OF COMMITTEE (In Full)  
 JIM GILMORE FOR PRESIDENT

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

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

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

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

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

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

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