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Final Report

This document must be clear, legible and typed or printed in blue or black ink.

<input checked="" type="checkbox"/> Original Report		<input type="checkbox"/> Amended Report – Report # _____	
CARL E FAILMEZGER Name of Candidate Campaign Committee		Committee ID # (if one)	
235 E HIGH VIEW DR Candidate's Residence Address (include number and street)		804 577 0606 Daytime Phone Number (for person filling out this report)	
LANCASTER, VA 22503 City, State and Zip		CARLFAILMEZGER@YAHOO.COM E-mail Address	

Termination Statement of Candidate/Treasurer	
<p>I declare, subject to the provisions of § 24.2-1016 of the <i>Code of Virginia</i>, which is punishable up to a Class 5 Felony, that, to the best of my knowledge, this FINAL REPORT for the period beginning <u>6/1/17</u> and ending <u>12/1/17</u>, including all accompanying schedules, fully discloses all financial activities for this period and this committee. I further declare that this committee is being disbanded and that this FINAL REPORT fully discloses all previously unreported receipts and has disbursed all funds in accordance with § 24.2-948.4 of the <i>Code of Virginia</i> and that this candidate committee has no outstanding debts.</p>	
<u>12/5/17</u> Date	 Signature of Treasurer or Candidate

SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100

MUST BE TYPED OR PRINTED LEGIBLY IN INK

CARL FAICMEZGER

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REPORTING PERIOD: 6/1/17 THROUGH: 12/1/17
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COLUMN 1 FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]	COLUMN 2			COLUMN 3 DATE RECEIVED	COLUMN 4 CONTRIBUTION THIS PERIOD	COLUMN 5 AGGREGATE TO DATE
	BUSINESS/CORPORATE DONOR 1. NOT REQUIRED 2. TYPE OF BUSINESS 3. PRINCIPAL PLACE OF BUSINESS	INDIVIDUAL DONOR 1. EMPLOYER OR BUSINESS 2. OCCUPATION 3. PRINCIPAL PLACE OF BUSINESS				
NONE				N/A	N/A	N/A
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				TOTAL THIS PERIOD		
				0		
				[ENTER ON LAST PAGE OF SCHEDULE A AND ON LINE I OF SCHEDULE G.]		

SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100

MUST BE TYPED OR PRINTED LEGIBLY IN INK

CALL E FALLUMBER

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REPORTING PERIOD: 6/1/17 THROUGH: 12/1/17

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<p><u>COLUMN 1</u></p> <p>FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]</p>	<p><u>COLUMN 2</u></p> <p>DONOR INFORMATION</p> <p>1. EMPLOYER OR BUSINESS (NOT REQUIRED IF CORPORATE/COMPANY DONOR) 2. OCCUPATION (CORPORATE CONTRIBUTION - ENTER TYPE OF BUSINESS) 3. PRINCIPAL PLACE OF BUSINESS 4. SERVICE/GOODS RECEIVED 5. BASIS USED TO DETERMINE VALUE</p>	<p><u>COLUMN 3</u></p> <p>DATE RECEIVED</p>	<p><u>COLUMN 4</u></p> <p>CONTRIBUTION THIS PERIOD</p>	<p><u>COLUMN 5</u></p> <p>AGGREGATE TO DATE</p>
<p>1. NONE</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>		<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>				
<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>				

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TOTAL THIS PERIOD 0

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SCHEDULE C:

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

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CARL B. FAIRMERZGER

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REPORTING PERIOD: 6/1/17 THROUGH: 12/1/17

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COLUMN 1 FULL NAME AND ADDRESS OF PAYER [LIST IN ALPHABETICAL ORDER]	COLUMN 2 REASON/TYPE OF PAYMENT	COLUMN 3 DATE RECEIVED	COLUMN 4 PAYMENT AMOUNT
NONE	N/A	N/A	N/A
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.			0

TOTAL THIS PERIOD
[ENTER ON LAST PAGE OF SCHEDULE C AND
ON LINE 6 OF SCHEDULE G.]

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SCHEDULE D: EXPENDITURES

MUST BE TYPED OR PRINTED LEGIBLY IN INK

***DO NOT INCLUDE REPAYMENT OF LOAN PRINCIPAL OR DISPOSITION OF FINAL SURPLUS FUNDS ON THIS SCHEDULE

CARL E. FAICMEZGER

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REPORTING PERIOD: 6/1/17 THROUGH: 12/1/17
PAGE: 4 OF 9

COLUMN 1 PERSON OR COMPANY PAID MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 2 ITEM OR SERVICE	COLUMN 3 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 4 DATE OF EXPENDITURE	COLUMN 5 AMOUNT PAID
NONE	N/A	N/A	N/A	N/A

FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

TOTAL THIS PERIOD
[ENTER ON LAST PAGE OF SCHEDULE D AND
ON LINE 9 OF SCHEDULE G.]

0

SCHEDULE E: LOANS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 6/1/12 THROUGH: 12/1/12

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CARL E. FAIRMENZGER

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

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PART I: ITEMIZATION OF LOANS RECEIVED

COLUMN 1 FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]	COLUMN 2 FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)	COLUMN 3 DATE RECEIVED	COLUMN 4 AMOUNT OF LOAN THIS PERIOD	COLUMN 5 REMAINING LOAN BALANCE
NONE	N/A	N/A	N/A	N/A
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 12 OF SCHEDULE G]				

PART II: ITEMIZATION OF LOANS REPAYED

COLUMN 1 FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]	COLUMN 2 FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)	COLUMN 3 DATE REPAID	COLUMN 4 AMOUNT REPAYED THIS PERIOD	COLUMN 5 REMAINING LOAN BALANCE
NONE	N/A	N/A	N/A	N/A
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 14 OF SCHEDULE G]				

FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION
REQUIRED ON THIS FORM IS NOT GIVEN.

SCHEDULE F:

DEBTS REMAINING UNPAID AS OF THIS REPORT

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Include all contracts, credit purchases and loans payable.

CARL E FAICMEZGBA

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

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COLUMN 1 FULL NAME OF CREDITOR MAILING ADDRESS OF CREDITOR INCLUDE ZIP	COLUMN 2 PURPOSE OF OBLIGATION	COLUMN 3 DATE DEBT INCURRED	COLUMN 4 AMOUNT REMAINING UNPAID
NONE	N/A	N/A	N/A
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.			0
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE F AND ON LINE 20 OF SCHEDULE H.]			

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SCHEDULE G: STATEMENT OF FUNDS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

REPORT PERIOD FROM 6/1/17 THROUGH 12/1/17.

CARL E FAILMEZGER

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE

*Please Enter Zero on Lines with No Activity

CONTRIBUTIONS RECEIVED THIS PERIOD

	Number of Contributions	Amount	
1. Schedule A [Over \$100]	# <u>0</u>	\$ <u>0</u>	
2. Schedule B [Over \$100]	# <u>0</u>	\$ <u>0</u>	
3. Un-itemized cash contributions [\$100 or less]	# <u>0</u>	\$ <u>0</u>	
4. Un-itemized In-Kind Contributions [\$100 or less]	# <u>0</u>	\$ <u>0</u>	
5. TOTAL [Add Lines 1, 2, 3 & 4]	# <u>0</u>		\$ <u>0</u>

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

6. Schedule C [also enter on Line 17b on Schedule H] \$ 0

EXPENDITURES MADE THIS PERIOD

7. Schedule B [From line 2 Above]	\$ <u>0</u>	
8. Un-itemized In-Kind contributions [From line 4 Above]	\$ <u>0</u>	
9. Schedule D [Expenditures]	\$ <u>0</u>	
10. TOTAL [add lines 7, 8 and 9]		\$ <u>0</u>

RECONCILIATION OF LOAN ACCOUNT

11. Beginning loan balance [from Line 15 of last report]	\$ <u>0</u>	
12. Loans received this period [from Schedule E - Part I]	\$ <u>0</u>	
13. SUBTOTAL [Add Lines 11 and 12]		\$ <u>0</u>
14. Subtract: Loans repaid this period [from Schedule E - Part II]	(\$ <u>0</u>)	
15. Ending loan balance [subtract Line 14 from Line 13]		\$ <u>0</u>

SCHEDULE H: SUMMARY OF RECEIPTS AND DISBURSEMENTS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

REPORT PERIOD FROM 6/1/17 THROUGH 12/1/17.

CARL F FAICMEZARA
FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE

*Please Enter Zero On Lines with No Activity

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- 16. **Beginning Balance** [Line 19 of last report] \$ 100.00

- 17. **Receipts for Current Reporting Period:**
 - a. Contributions received this period [Line 5 of Schedule G] \$ 0
 - b. Bank interest, refunded expenditures and rebates [Line 6 of Schedule G] \$ 0
 - c. Loans received this period [Line 12 of Schedule G] \$ 0
 - d. **Subtotal:** Contributions and Receipts received this period [Add Lines 17a, 17b and 17c above] \$ 0
 - e. **Total Expendable Funds** [Add Lines 16 and 17d] \$ 100.00

- 18. **Disbursements for Current Reporting Period:**
 - a. Expenditures made this reporting period [Line 10 of Schedule G] \$ 0
 - b. Loans repaid this reporting period [Line 14 of Schedule G] \$ 0
 - c. Other surplus funds paid out [from Schedule I] \$ 0
 - d. **Total Payments Made** [Add lines 18a, 18b, and 18c] \$ 0

- 19. **Ending Balance** [Subtract Line 18d from Line 17e] \$ 100.00
(MUST MATCH LINE 29)

- 20. Total Unpaid Debts [from Schedule F of this report] \$ 0

Committee's Receipts and Disbursements – Election Cycle Totals

- 21. Balance at Start of Election Cycle \$ 100.00

- 22. Previous Receipts [Line 24 from last report] \$ 0
(ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE)

- 23. Receipts from Current Reporting Period [Line 17d above] \$ 0

- 24. Total Receipts this Election Cycle [Add lines 22 and 23] \$ 0

- 25. Total Funds Available [Add lines 21 and 24] \$ 100.00

- 26. Previous Disbursements [Line 28 from last report] \$ 0
(ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE)

- 27. Disbursements from Current Reporting Period [Line 18d above] \$ 0

- 28. Total Disbursements this Election Cycle [Add lines 26 and 27] \$ 0

- 29. **Ending Balance** [Subtract Line 28 from Line 25 - Difference must match Line 19] \$ 100.00

SCHEDULE I: FINAL SURPLUS FUNDS PAID OUT

MUST BE TYPED OR PRINTED LEGIBLY IN INK

USE THIS SCHEDULE ONLY WHEN FILING A FINAL

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CARL E FAICMEZGAR

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

COLUMN 1 PERSON OR COMPANY PAID	COLUMN 2 MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 3 TYPE OF DISPOSITION	COLUMN 4 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 5 DATE OF EXPENDITURE	COLUMN 6 AMOUNT PAID
NONE	N/A	N/A	N/A	N/A	N/A
CARL FAICMEZGAR	PO Box 700 LANCASTER VA 22503	FINAL REIMBURSEMENT	CARL FAICMEZGAR	12/1/17	100.00

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.
 TOTAL THIS PERIOD: 100.00
 [ENTER ON LAST PAGE OF SCHEDULE I AND ON LINE 18d OF SCHEDULE H.]