



Final Report

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

<input type="checkbox"/> Original Report		<input checked="" type="checkbox"/> Amended Report – Report # <u>2</u>	
FRIENDS OF CAROLYN YOUNG			
Name of Candidate Campaign Committee	544 GLEBE ROAD	Committee ID # (if one)	804.438.5467
Candidate's Residence Address (include number and street)	IRVINGTON, VA. 22480	Daytime Phone Number (for person filling out this report)	CYoung1209@gmail.com
City, State and Zip		E-mail Address	

Termination Statement of Candidate/Treasurer

I declare, subject to the provisions of § 24.2-1016 of the *Code of Virginia*, which is punishable up to a Class 5 Felony, that, to the best of my knowledge, this **FINAL REPORT** for the period beginning 7/1/2017 and ending 11/30/2017, 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 *Code of Virginia* and that this candidate committee has no outstanding debts.

4 DECEMBER 2017
Date

Carolyn H. Young
Signature of Treasurer or Candidate

SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100

REPORTING PERIOD: 7/1/2017 THROUGH: 11/30/2017

MUST BE TYPED OR PRINTED LEGIBLY IN INK

PAGE: 1 OF 1

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

CHARLYN W. YOUNG

COLUMN 1 FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]	COLUMN 2 DONOR INFORMATION 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	COLUMN 3 DATE RECEIVED	COLUMN 4 CONTRIBUTION THIS PERIOD	COLUMN 5 AGGREGATE TO DATE
KIT WEIGEL 105 SUMMIT CT. Hopewell, VA. 23860	1. 2. RETIRED TEACHER/JOURNALIST 3. 4. BUTTONS 5. business sales receipt	8/27/2017	131.63	131.63
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
TOTAL THIS PERIOD			131.63	

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

[ENTER ON LAST PAGE OF SCHEDULE B AND ON LINES 2 AND 7 OF SCHEDULE G.]

CFDA-945B

SUPERSEDES ALL PREVIOUS VERSIONS

REVISED MAY 1, 2014

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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

CAROLYN M. YOUNG

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

REPORTING PERIOD: 7/1/2017 THROUGH: 11/30/2017

PAGE: 1 OF 1

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
RAPPAHANNOCK RECORD PO BOX 400 Kilmarnock, VA 22482	ADS (2)	CAROLYN YOUNG	10/24/2017	\$ 295.50
Tri-STAR 81 IRVINGTOD RD. Kilmarnock, VA 22482	GROCERIES	CAROLYN YOUNG	10/26/2017	\$ 115.61
Vista Print NETHERLANDS BV Hudsonweg 8 VENLO, THE NETHERLANDS 52928 LW	RAEK CARDS (1000 FINERS)	CAROLYN YOUNG	9/12/2017	\$ 169.99
VISTA PRINT NETHERLANDS BV Hudsonweg 8 VENLO, THE NETHERLANDS 52928 LW	SIGNS (30)	CAROLYN YOUNG	9/15/2017	\$ 478.01
FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. [ENTER ON LAST PAGE OF SCHEDULE D AND ON LINE 9 OF SCHEDULE G.]				TOTAL THIS PERIOD \$ 1059.11

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SCHEDULE E: LOANS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 7/1/2017 THROUGH: 11/30/2017

PAGE 1 OF 1

AROLD W. YOUNG

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

PART I: ITEMIZATION OF LOANS RECEIVED

<p>COLUMN 1 FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]</p>	<p>COLUMN 2 FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)</p>	<p>COLUMN 3 DATE RECEIVED</p>	<p>COLUMN 4 AMOUNT OF LOAN THIS PERIOD</p>	<p>COLUMN 5 REMAINING LOAN BALANCE</p>

PART II: ITEMIZATION OF LOANS REPAY

<p>COLUMN 1 FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]</p>	<p>COLUMN 2 FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)</p>	<p>COLUMN 3 DATE REPAY</p>	<p>COLUMN 4 AMOUNT REPAY THIS PERIOD</p>	<p>COLUMN 5 REMAINING LOAN BALANCE</p>
<p>FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.</p>			<p>TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 14 OF SCHEDULE G]</p>	<p>0</p>

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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 _____ THROUGH _____.

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>4</u>	\$ <u>859.11</u>	
2. Schedule B [Over \$100]	# <u>1</u>	\$ <u>131.63</u>	
3. Un-itemized cash contributions [\$100 or less]	# <u>2</u>	\$ <u>200.00</u>	
4. Un-itemized In-Kind Contributions [\$100 or less]	# _____	\$ _____	
5. TOTAL [Add Lines 1, 2, 3 & 4]	# <u>7</u>		\$ <u>1190.74</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>131.63</u>	
8. Un-itemized In-Kind contributions [From line 4 Above]	\$ _____	
9. Schedule D [Expenditures]	\$ <u>1059.11</u>	
10. TOTAL [add lines 7, 8 and 9]		\$ <u>1190.74</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>

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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 7/1/2017 THROUGH 11/30/2017.

CAROLYN W. YOUNG

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

*Please Enter Zero On Lines with No Activity

16. **Beginning Balance** [Line 19 of last report] \$ 0
17. **Receipts for Current Reporting Period:**
- a. Contributions received this period [Line 5 of Schedule G] \$ 1190.74
 - 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] \$ 1190.74
 - e. **Total Expendable Funds** [Add Lines 16 and 17d] \$ 1190.74
18. **Disbursements for Current Reporting Period:**
- a. Expenditures made this reporting period [Line 10 of Schedule G] \$ 1190.74
 - 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] \$ 1190.74
19. **Ending Balance** [Subtract Line 18d from Line 17e] \$ 0
(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 \$ 0
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] \$ 1190.74
24. Total Receipts this Election Cycle [Add lines 22 and 23] \$ 1190.74
25. Total Funds Available [Add lines 21 and 24] \$ 1190.74
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] \$ 1190.74
28. Total Disbursements this Election Cycle [Add lines 26 and 27] \$ 1190.74
29. **Ending Balance** [Subtract Line 28 from Line 25 - Difference must match Line 19] \$ 0

SCHEDULE I: FINAL SURPLUS FUNDS PAID OUT

MUST BE TYPED OR PRINTED LEGIBLY IN INK
 USE THIS SCHEDULE ONLY WHEN FILING A FINAL

REPORTING PERIOD: 7/1/2017 THROUGH: 11/30/2017

PAGE 1 OF 1

AROLYN W. YOUNG

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

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