

## Candidate Termination Statement

## **Final Report**

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

□ Original Report	☑ Amended Report – Report # <u> </u>
FRIENDS OF CAROLYN YOUNG	
Name of Candidate Campaign Committee	Committee ID # (if onc)
544 GLEBE ROAD	804,438,5447
Candidate's Residence Address (include number and street)	Daytime Phone Number (for person filling out this report)
IRVINGTON, VA. 22480	cyoung 1209@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 1/20/2017, 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 Caroba V. Yours
Signature of Treasurer or Candidate

# SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100

MUST BE TYPED OR PRINTED LEGIBLY IN INK

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

	REPORTING PERIOD:
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FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.								-	TRIWGTON VAYY80	STA GLEBE ROAD	ARDIVIN YOUR	TRUNGTON, V+22480	なり、自身自己のももの	TARNY VOUNT		でする。ためのでは	- NOV C.VIGO	CHATTANOOGA, TN 37403	500 LOOKOUT ST.	LEE PATTEN	[LIST IN ALPHABETICAL ORDER]	FULL NAME OF CONTRIBUTOR & ZIP MAILING ADDRESS OF CONTRIBUTOR & ZIP	COLUMN 1
Ti [enter on last page	 2.	I.	3	2	1.	3.	2.		3.	2 KETIRED TEACHER	I.	3.	2 RETIRED TEACHER	1	3.	2 RETIRED TEACHER	1.		2 Housewife		<ol> <li>TYPE OF BUSINESS</li> <li>PRINCIPAL PLACE OF BUSINESS</li> <li>PRINCIPAL PLACE OF BUSINESS</li> </ol>	BUSINESS/CORPORATE DONOR INDIVIDUAL DONOR  1. NOT REQUIRED  1. EMPLOYER OR BUSINESS	COLUMN 2
TOTAL THIS PERIOD & OF SCHEDULE A AND ON LINE 1 OF SCHEDULE G.]							,			11/8/20/7 +8.00			17.511 Floc/1/61			10/24/01		•	1925/2017 40D	_ <b>,</b>		DATE RECEIVED	COLUMN 3
859.11										48.00			115.61			102:3月17(14人)の			400			CONTRIBUTION THIS PERIOD	COLUMN 4
HECEIVED										859.11			811.11			695.50			ΨOD			AGGREGATE TO DATE	COLUMN 5

CFDA-945A

SUPERSEDES ALL PREVIOUS VERSIONS

Revised may 1, 2014

# SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100

MUST BE TYPED OR PRINTED LEGIBLY IN INK

CHROLY W. YOUNG

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

Revised may 1, 2014			Supersedes all previous versions	CFDA-945B
	131.63	TOTAL THIS PERIOD ST PAGE OF SCHEDULE B AND ON LINES 2 AND 7 OF SCHEDULE G.]	[enter on last pa	FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.
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			1.	KIT WEIGEL
AGGREGATE TO DATE	CONTRIBUTION THIS PERIOD	DATE RECEIVED	DONOR INFORMATION  1. EMPLOYER OR BUSINESS (NOT REQUIRED IT CORPORATE/COMPANY DONOR)  2. OCCUPATION (CORPORATE CONTRIBUTION — ENTER TYPE OF BUSINESS)  3. PRINCIPAL BY ACE OF BUSINESS	FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [1 187 IN A 1 PHARFTICAL ORDER]
COLUMN 5	COLUMN 4	COLUMN 3	COLUMN 2	COLUMN 1
			TIPE ON POLITICAL COMPATITUE	FULL NAME OF CANDIDATE, CANDIDATE S COMMITTEE ON FOLLTICAL COMMITTEE

## SCHEDULE C:

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

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

MUST BE TYPED OR PRINTED LEGIBLY IN INK

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

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				COLUMN 1  FULL NAME AND ADDRESS OF PAYER  [LIST IN ALPHABETICAL ORDER]
				COLUMN 2  REASON/TYPE OF PAYMENT
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE C AND ON LINE 6 OF SCHEDULE G.]				COLUMN 3  DATE  RECEIVED
O				COLUMN 4 PAYMENT AMOUNT

CEDA-945C

SUPERSEDES ALL PREVIOUS VERSIONS

REVISED OCTOBER 1, 2014
RECEIVED

## 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

REPORTING PERIOD:  $\frac{1}{120}$  |  $\frac{7}{7}$  THROUGH:  $\frac{11}{20}$  |  $\frac{7}{20}$  |  $\frac{7}{7}$  PAGE:  $\frac{1}{120}$  OF  $\frac{1}{120}$ 

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

FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN		VISTA PRINT NETHERLANDS BY HUDSON WESS VENUS, THE NETHERLANDS 5 > 928 LW	VISTA Print NETHERLANDS BY HUDSON WES 8 VENLO, The NETHERLANGS 52928 LW	Tri-Star 81 IRVINGTON Rd. Kilmarnock, VA 22482	RAPPAHANNOCK RECORD PO BOX 400 Kilmarnock, VA 22482	COLUMN 1  PERSON OR COMPANY PAID  MAILING ADDRESS OF PAYEE  INCLUDE ZIP
UIRED ON THIS FORM IS NOT GIVEN.		N SIGNS (30)	BU RACK CARDS	GROCERIES.	Ads(2)	<u>ÇOLUMN 2</u> ITEM OR SERVICE
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE D AND ON LINE <b>9</b> OF SCHEDULE G.]		CAROLYN YDUNG	CAROLYN YOUNG	CAROLYN Y OUNG	CAROLYN YOUNG	COLUMN 3  NAME OF PERSON AUTHORIZING EXPENDITURE
		9/15/2017 478.01	9)12/2017/69.99	10/26/2017 115.61	02.392 + 10x/4c/01	COLUMN 4 DATE OF EXPENDITURE
1057.11		478.01	7 169.99	17 115.61	295.50	COLUMN 5 AMOUNT PAID

CFDA-945D

SUPERSEDES ALL PREVIOUS VERSIONS

REVISED OCTOBER 1, 2014

## SCHEDULE E: LOANS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD:  $\frac{7}{1}$   $\frac{10}{7}$   $\frac{7}{10}$   $\frac{7}{10}$   $\frac{10}{7}$   $\frac{70}{10}$   $\frac{70}{10}$   $\frac{70}{10}$ 

TRROLYN W. YOUNG
FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

## PART I: ITEMIZATION OF LOANS RECEIVED

FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION	COLUMN 1 FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]	PART II: ITEMIZATION OF LOANS REPAID		COLUMN 1  FULL NAME OF LENDER  ADDRESS OF LENDER (INCLUDE ZIP CODE)  [LIST IN ALPHABETICAL ORDER]
		D		DER DE ZIP CODE) ; ORDER]
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 14 OF SCHEDULE G]	COLUMN 2 FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)	TOTAL THIS PERIOD  [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 12 OF SCHEDULE G]		COLUMN 2 FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)
PARTIAND ON LINE	COLUMN 3 DATE REPAID	PARTIAND ON LINE		COLUMN 3  DATE RECEIVED
0	COLUMN 4 AMOUNT REPAID THIS PERIOD	0		<u>COLUMN</u> 4 AMOUNT OF LOAN THIS PERIOD
R A A A A A A A A A A A A A A A A A A A	COLUMN 5 REMAINING LOAN BALANCE			COLUMN 5 REMAINING LOAN BALANCE

## 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.

	reporting period: $\frac{1}{}$
	718
	THROUGH:
-	+10c/08/11

PAGE:	
OF	
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CAROLYN W. YOUNG—
FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REVISED OCTOBER 1, 2014	0				COLUMN 4 AMOUNT REMAINING UNPAID
					COLUMN 3 DATE DEBT INCURRED
TOUS VERSIONS	[ENTER ON LAST P./ ON L				COLUMN 2 PURPOSE OF OBLIGATION
FDA-945F Supersedes All Previous Versions	FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				COLUMN 1 FULL NAME OF CREDITOR MAILING ADDRESS OF CREDITOR INCLUDE ZIP

CFDA-945F

## SCHEDULE G: STATEMENT OF FUNDS

FILER IS	ETYPED OR PRINTED LEGIBLY IN INK SUBJECT TO FINES IF ALL INFORMATION REQUI	RED ON THIS FORM IS IROUGH		
Please En	ME OF CANDIDATE, CANDIDATE'S COMMITTEE, C ter Zero on Lines with No Activity  RIBUTIONS RECEIVED THIS PERIO		TTEE	
		Number of Contributions	Amount	
1.	Schedule A [Over \$100]	# <u></u>	s 859.11	
2.	Schedule B [Over \$100]	# <b>1</b>	\$ 131.63	
3.	Un-itemized cash contributions [\$100 or less]	#_ <b>2.</b> _	\$ 200.00	
4.	Un-itemized In-Kind Contributions [\$100 or less	s] #	\$	
5.	<b>TOTAL</b> [Add Lines 1, 2, 3 & 4]	#		s <u>1190.74</u>
BANK	INTEREST, REFUNDED EXPENDIT	CURES AND RE	<u>BATES</u>	
6.	Schedule C [also enter on Line 17b on Schedule	H]		\$ <u> </u>
EXPE	NDITURES MADE THIS PERIOD			
7.	Schedule B [From line 2 Above]		\$ 131.63	
8.	Un-itemized In-Kind contributions [From line 4	Above]	\$	
9.	Schedule D [Expenditures]		s 1059. Il	,
10.	TOTAL [add lines 7, 8 and 9]			s 1190.74
<b></b>		April o Art A	with the first	B 34-65-7
RE	CONCILIATION OF LOAN ACCOUNT	<u>NT</u>	d	
11.	Beginning loan balance [from Line 15 of last re	port]	\$ <u> </u>	
12.	Loans received this period [from Schedule E - F	Part I]	\$ <i>O</i>	_
13.	SUBTOTAL [Add Lines 11 and 12]			<u>\$</u>
14.	Subtract: Loans repaid this period [from Sched	dule E - Part II]	(\$ <u> </u>	
15.	Ending loan balance [subtract Line 14 from Lin	e 13]		s <u> </u>
L				MANAGE .

	HEDULE H: SUMMARY OF RECEIPTS AND DISBUTE TYPED OR PRINTED LEGIBLY IN INK	JRSEMENTS	
	er is subject to fines if all information required on this fort period from <u>7/1/26/7</u> through <u>1//</u> 3	FORM IS NOT GIVEN.	
	CAROLYN W. YOUNG		
	L NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLIT se Enter Zero On Lines with No Activity	TICAL COMMITTEE	
16.	Beginning Balance [Line 19 of last report]	\$	φ
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 6	G] \$ <u> </u>	
	c. Loans received this period [Line 12 of Schedule G]	\$ <u> </u>	
	d. <b>Subtotal</b> : 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]	<u>\$ 1190.74</u>	
	b. Loans repaid this reporting period [Line 14 of Schedule G]	\$ <b>D</b>	
	c. Other surplus funds paid out [from Schedule I]	\$ <u> </u>	
	d. Total Payments Made [Add lines 18a,18b, and 18c]		\$ 1190.74
19.	Ending Balance [Subtract Line 18d from Line 17e] (MUST MATCH LINE 29)		\$ <u>Ф</u>
20.	Total Unpaid Debts [from Schedule F of this report]	\$ <u> </u>	
Co	mmittee's Receipts and Disbursements – Election (	Cycle Totals	
21.	Balance at Start of Election Cycle	\$	φ
22.	Previous Receipts [Line 24 from last report] (ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE)	\$ <u> </u>	
23.	Receipts from Current Reporting Period [Line 17d above]	<u>\$ 1190.74</u>	
24.	Total Receipts this Election Cycle [Add lines 22 and 23]	\$	1190.74
25.	Total Funds Available [Add lines 21 and 24]		\$ 11 90.74
26.	Previous Disbursements [Line 28 from last report] (ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE)	<u>\$</u>	
27.	Disbursements from Current Reporting Period [Line 18d above]	s 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 mus	t match Line 19]	\$ <b>Ø</b> -

## 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:
PAGE /	7/11/20/7 THROUGH:
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	70/2017

CAROLYN W. YOUNG-FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

$\phi$	TOTAL THIS PERIOD LAST PAGE OF SCHEDULE I AND ON LINE 18b OF SCHEDULE H.]	TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE I AND ON LINE 18D OF SCHEDULE H.]	OT GIVEN .	FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN .	FILER IS SUBJECT TO FINES IF ALL INFO
<u>COLUMN <b>6</b></u> AMOUNT PAID	COLUMN 5 DATE OF EXPENDITURE	COLUMN 4  NAME OF PERSON  AUTHORIZING  EXPENDITURE	<u>COLUMN 3</u> Type of disposition	<u>COLUMN 2</u> MAILING ADDRESS OF PAYEE INCLUDE ZIP	<u>COLUMN I</u> PERSON OR COMPANY PAID

SUPERSEDES ALL PREVIOUS VERSIONS