

Candidate Termination Statement

RECEIVED DEC 07 2017

Final Report

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

☑ Original Report	☐ Amended Report – Report #	
KAMEDIDE KEITH FOR		
Name of Candidate Campaign Committee	Committee ID # (if one)	
285 Colong Rd	703 608 4741	
Candidate's Residence Address (include number and street)	Daytime Phone Number (for person filling out this report)	
Laucaster, VA 22503	Kalherine les keith Damail	con
City, State and Zip	E-mail Address	

Termination Sta	atement of Candidate/Treasurer
Felony, that, to the best of my knowledge, the and ending () () (), including all at this period and this committee. I furthe FINAL REPORT fully discloses all previous	2-1016 of the <i>Code of Virginia</i> , which is punishable up to a Class 5 this FINAL REPORT for the period beginning \(\frac{1}{2} \) (\(\frac{1}{2} \) accompanying schedules, fully discloses all financial activities for declare that this committee is being disbanded and that this busly unreported receipts and has disbursed all funds in accordance d that this candidate committee has no outstanding debts.
12/7/17 Date	Signature of Treasurer or Candidate

MUST BE TYPED OR PRINTED LEGIBLY IN INK		, ,	PAGE: _	OF:
FULL NAME OF CANDIDATE, CANDIDATE'S COMMITT	EE OR POLITICAL COMMITTEE			
COLUMN 1 FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]	COLUMN 2 BUSINESS/CORPORATE DONOR INDIVIDUAL DONOR 1. NOT REQUIRED 1. EMPLOYER OR BUSINESS 2. TYPE OF BUSINESS 2. OCCUPATION 3. PRINCIPAL PLACE OF BUSINESS 3. PRINCIPAL PLACE OF BUSINESS	COLUMN 3 DATE RECEIVED	COLUMN 4 CONTRIBUTION THIS PERIOD	COLUMN 5 AGGREGATE TO DATE
Keith, Katherine Lee, 285 Leland Rd.	1. Right of Home 2. business oceaned 1235 W. Main ST. Kilmannoch W.	10/1/17	4750	\$750
	1. 2. 3.			
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQU	TOT IRED ON THIS FORM IS NOT GIVEN. [ENTER ON LAST PAGE OF 1	AL THIS PERIOD SCHEDULE A AND ON E 1 OF SCHEDULE G.]		REVISED MAY 1, 20

SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100

S	CHEDUL	EB;	In-Kind	CONTRIBUTIONS	OVER	\$1	00
S	CHEDOL	Е В;	IN-WIND	CONTRIBUTIONS	OVER	D.I.	U

REPORTING PERIOD: 9 THROUGH: 12 6

MUST BE TYPED OR PRINTED LEGIBLY IN INK

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

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
	2.			
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CFDA-945B

SUPERSEDES ALL PREVIOUS VERSION

LINES 2 AND 7 OF SCHEDULE G.]

REVISED MAY 1, 2014

REVISED OCTOBER 1, 2014

COLUMN 1 FULL NAME AND ADDRESS OF PAYER [LIST IN ALPHABETICAL ORDER]	COLUMIN 2 REASON/TYPE OF PAYMENT	COLUMN 3 DATE RECEIVED	COLUMN 4 PAYMENT AMOUNT
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SCHEDULE C:

CFDA-945C

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

REVISED OCTOBER 1, 2014

SCHEDULE D: EXPENDITURES MUST BE TYPED OR PRINTED LEGIBLY IN INK MYDO, NOT INCLUDE REPAYMENT OF LOAN PRINCIPAL OR DISPOSITE FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OF	ION OF FINAL SURPLUS FUNDS ON THIS SCHEDULE	ETING PERIOD: 9/1/7	_THROUGH: \	46/17 OF 1
COLUMN 1 PERSON OR COMPANY PAID MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 2 TIEM OR SERVICE	COLUMN 3 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 4 DATE OF EXPENDITURE	COLUMN 5 AMOUNT PAID
Chesa peake Bank P.O. Box 1419 16 Umorant UA	monthly sorvice fee	K. Kedh	09/01/17	\$20.00
Rapportrainact Rocard	ad	K. Kedh	uldit	\$ 1415
Vista paul.com	Signs	K. Kecth	10/15/17	\$195
Vista prenticom	Postcoids	K Kailler	10/15/17	\$155
U.S.P.S.	mailing	K' Karllı	10/02/17	\$165
FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION RE	QUIRED ON THIS FORM IS NOT GIVEN.	[ENTER ON LAST PAGE OF	AL THIS PERIOD SCHEDULE D AND OF SCHEDULE G.]	P680

SCHEDULE D: EXPENDITURES

SCHEDULE E: LOANS	REPORTING I	PERIOD:	THROUGH	" <u>121011 </u>
MUST BE TYPED OR PRINTED LEGIBLY IN INK			PAGE	OF/
Kallonine Coaledh	NCAL COMMITTEE			
FULL NAME OF CAMBIDATE, CAMBIDATE 5 COMMITTEE ON 1 OLIV	TOTAL COMMITTEE			
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	<u>COLUMN 5</u> REMAINING LOAN BALANCE
			ı	
PART II: ITEMIZATION OF LOANS REPAID	TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, 12 OF SCHEDULE G]	-PARTIAND ON LINE		
COLUMN I 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 REPAID THIS PERIOD	COLUMN 5 REMAINING LOAN BALANCE
LA L				
FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.	TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E 14 OF SCHEDULE G]	, PARTIAND ON LINE		
CFDA-945E	Supersedes All Previous Versions		REV	rised October 1, 2014

EBTS REMAINING UNPAID AS OF THIS REPORT UST BE TYPED OR PRINTED LEGIBLY IN INK Include all contracts, credit purchases and loans payable.	. , ,	PAGE:	OF
Lallet ne lee Kella ull name of candidate, candidate's committee or political co	OMMITTEE		
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
			`
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM	[ENTER ON LAST PAG	OTAL THIS PERIOD E OF SCHEDULE F AND E 20 OF SCHEDULE H.]	
FDA-945F SUPERSEDES	ALL PREVIOUS VERSIONS		REVISED OCTOBER 1, 2

SCHEDULE F:

HEDULE F: BTS REMAINING UNPAID AS OF THIS REPORT THE TYPED OR PRINTED LEGIBLY IN INK lude all contracts, credit purchases and loans payable. Solver De Lo Koth	REPORTING PERIOD:	9/1/1	T_THROUGH:	0F
COLUMIN 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
	·			
LER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM	LIS NOT GIVEN.	TER ON LAST PAG	OTAL THIS PERIOD E OF SCHEDULE FAND E 20 OF SCHEDULE H.]	

SCHEDULE G: STATEMENT OF FUNDS

FILER	BE TYPED OR PRINTED LEGIBLY IN INK IS SUBJECT TO FINES IF ALL INFORMATION REQUIR RT PERIOD FROM TH	RED ON THIS FORM IS	NOT GIVEN.	
KC FULL N	MAME OF CANDIDATE, CANDIDATE'S COMMITTEE, O	R POLITICAL COMMI	TTEE	
	Enter Zero on Lines with No Activity TRIBUTIONS RECEIVED THIS PERIC	OD		
CON	TRIBUTIONS RECEIVED TIMS I ERRO	Number of Contributions	Amount	
1.	Schedule A [Over \$100]	#	\$ 750.00	
2.	Schedule B [Over \$100]	#	\$	
3.	Un-itemized cash contributions [\$100 or less]	#	\$	
4.	Un-itemized In-Kind Contributions [\$100 or less	s] #	\$	
5.	TOTAL [Add Lines 1, 2, 3 & 4]	#	•	<u>5750,00</u>
<u>BAN</u>	K INTEREST, REFUNDED EXPENDIT		BATES	\$
EXP	ENDITURES MADE THIS PERIOD		•	
7	. Schedule B [From line 2 Above]		\$	
8	. Un-itemized In-Kind contributions [From line 4	Above]	\$	
9	. Schedule D [Expenditures]		\$ \$680.00	
1	0. TOTAL [add lines 7, 8 and 9]			\$ <u>(80.00</u>
		,		
E	RECONCILIATION OF LOAN ACCOUNT	<u>NT</u>		
1	 Beginning loan balance [from Line 15 of last re 	port]	\$	
1	2. Loans received this period [from Schedule E -]	Part I]	\$	
1	3. SUBTOTAL [Add Lines 11 and 12]			\$
1	4. Subtract: Loans repaid this period [from Sche	dule E - Part II]	(\$)	
1	5. Ending loan balance [subtract Line 14 from Line	ne 13]		\$

LE H: SUMMARY OF RECEIPTS AND DISBURSEMENTS MUST BE TYPED OR PRINTED LEGIBLY IN INK DEC n 7 2017 FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. REPORT PERIOD FROM FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE *Please Enter Zero On Lines with No Activity Beginning Balance [Line 19 of last report] **Receipts for Current Reporting Period:** a. Contributions received this period [Line 5 of Schedule G] Bank interest, refunded expenditures and rebates [Line 6 of Schedule G] Loans received this period [Line 12 of Schedule G] d. Subtotal: Contributions and Receipts received this period [Add Lines 17a, 17b and 17c above] Total Expendable Funds [Add Lines 16 and 17d] Disbursements for Current Reporting Period: a. Expenditures made this reporting period [Line 10 of Schedule G] b. Loans repaid this reporting period [Line 14 of Schedule G] Other surplus funds paid out [from Schedule I] d. Total Payments Made [Add lines 18a, 18b, and 18c] Ending Balance [Subtract Line 18d from Line 17e] (MUST MATCH LINE 29) Total Unpaid Debts [from Schedule F of this report] Committee's Receipts and Disbursements - Election Cycle Totals Balance at Start of Election Cycle Previous Receipts [Line 24 from last report] (ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE) Receipts from Current Reporting Period [Line 17d above] 23. Total Receipts this Election Cycle [Add lines 22 and 23] Total Funds Available [Add lines 21 and 24] 25. Previous Disbursements [Line 28 from last report] 26. (ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE) Disbursements from Current Reporting Period [Line 18d above] Total Disbursements this Election Cycle[Add lines 26 and 27]

Ending Balance [Subtract Line 28 from Line 25 - Difference must match Line 19]

COLLEGIO DE LEF		er			
<u>COLUMN 1</u> PERSON OR COMPANY PAID	<u>COLUMN 2</u> MAILING ADDRESS OF PAYEE INCLUDE ZIP	COLUMN 3 TYPE OF DISPOSITION	COLUMN 4 NAME OF PERSON AUTHORIZING EXPENDITURE	COLUMN 5 DATE OF EXPENDITURE	<u>COLUMN 6</u> AMOUNT PAID
Kalherine Kedb	285 Caland Rd Lancoster VA	Return of	K Kai De	12/6/17	90,00
FILER IS SUBJECT TO FINES IF ALL INFO	ORMATION REQUIRED ON THIS FORM IS I	I NOT GIVEN.	[ENTER ON LAST PAGE	TOTAL THIS PERIOD OF SCHEDULE I AND 8D OF SCHEDULE H.]	æ, 0P

SUPERSEDES ALL PREVIOUS VERSIONS

REVISED OCTOBER 1, 2014

SCHEDULE I: FINAL SURPLUS FUNDS PAID OUT

USE THIS SCHEDULE ONLY WHEN FILING A FINAL

MUST BE TYPED OR PRINTED LEGIBLY IN INK

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