

☐ Original Report

Candidate Termination Statement

☐ Amended Report – Report #

THE PROPERTY OF THE PARTY OF TH Sandi ti estrati apata jili misata ili denda terdi

Committee ID # (if one)

 $\begin{tabular}{ll} Final\ Report \\ \end{tabular}$ This document must be clear, legible and typed or printed in blue or black ink.

Daytime Phone Number (for person filling out this report) Out 436-3487 KNG woody 109 was lear E-mail Address KN6 Moody 100 mail
804 436-3487 KNG NOOdy 109 mailion
1 A 6
E-mail Address KN6M000VIII) amail.com
E-mail Address KN6M000/10) mail.com
of Candidate/Treasurer
ne Code of Virginia, which is punishable up to a Class: A REPORT for the period beginning for 1, 2019
ing schedules, fully discloses all financial activities for that this committee is being disbanded and that the
orted receipts and has disbursed all funds in accordance

RECEIVED

DEC - 5 2019

Doc- 5, 2019

SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100

REPORTING PERIOD: 1-1-209 THROUGH: Dec. 5

PAGE:

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Korya Gibsons Mossy

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

MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER] FULL NAME OF CONTRIBUTOR FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. COLUMN 1 52 ψ ω BUSINESS/CORPORATE DONOR

1. NOT REQUIRED 3. PRINCIPAL PLACE OF BUSINESS 2. TYPE OF BUSINESS COLUMN 2 INDIVIDUAL DONOR

1. EMPLOYER OR BUSINESS 3. PRINCIPAL PLACE OF BUSINESS 2. OCCUPATION TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE A AND ON LINE 1 OF SCHEDULE G.] COLUMN 3 DATE RECEIVED CONTRIBUTION
THIS PERIOD COLUMN 4 REVISED OCTOBER 1, 2014 COLUMN 5 AGGREGATE TODATE

CFDA-945A

SUPERSEDES ALL PREVIOUS VERSIONS

SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100

REPORTING PERIOD: 16M 1, 2019 THROUGH: 10C 5, 2019
PAGE: OF _____OF____

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Revised October 1, 20	,		SUPERSEDES ALL PREVIOUS VERSIONS	-RITA-945B
	B	TOTAL THIS PERIOD. ST PAGE OF SCHEDULE B'AND ON ENNES 2 AND TOPROSOERDULE G.]	[enter on last pai	FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.
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TO DATE	THIS PERIOD	RECEIVED	1. EMPLOYER OR BUSINESS (NOT KERDUKED IF CORFORATE CONTENT ALLOWOR) 2. OCCUPATION (CORPORATE CONTRIBUTION — ENTER TYPE OF BUSINESS) 3. PRINCIPAL PLACE OF BUSINESS 4 SERVICE/GOODS RECEIVED 5 BASIS USED TO DETERMINE VALUE	FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER.]
A CCP TO THE			DONOR INFORMATION	
COLUMN 5	COLUMN 4	COLUMN 3	COLUMN 2	COLUMNI
			LIBB OR TOLLITCAL COMMALTERS	TL NAME OF CANDIDATE, CANDIDATE'S COMPUTATED OF TOTAL CONTINUE AND

CFDA-945B

SCHEDULE C:

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

REPORTING PERIOD: Jan 1, 20 Generouse: Der 5, 2019
PAGE: _____OF: _____OF: _____OF: _____OF: _____OF

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' <u>1</u> FULL NAME AND ADDRESS OF PAYER [LIST IN ALPHABETICAL ORDER]
				<u>COLUMN 2</u> 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
Q				COLUMN 4: PAYMENT AMOUNT

SCHEDULE D: EXPENDITURES

MUST BE TYPED OR PRINTED LEGIBLY IN INK

***DO NOT INCLUDE REPAYMENT OF LOAN PRINCIPAL <u>OR</u> DISPOSITION OF FINAL SURPLUS FUNDS ON THIS SCHEDULE Kony a losbeson Moody

FILER IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.					COLUMN 1. PERSON OR COMPANY PAID MAILING ADDRESS OF PAYEE INCLUDE ZIP	FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE
UIRED ON THIS FORM IS NOT GIVEN.				,	<u>COLUMN'2</u> ITEM OR:SERVICE	POLITICAL COMMITTEE
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE D AND ON LINE 9 OF SCHEDULE G.]	·				COLUMN 3 NAME OF PERSON AUTHORIZING EXPENDITURE	
TOTAL THIS PERIOD FOR SCHEDULE D AND RE 9 OF SCHEDULE G.]			,		COLUMIN 4 DATE OF EXPENDITURE	
Ø					TVAINDOWY S NWO.TOO	

SCHEDULE E: LOANS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 40 / 2015 THROUGH: 0F _____ OF _____

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

ZATION OF LOANS RECEIVED

FILTER ON THE SECRETARY ON LINE RESOURCED ON THE SECRETARY ON LINE RESOURCED ON THE SECRETARY ON LINE 14 OF SCHEDULE G]		Kenyy Noody 1 16/1/2 1/20 1/20 1/20 1/20 1/20 1/20 1/20	COLUMN 1 FULL NAME OF LENDER ADDRESS OF LENDER [INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER] COLUMN 2 FULL NAME OF CO-BORROWER, DATE FULL NAME OF CO-BORROWER, CODEN GUARANTOR OR ENDORSER REPAID ADDRESS (INCLUDE ZIP CODE) ADDRESS (INCLUDE ZIP CODE)	PART II: ITEMIZATION OF LOANS REPAID TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 12 OF SCHEDULE G]		Kenya bibbon mode Kur Kumin prober VA 72523 Kany bibson Mary 7/23/2019 60.00	COLUMN 2 FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIF CODE) [LIST IN ALPHABETICAL ORDER] COLUMN 2 FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIF CODE) ADDRESS (INCLUDE ZIF CODE) COLUMN 2 AMOUNT OF LOAN THIS PERIOD
E .		COLUMN 4 AMOUNT REPAID THIS PERIOD 130. 59-		130 0		60,00	COLUMN 4 AMOUNT OF LOAN THIS PERIOD
		φ	COLUMN 5 REMAINING LOAN BALANCE		P	P	COLUMN 5 REMAINING LOAN BALANCE

SCHEDULE F:

THE AS OF THIS REPORT

DEBTS REMAINING UNPAID AS OF THIS REPORT		Q .
MUST BE TYPED OR PRINTED LEGIBLY IN INK	raut.	
Include all contracts, credit purchases and loans payable.		
Kamya Cober Muzdy		
FULL NAME OF CANDIDATE; CANDIDATE'S COMMITTEE OR POLITICAL COMPLETED		

REPORTING PERIOD: for 4 2019 THROUGH: Dec 5, 2019

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				COLUMNAL FULL NAME OF CREDITOR MAILING ADDRESS OF CREDITOR INCLUDE ZP
				COLUMN 2 PURPOSE OF OBLIGATION
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE F AND ON LINE 20 OF SCHEDULE H.]				COLUMNIS DATE DEST INCURRED
B				COLUMN'4 AMOUNT REMAINING UNPAID

CFDA-945F

SUPERSEDES ALL PREYIOUS VERSIONS

REVISED OCTOBER 1, 2014

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 Jan 4 2019 THROUGH Dec 5 FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICAL COMMITTEE *Please Enter Zero on Lines with No Activity CONTRIBUTIONS RECEIVED THIS PERIOD Number of Amount Contributions Schedule A [Over \$100] 1. Schedule B [Over \$100] 2. Un-itemized cash contributions [\$100 or less] 3. Un-itemized In-Kind Contributions [\$100 or less] #_ TOTAL [Add Lines 1, 2, 3 & 4] BANK INTEREST, REFUNDED EXPENDITURES AND REBATES Schedule C [also enter on Line 17b on Schedule H] EXPENDITURES MADE THIS PERIOD Schedule B [From line 2 Above] 7. Un-itemized In-Kind contributions [From line 4 Above] 8. Schedule D [Expenditures] 9. TOTAL [add lines 7, 8 and 9] RECONCILIATION OF LOAN ACCOUNT Beginning loan balance [from Line 15 of last report] 11. Loans received this period [from Schedule E - Part I] 12.

13.

14.

SUBTOTAL [Add Lines 11 and 12]

Subtract: Loans repaid this period [from Schedule E - Part II]

Ending loan balance [subtract Line 14 from Line 13]

MUST IFILER REPO	IEDULE H: SUMMARY OF RECEIPTS AND DISBURGE TYPED OR PRINTED LEGIBLY IN INK. A IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FOR THROUGH LOCE S. AND CONTROL OF CANDIDATE, CANDIDATE'S COMMITTEE, OR POLITICE. Enter Zero On Lines with No Activity	rm is not given. <i>2019</i>	
16. I	Beginning Balance [Line 19 of last report]	\$	
17. l	Receipts for Current Reporting Period:		
i	a. Contributions received this period [Line 5 of Schedule G]	\$_ <i>D</i>	
1	b. Bank interest, refunded expenditures and rebates [Line 6 of Schedule G]	\$	
,	c. Loans received this period [Line 12 of Schedule G]	\$ 136. by	
	d. Subtotal: Contributions and Receipts received this period [Add Lines 17a, 17b and 17c above]	\$	130.00 \$ 130.00
	e. Total Expendable Funds [Add Lines 16 and 17d]		\$_/30
18.	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]	\$_130.00	
	c. Other surplus funds paid out [from Schedule I]	\$	
	d. Total Payments Made [Add lines 18a,18b, and 18c]		\$ 130.00
19.	Ending Balance [Subtract Line 18d from Line 17e] (MUST MATCH LINE 29)	~	\$
20.	Total Unpaid Debts [from Schedule F of this report]	\$ <u></u>	
Co	mmittee's Receipts and Disbursements – Election C	Cycle Totals	
21.	Balance at Start of Election Cycle	\$_	
22.	Previous Receipts [Line 24 from last report] (ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE)	\$	
23.	Receipts from Current Reporting Period [Line 17d above]	\$	
24.	Total Receipts this Election Cycle [Add lines 22 and 23]	\$_	
25.	Total Funds Available [Add lines 21 and 24]		\$
26.	Previous Disbursements [Line 28 from last report] (ENTER ZERO IN FIRST REPORT OF ELECTION CYCLE)	\$	
27.	Disbursements from Current Reporting Period [Line 18d above]	\$	
28.	Total Disbursements this Election Cycle[Add lines 26 and 27]		\$
29.	Ending Balance [Subtract Line 28 from Line 25 - Difference must	t match Line 19]	\$

SCHEDULE I: FINAL SURPLUS FUNDS PAID OUT

MUST BE TYPED OR PRINTED LEGIBLY IN INK

USE THIS SCHEDULE ONLY WHEN FILING A FINAL

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

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FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.				COLUMN 2 MAILING ADDRESS OF PAYEE INCLUDE ZIP
OT GIVEN.				COLUMN 3 TYPE OF DISPOSITION
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE I AND ON LINE 18D OF SCHEDULE H.]	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		0 0 0	 COLUMN 4 NAME OF PERSON AUTHORIZING EXPENDITURE
TOTAL THIS PERIOD LAST PAGE OF SCHEDULE I AND ON LINE 18D OF SCHEDULE H.]				COLUMN 5 DATE OF EXPENDITURE
P				<u>COLUMN 6</u> AMOUNT PAID