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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 <span style="margin-left: 200px;"><input type="checkbox"/> Amended Report – Report # _____</span>	
Marlon S. Savoy Campaign Fund <small>Name of Candidate Campaign Committee</small>	_____ <small>Committee ID # (if one)</small>
72 Jones Dr. <small>Candidate's Residence Address (include number and street)</small>	(804) 724-1740 <small>Daytime Phone Number (for person filling out this report)</small>
Weems VA 22576 <small>City, State and Zip</small>	jmka4@va.metrocast.net <small>E-mail Address</small>

### 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 1/1/19 and ending 11/28/19, 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.

12/2/19  
Date

*Marlon S. Savoy*  
Signature of Treasurer or Candidate

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2019 Reporting Year

<input type="checkbox"/> Check here if this is an Amended Report Number:		Committee ID Number:
Marlon S. Savoy Campaign Fund		November 5, 2019
NAME OF CANDIDATE COMMITTEE		DATE OF ELECTION
72 Jones Drive		Commissioner of the Revenue
MAILING ADDRESS (INCLUDE NUMBER AND STREET):		OFFICE SOUGHT DISTRICT
Weems VA 22576		jmka4@va.metrocast.net
CITY, STATE AND ZIP CODE		EMAIL / DAYTIME TELEPHONE NUMBER (for person preparing this report)
<b>NO ACTIVITY STATEMENT</b>		
<input checked="" type="checkbox"/> I declare, subject to the penalties of Virginia's campaign finance law, that except for the addition of interest or dividend payments and/or subtraction of any bank service charges, no monies or other things of value have been received and no monies have been expended for this reporting cycle; any interest or dividend payments and/or subtraction of bank service charges will be reported on the appropriate schedule of the next report for any period in which other activity occurs. The balance, as indicated on Line 19 of Schedule H, for the last reporting period with activity was:		
\$ <u>0.00</u>		
<b>REPORT DATE [CHECK ONE SQUARE BELOW]</b>		
<b>MAY ELECTION</b> Candidates who will have activity pertaining to the 2019 May general election have reports due on the following dates:  <input type="checkbox"/> APRIL 15, 2019 <input type="checkbox"/> APRIL 29, 2019 <input type="checkbox"/> JUNE 17, 2019 <input type="checkbox"/> JULY 15, 2019 <input type="checkbox"/> JANUARY 15, 2020	<b>NOVEMBER ELECTION</b> Candidates who have activity pertaining to the 2019 June primaries and/or November general elections have reports due on the following dates:  <input type="checkbox"/> APRIL 15, 2019 <input type="checkbox"/> JUNE 3, 2019 <input type="checkbox"/> JULY 15, 2019 <input type="checkbox"/> SEPTEMBER 16, 2019 <input type="checkbox"/> OCTOBER 15, 2019 <input type="checkbox"/> OCTOBER 28, 2019 <input checked="" type="checkbox"/> DECEMBER 5, 2019 <input type="checkbox"/> JANUARY 15, 2020	<b>NON-ELECTION YEAR</b> CANDIDATE'S whose office is <u>not</u> up for election in 2019 have reports due on the following dates:  <input type="checkbox"/> JULY 15, 2019 <input type="checkbox"/> JANUARY 15, 2020  <b>SPECIAL ELECTION</b> <input type="checkbox"/> PRE-ELECTION <input type="checkbox"/> POST-ELECTION
<b>STATEMENT OF TREASURER OR CUSTODIAN OF THE BOOKS</b>		
I declare, subject to the provisions of § 24.2-1016 which is punishable up to a Class 5 Felony, that this report for the period <u>1-1-19</u> through <u>11-28-19</u> , including all its accompanying schedules, is to the best of my knowledge and belief true, correct and complete.		
<u>Marlon S. Savoy</u> SIGNATURE OF TREASURER OR CUSTODIAN OF THE BOOKS		<u>12/2/19</u> DATE

**SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100**

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 1-1-19

THROUGH: 11-28-19

PAGE: 1 OF 1

Marlon S. Savoy

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]	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	COLUMN 3 DATE RECEIVED	COLUMN 4 CONTRIBUTION THIS PERIOD	COLUMN 5 AGGREGATE TO DATE
Marlon S. Savoy 72 Jones Dr. Mechanic VA 22576	1. Marlon S. Savoy 2. Commissioner of the Revenue 3. Lancaster VA		3/22/19 11/18/19	25.00 19.00	44.00
	1.				
	2.				
	3.				
	1.				
	2.				
	3.				
	1.				
	2.				
	3.				
	1.				
	2.				
	3.				
	1.				
	2.				
	3.				
	1.				
	2.				
	3.				
<b>TOTAL THIS PERIOD</b>				44.00	

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

[ENTER ON LAST PAGE OF SCHEDULE A AND ON LINE 1 OF SCHEDULE G.]

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

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Marlon S. Savoy

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

REPORTING PERIOD: 1/1/19

THROUGH: 11/28/19

PAGE: 1 OF 1

<p><u>COLUMN 1</u></p> <p>FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR &amp; 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>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>			
	<p>1.</p>			
	<p>2.</p>			
	<p>3.</p>			
	<p>4.</p>			
	<p>5.</p>			
<p>FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.</p>	<p><b>TOTAL THIS PERIOD</b></p> <p>[ENTER ON LAST PAGE OF SCHEDULE B AND ON LINES 2 AND 7 OF SCHEDULE G.]</p>			

**SCHEDULE C:**

**BANK INTEREST, REFUNDED EXPENDITURES AND REBATES**

REPORTING PERIOD: 1/1/19

THROUGH: 11/28/19

MUST BE TYPED OR PRINTED LEGIBLY IN INK

PAGE: 1 OF: 1

Marlon S. Savoy

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

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

# 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

Marlon S. Savoy

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

REPORTING PERIOD: 1/1/19

THROUGH: 11/28/19

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 P. O. Box 400 Kilmarnock VA 22482	Advertising	Marlon S. Savoy	11/18/19	39.00
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 39.00

**SCHEDULE E: LOANS**

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 1/1/19 THROUGH: 11/28/19

PAGE 1 OF 1

**Marlon S. Savoy**

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

**PART I: ITEMIZATION OF LOANS RECEIVED**

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

**PART II: ITEMIZATION OF LOANS REPAYED**

<b>COLUMN 1</b> FULL NAME OF LENDER ADDRESS OF LENDER (INCLUDE ZIP CODE) [LIST IN ALPHABETICAL ORDER]	<b>COLUMN 2</b> FULL NAME OF CO-BORROWER, GUARANTOR OR ENDORSER ADDRESS (INCLUDE ZIP CODE)	<b>COLUMN 3</b> DATE REPAYED	<b>COLUMN 4</b> AMOUNT REPAYED THIS PERIOD	<b>COLUMN 5</b> REMAINING LOAN BALANCE
N/A				
<b>TOTAL THIS PERIOD</b> [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 12 OF SCHEDULE G]				
<b>TOTAL THIS PERIOD</b> [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:**

REPORTING PERIOD: 1/1/9 THROUGH: 11/28/19

**DEBTS REMAINING UNPAID AS OF THIS REPORT**

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Include all contracts, credit purchases and loans payable.

PAGE: 1 OF 1

Marlon S. Savoy

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

<p><b>COLUMN 1</b> FULL NAME OF CREDITOR MAILING ADDRESS OF CREDITOR INCLUDE ZIP</p>	<p><b>COLUMN 2</b> PURPOSE OF OBLIGATION</p>	<p><b>COLUMN 3</b> DATE DEBT INCURRED</p>	<p><b>COLUMN 4</b> AMOUNT REMAINING UNPAID</p>
None			

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

**TOTAL THIS PERIOD**  
[ENTER ON LAST PAGE OF SCHEDULE F AND  
ON LINE 20 OF SCHEDULE H.]



**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 1/1/19 THROUGH 11/28/19

Marlon S. Savoy

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>2</u>	\$ <u>44.00</u>
2. Schedule B [Over \$100]	# _____	\$ _____
3. Un-itemized cash contributions [\$100 or less]	# _____	\$ _____
4. Un-itemized In-Kind Contributions [\$100 or less]	# _____	\$ _____
5. <b>TOTAL</b> [Add Lines 1, 2, 3 & 4]	# <u>2</u>	\$ <u>44.00</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>39.00</u>
10. <b>TOTAL</b> [add lines 7, 8 and 9]	\$ <u>39.00</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. <b>SUBTOTAL</b> [Add Lines 11 and 12]	\$ <u>0</u>
14. <b>Subtract:</b> 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 1/1/19 THROUGH 11/28/19.

Marlon S. Savoy

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] \$ 44.00
  - b. Bank interest, refunded expenditures and rebates [Line 6 of Schedule G] \$ \_\_\_\_\_
  - c. Loans received this period [Line 12 of Schedule G] \$ \_\_\_\_\_
  - d. **Subtotal:** Contributions and Receipts received this period  
[Add Lines 17a, 17b and 17c above] \$ 44.00
  - e. **Total Expendable Funds** [Add Lines 16 and 17d] \$ 44.00
18. **Disbursements for Current Reporting Period:**
- a. Expenditures made this reporting period [Line 10 of Schedule G] \$ 39.00
  - b. Loans repaid this reporting period [Line 14 of Schedule G] \$ \_\_\_\_\_
  - c. Other surplus funds paid out [from Schedule I] \$ 5.00
  - d. **Total Payments Made** [Add lines 18a, 18b, and 18c] \$ 44.00
19. **Ending Balance** [Subtract Line 18d from Line 17e]  
(MUST MATCH LINE 29) \$ 0
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]  
(ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE) \$ 0
23. Receipts from Current Reporting Period [Line 17d above] \$ 44.00
24. Total Receipts this Election Cycle [Add lines 22 and 23] \$ 44.00
25. Total Funds Available [Add lines 21 and 24] \$ 44.00
26. Previous Disbursements [Line 28 from last report]  
(ENTER ZERO IF FIRST REPORT OF ELECTION CYCLE) \$ 0
27. Disbursements from Current Reporting Period [Line 18d above] \$ 44.00
28. Total Disbursements this Election Cycle [Add lines 26 and 27] \$ 44.00
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: 1/1/19 THROUGH: 11/28/19

PAGE 1 OF 1

Marlon S. Savoy  
 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
Chesapeake Bank	P. O. Box 1419 Kilmarnock VA 22482	Service Charge	Bank	5/1/19	5.00
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. [ENTER ON LAST PAGE OF SCHEDULE I AND ON LINE 18d OF SCHEDULE H.]					TOTAL THIS PERIOD 5.00