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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		<input type="checkbox"/> Amended Report – Report # _____	
Marlon S. Savoy Campaign Fund Name of Candidate Campaign Committee		Committee ID # (if one)	
72 Jones Drive Candidate's Residence Address (include number and street)		(804) 462-7920 Daytime Phone Number (for person filling out this report)	
Weems VA 22576 City, State and Zip		jmka4@va.metrocast.net 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 1/1/2017 and ending 11/30/2017, including all accompanying schedules, fully discloses all financial activities for this period and that 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.

November 30, 2017
Date

Marlon S. Savoy
Signature of Treasurer or Candidate

SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 1/1/2017

THROUGH: 11/30/2017

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]	COLUMN 2 BUSINESS/CORPORATE DONOR 1. NOT REQUIRED 2. TYPE OF BUSINESS 3. PRINCIPAL PLACE OF BUSINESS	COLUMN 3 DATE RECEIVED	COLUMN 4 CONTRIBUTION THIS PERIOD	COLUMN 5 AGGREGATE TO DATE
Marlon S. Savoy 72 Jones Drive Weems VA 22576	1. Lancaster Co. Commissioner of the Revenue	2/10/17	126.75	126.75
	2. Acting Commissioner of the Revenue	10/31/17		
	3. Lancaster VA 22503	11/14/17		
	1.			
	2.			
	3.			
	1.			
	2.			
	3.			
<p>FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.</p> <p style="text-align: right;">TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE A AND ON LINE 1 OF SCHEDULE G.] 126.75</p>				<p>RECEIVED NOV 29 2017</p>

SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100

REPORTING PERIOD: 1/1/2017

THROUGH: 11/30/17

MUST BE TYPED OR PRINTED LEGIBLY IN INK
 Marlon S. Savoy

PAGE: 1 OF 1

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
N/A	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			
	1. 2. 3. 4. 5.			

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

TOTAL THIS PERIOD
 [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 C:

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Marlon S. Savoy

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

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

PAGE: 1 OF: 1

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

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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

Marlon S. Savoy

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

REPORTING PERIOD: 1/1/2017

THROUGH: 11/30/17

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	10/31/17	87.75
Rappahannock Record P. O. Box 400 Kilmarnock VA 22482	Advertising	Marlon S. Savoy	11/14/17	39.00

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

TOTAL THIS PERIOD
[ENTER ON LAST PAGE OF SCHEDULE D AND
ON LINE 9 OF SCHEDULE G.]

126.75

CFDA-945D

SUPersedes ALL PREVIOUS VERSIONS

REVISED OCTOBER 2014

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NOV 29 2017

SCHEDULE E: LOANS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 1/1/17 THROUGH: 11/30/17

PAGE 1 OF 1

Marlon S. Savoy

FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL 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	COLUMN 5 REMAINING LOAN BALANCE
N/A				

PART II: ITEMIZATION OF LOANS REPAYED

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 REPAYED	COLUMN 4 AMOUNT REPAYED THIS PERIOD	COLUMN 5 REMAINING LOAN BALANCE
N/A				
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 12 OF SCHEDULE G]				
TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 14 OF SCHEDULE G]				

FILE IS SUBJECT TO PENALTIES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.

SCHEDULE F:

REPORTING PERIOD: 1/1/17 THROUGH: 11/30/17

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

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
N/A			

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 1/1/17 THROUGH 11/30/17.

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>3</u>	\$ <u>126.75</u>
2. Schedule B [Over \$100]	# <u>0</u>	\$ <u>0</u>
3. Un-itemized cash contributions [\$100 or less]	# <u>0</u>	\$ <u>0</u>
4. Un-itemized In-Kind Contributions [\$100 or less]	# <u>0</u>	\$ <u>0</u>
5. TOTAL [Add Lines 1, 2, 3 & 4]	# <u>3</u>	\$ <u>126.75</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>126.75</u>
10. TOTAL [add lines 7, 8 and 9]	\$ <u>126.75</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>

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 1/1/17 THROUGH 11/30/17.

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] \$ 126.75
- 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] \$ 126.75
- e. **Total Expendable Funds** [Add Lines 16 and 17d] \$ 126.75

18. **Disbursements for Current Reporting Period:**

- a. Expenditures made this reporting period [Line 10 of Schedule G] \$ 126.75
- 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] \$ 126.75

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] \$ 126.75
- 24. Total Receipts this Election Cycle [Add lines 22 and 23] \$ 126.75
- 25. Total Funds Available [Add lines 21 and 24] \$ 126.75
- 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] \$ 126.75
- 28. Total Disbursements this Election Cycle [Add lines 26 and 27] \$ 126.75
- 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: 1/1/17 THROUGH: 11/30/17

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
N/A					

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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