



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 # _____	
Name of Candidate Campaign Committee <i>Anne C. Luckinbill</i>		Committee ID # (if one)	
Candidate's Residence Address (include number and street) <i>8066 Kathleen Ct.</i>		Daytime Phone Number (for person filling out this report) <i>(540) 547-4213</i>	
City, State and Zip <i>Culpeper VA 22701</i>		E-mail Address <i>luckinb@comcast.net</i>	

Termination Statement of Candidate/Treasurer	
<p>I declare, subject to the provisions of § 24.2-1016 of the <i>Code of Virginia</i>, which is punishable up to a Class 5 Felony, that, to the best of my knowledge, this FINAL REPORT for the period beginning <u>Jan 1 2015</u> and ending <u>12/07/15</u>, 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 <i>Code of Virginia</i> and that this candidate committee has no outstanding debts.</p>	
Date <u>12/07/15</u>	Signature of Treasurer or Candidate <u>Anne C Luckinbill</u>

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: Jan 1 2015

THROUGH: 12/07/2015

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FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE
Anne C. Lickensbill

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
NONE / N/A	NONE / N/A	NONE / N/A	NONE	NONE	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 I AND ON LINE 18d OF SCHEDULE H.]					0