



2018 Reporting Year

<input type="checkbox"/> Check here if this is an Amended Report Number:	Committee ID Number:
Friends of Michael Clinkscale For City Council	November 6, 2018
NAME OF CANDIDATE COMMITTEE	DATE OF ELECTION
325 Wilkes Street	City Council Alexandria
MAILING ADDRESS (INCLUDE NUMBER AND STREET):	OFFICE SOUGHT DISTRICT
Alexandria, VA 22314	andimarrs@gmail.com (570)396-4771
CITY, STATE AND ZIP CODE	EMAIL / DAYTIME TELEPHONE NUMBER (for person preparing this report)

NO ACTIVITY STATEMENT

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:

\$ _____

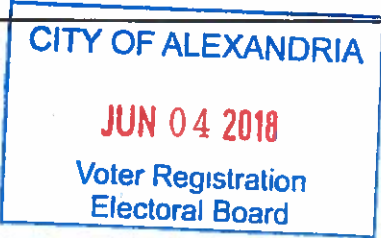
REPORT DATE [CHECK ONE SQUARE BELOW]

MAY ELECTION	NOVEMBER ELECTION	NON-ELECTION YEAR
Candidates who will have activity pertaining to the 2018 May general election have reports due on the following dates:	Candidates who have activity pertaining to the 2018 June primaries and/or November general elections have reports due on the following dates:	CANDIDATE'S whose office is <u>not</u> up for election in 2018 have reports due on the following dates:
<input type="checkbox"/> APRIL 16, 2018 <input type="checkbox"/> APRIL 23, 2018 <input type="checkbox"/> JUNE 15, 2018 <input type="checkbox"/> JULY 16, 2018 <input type="checkbox"/> JANUARY 15, 2019	<input type="checkbox"/> APRIL 16, 2018 <input checked="" type="checkbox"/> JUNE 4, 2018 <input type="checkbox"/> JULY 16, 2018 <input type="checkbox"/> SEPTEMBER 17, 2018 <input type="checkbox"/> OCTOBER 15, 2018 <input type="checkbox"/> OCTOBER 29, 2018 <input type="checkbox"/> DECEMBER 6, 2018 <input type="checkbox"/> JANUARY 15, 2019	<input type="checkbox"/> JULY 16, 2018 <input type="checkbox"/> JANUARY 15, 2019
		SPECIAL ELECTION
		<input type="checkbox"/> PRE-ELECTION <input type="checkbox"/> POST-ELECTION

STATEMENT OF TREASURER OR CUSTODIAN OF THE BOOKS

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 4/1/18 through 5/31/18, including all its accompanying schedules, is to the best of my knowledge and belief true, correct and complete.

Andrea J. Marrs 6/3/18
SIGNATURE OF TREASURER OR CUSTODIAN OF THE BOOKS DATE



SCHEDULE A: DIRECT CONTRIBUTIONS OVER \$100

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 4/1/18 THROUGH: 5/31/18

PAGE: 1 OF: 1

Friends of Michael Clinkscale For City Council
 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 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
John R. Lyboldt 1008 N Royal Street Alexandria, VA 22314	1. National Truckload Carriers Association 2. President 3. Alexandria, VA	5/30/18	\$500.00	\$500.00
Carl L. Patton 227 S. Pitt Street Alexandria, VA 22314	1. KPMG 2. Partner 3. Washington, DC	5/30/18	\$200.00	\$200.00
[Empty]	1. 2. 3.	[Empty]	[Empty]	[Empty]
[Empty]	1. 2. 3.	[Empty]	[Empty]	[Empty]
[Empty]	1. 2. 3.	[Empty]	[Empty]	[Empty]
[Empty]	1. 2. 3.	[Empty]	[Empty]	[Empty]
[Empty]	1. 2. 3.	[Empty]	[Empty]	[Empty]
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN.			TOTAL THIS PERIOD [ENTER ON LAST PAGE OF SCHEDULE A AND ON LINE 1 OF SCHEDULE G.]	\$700.00

SCHEDULE B: IN-KIND CONTRIBUTIONS OVER \$100

REPORTING PERIOD: 4/1/18 THROUGH: 5/31/18

PAGE: 1 OF 1

MUST BE TYPED OR PRINTED LEGIBLY IN INK

~~By~~ Friends of Michael Cinksole for City Council
 FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

<p>COLUMN 1</p> <p>FULL NAME OF CONTRIBUTOR MAILING ADDRESS OF CONTRIBUTOR & ZIP [LIST IN ALPHABETICAL ORDER]</p>	<p>COLUMN 2</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>COLUMN 3</p> <p>DATE RECEIVED</p>	<p>COLUMN 4</p> <p>CONTRIBUTION THIS PERIOD</p>	<p>COLUMN 5</p> <p>AGGREGATE TO DATE</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>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>			

FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. [ENTER ON LAST PAGE OF SCHEDULE B AND ON LINES 2 AND 7 OF SCHEDULE G.]

TOTAL THIS PERIOD \$ 0.00

SCHEDULE C:

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Friends of Michael Clinkscale for City Council
 FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REPORTING PERIOD: 4/1/18

THROUGH: 6/31/18

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
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.] \$0.00

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

Friends of Michael Clinkscales for City Council
 FULL NAME OF CANDIDATE, CANDIDATE'S COMMITTEE OR POLITICAL COMMITTEE

REPORTING PERIOD: 4/1/18 THROUGH: 5/31/18
 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
Alexandria Republican City Committee PO Box 745, Alexandria, VA 22313	Filing fee for November election.	Andrea L. Marrs	5/31/18	\$350.00

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.]

\$350.00

SCHEDULE E: LOANS

MUST BE TYPED OR PRINTED LEGIBLY IN INK

REPORTING PERIOD: 4/1/18 THROUGH: 5/31/18
PAGE 1 OF 1

Friends of Michael Cinkscale for City Council
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

TOTAL THIS PERIOD
[ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 12 OF SCHEDULE G]

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

TOTAL THIS PERIOD
[ENTER ON LAST PAGE OF SCHEDULE E, PART I AND ON LINE 14 OF SCHEDULE G] **\$0.00**

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

SCHEDULE F:

DEBTS REMAINING UNPAID AS OF THIS REPORT

MUST BE TYPED OR PRINTED LEGIBLY IN INK

Include all contracts, credit purchases and loans payable.

REPORTING PERIOD: 4/1/18 THROUGH: 5/31/18

PAGE: 1 OF 1

Friends of Michael Clinkscale for City Council
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
FILER IS SUBJECT TO FINES IF ALL INFORMATION REQUIRED ON THIS FORM IS NOT GIVEN. [ENTER ON LAST PAGE OF SCHEDULE F AND ON LINE 20 OF SCHEDULE H.]			TOTAL THIS PERIOD \$ 0.00

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 4/1/18 THROUGH 5/31/18.

Friends of Michael Clinkscale For City Council

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>700.00</u>
2. Schedule B [Over \$100]	# <u>0</u>	\$ <u>0.00</u>
3. Un-itemized cash contributions [\$100 or less]	# <u>2</u>	\$ <u>110.00</u>
4. Un-itemized In-Kind Contributions [\$100 or less]	# <u>0</u>	\$ <u>0.00</u>
5. TOTAL [Add Lines 1, 2, 3 & 4]	# <u>4</u>	\$ <u>810.00</u>

BANK INTEREST, REFUNDED EXPENDITURES AND REBATES

6. Schedule C [also enter on Line 17b on Schedule H] \$ 0.00

EXPENDITURES MADE THIS PERIOD

7. Schedule B [From line 2 Above]	\$ <u>0.00</u>
8. Un-itemized In-Kind contributions [From line 4 Above]	\$ <u>0.00</u>
9. Schedule D [Expenditures]	\$ <u>350.00</u>
10. TOTAL [add lines 7, 8 and 9]	\$ <u>350.00</u>

RECONCILIATION OF LOAN ACCOUNT

11. Beginning loan balance [from Line 15 of last report]	\$ <u>0.00</u>
12. Loans received this period [from Schedule E - Part I]	\$ <u>0.00</u>
13. SUBTOTAL [Add Lines 11 and 12]	\$ <u>0.00</u>
14. Subtract: Loans repaid this period [from Schedule E - Part II]	(\$ <u>0.00</u>)
15. Ending loan balance [subtract Line 14 from Line 13]	\$ <u>0.00</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 4/1/18 THROUGH 5/31/18.

Friends of Michael Clinkscale for City Council

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] \$ 0.00 (No filing)

17. Receipts for Current Reporting Period:

- a. Contributions received this period [Line 5 of Schedule G] \$ 810.00
- b. Bank interest, refunded expenditures and rebates [Line 6 of Schedule G] \$ 0.00
- c. Loans received this period [Line 12 of Schedule G] \$ 0.00
- d. **Subtotal: Contributions and Receipts received this period**
[Add Lines 17a, 17b and 17c above] \$ 810.00
- e. **Total Expendable Funds** [Add Lines 16 and 17d] \$ 810.00

18. Disbursements for Current Reporting Period:

- a. Expenditures made this reporting period [Line 10 of Schedule G] \$ 350.00
- b. Loans repaid this reporting period [Line 14 of Schedule G] \$ 0.00
- c. Other surplus funds paid out [from Schedule I] \$ 0.00
- d. **Total Payments Made** [Add lines 18a, 18b, and 18c] \$ 350.00

19. **Ending Balance** [Subtract Line 18d from Line 17e]
(MUST MATCH LINE 29) \$ 460.00 ←

20. **Total Unpaid Debts** [from Schedule F of this report] \$ 0.00

Committee's Receipts and Disbursements – Election 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 IF 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 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

REPORTING PERIOD: 4/1/18 THROUGH: 5/31/18
 PAGE 1 OF 1

Friends of Michael Clinkscale for City Council

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
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.]