Disclosure Report CoverUse this form for general report and commit Do not use this form to update information.

	Amendment	
	Yes No	
committee information, must be signed and submitted along wi	th other detailed forms.	

Do not use this form to update i		AT ALCOHOL MARINE L'EL COURS DE LA CALINA		Miles of Street, Street, 1881, 1881, 1881		
1. Committee Information	nde ander been blender		APPENDING TO STATE OF THE STATE	region with a collect		
a. Full Name					c. ID Number	
Comm to ele	ect Wa	igne B	eam			
b. Mailing Address (include City, Sta		3			d. Date Filed	
IIII McPherso	2-20-17					
Burlington, No		15		-	e. Phone Number	
Duringion, 17	· 210	19			336 437 3864	
2. Report Year 3. Period Star	t Date (mm/dd/yy) 4. Period I	nd Date (mm/dd/yy)	5. Treasure	r Full Name 🚁 💮	
2016 10-23			31-14	Wayn		
6. Type of Committee (Check					rt from one category) 🐉 🤫	
Candidate Campaign Par	ty <u>M</u>	Iunicipal	State/County_		Referendum	
☐ PAC ☐ Ref	erendum	Organizationa	l 🔲 Organizati	onal	Organizational	
Independent Expenditure Joi	nt Fundraiser	Thirty-five da	Quarterly		Pre-referendum	
Legal Expense Fund	lF	Pre-primary	First		Final	
Legal Expense I and	li:	Pre-election	Secon	nd	Supplemental Final	
	L					
7. Type of Fund 🖟 (if applicable	check one)	Pre-runoff	Third	1	Annual	
Booster Fund	_	Semi-annual	Fourt	:h	Special	
Building Fund		Mid Yea	r Semi-annu	ıal		
	II	Year End	Mid	Year	10. Special Report Name	
Other:	IF	Final	Year	r	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8. Number of Fundraisers this	Penort	Special	Final			
o. 1 unitibet of Fundial alsers this	*zeboth	Брестаг	=			
\cup			Special Special			
11. Account Information	4.4.4.4.4.3.3.3.4.4.4.4.4.4.4.4.4.4.4.4	49-14-16-10-16	11. Account Inform	ation	With the straight of the	
a. Financial Institution Full Name			a. Financial Institution			
$\alpha + 1 \rightarrow \nu$						
Capital Bank	1					
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
	/					
Campaign	d. Period Begin	Balance		•	d. Period Begin Balance	
campany	\$ 827				\$	
CERTIFICATION	1 0000	ر ر ر			*	
I certify that the Committee or Fu						
of the NC General Statutes and the	at no funds are co	ommingled with	prohibited or other nor	n-disclosed fur	nds. I further certify that this	
report is complete, true and corre-	ct and that I have	been trained by	the NC State Board of	Elections.		
Marine Dea	lm	laran	ne Bean		2-20-17	
Printed Name of Sig			nature of Appointed Treas	urer	Date	
		Pig	are of Appointed Treas		Dute	
FOR OFFICE USE ONLY			\sim 14			
Date Received:	- 20-17	Employ	,aa: (+\t\t	<u>Deli</u>	very Method	
Date Received.		Limpio	cc	- 🗆	Normal Mail	
				П	Registered Mail	
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n	-21-17		16		Electronically Filed	
Date Scanned:	- W 1 1 1	Employ	/ee: <u>UG</u>	_ 니	Electronically Pried	
				 1	Signer has not received	
Date Data Entered:		Employ	/ee:		mandatory training	
DI N						
Please Note: This form c	annot be used to	amend comm	ittee information suc	h as the com	mittee address, treasurer,	
assistan	t treasurer, cust	odian of books	information, or acco	ount informat	ion.	
			(CRO-2100A-E) to			
YOU HIISE AMENO			. , ~	COIIIIII	0114117001	

CRO-1000

NC State Board of Elections

August 2008

Use this form to summarize all disclosure reporting forms and to total monetary information.

Amendment
Yes No
1. Comparitee Full Name (on Novel Cont.)

2.	Type of Repor	1		3. ID N	umber
Commito elect Warne Beam					
Start of Election Cycle: January 1, 20	14		Total this		Total this
4) Cash on Hand at Start	Olivery of the Control of the Contro		Reporting Period 821.35	\$	Election Cycle
RECEIPTS		Ψ	<i>y 0. 1. 33</i>	1 4	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	<u>(</u>)	\$	/)
6) Contributions from Individuals	(CRO-1210)		50.00		4345.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	(460)
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	()
9) Loan Proceeds	(CRO-1410)	\$	0	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	0
11) Other Receipt Sources	real results of the service country of the service	<u> </u>		Ψ	
11a) Interest on Bank Accounts	(CRO-1250)	\$	()	\$	0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	<u>~~</u>	\$	0
11c) Outside Sources of Income	(CRO-1250)	\$	$\frac{\mathcal{O}}{\lambda}$	\$	0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	$\frac{O}{\lambda}$	\$	$\overline{}$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	λ	\$	0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	and He)				
<u>EXCERNITURES</u>		¥)	0.00	3 1	(695 W
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ /	034.13	\$	4 691 20
13b) Contributions to Candidates/Political Committees	(CRO-1310)	<u> </u>	<u> </u>	\$	4,596.78
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	0:00
14) Aggregated Non-Media Expenditures		\$	7)	\$	0
15) Loan Repayments		\$	7	\$	$\overline{\lambda}$
16) Refunds/Reimbursements From the Committee	-	\$	7)	\$	<i>D</i>
17) In-Kind Contributions	~	\$	$\frac{7}{2}$	 	105 00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)		134.13		105.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	20 18)				1741.18
ADDITIONAL INFORMATION	<i>is</i> 10)	Ψ 🗷	43.22	\$	243,22
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0		eDecember 1
1) Outstanding Loans (incl. ones from other campaigns)	· · -	\$	0		
22) Debts and Obligations owed By the Committee		\$ \$	7)		
3) Debts and Obligations owed To the Committee	(CRO-1620) \$		<u> </u>		
4) Account Transfers Within the Committee	(CRO-1720) \$		<u>)</u>)		
5) Administrative Support					
6) Forgiven Loans	(CRO-1710) \$		0	\$	
7) 48-Hour Notice Reports Sum	(CRO-1440) \$		0	\$	
8) Contributions to be Refunded	(CRO-2200) \$)	\$	
DOUBLE TO NO MOLECULAR PROPERTY OF THE PROPERT	(CRO-1215) \$	1	\supset 1	\$	·- -

Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1: Committee Information		tray cons			
a. Full Name		-		A 1	c. ID Number
	ect Wa	une	Beam i	Ala Coc	
b. Mailing Address (include City, Sta					d. Date Filed
1111 McPhers					2-20-17
Burlington, 1	VC 2721	15			e. Phone Number
					336-437-3804
2. Report Year 3. Period Star	t Date (mm/dd/yy)	4. Period I	nd Date (mm/dd	/yy) 5 Treasur	er Full Name
2016 01-01	-14	10.0	12-14	Way	ne Beam
6. Type of Committee (Check				one type of repo	ort from one category) 🏸 😽
Candidate Campaign Pa	rty Mun ferendum	nicipal	State/Co		Referendum
= =	nt Fundraiser	Organizationa Thirty-five da	×	nnizational rterly	Organizational Pre-referendum
Legal Expense Fund	int i undraiser	Pre-primary	′ n ````	First	Final
_		Pre-election	15	Second	Supplemental Final
7. Type of Fund * (if applicable	, check one) 📚 🔲	Pre-runoff		Third	Annual
Booster Fund	<u> _</u>	Semi-annual		Fourth	Special
Building Fund		Mid Yea	l	i-annual	
Other:	님	Year End	' 	Mid Year	10. Special Report Name
8. Number of Fundraisers this	Panorii	Final Special	Final	Year End	
()	Archores	Special	Spec		
11. Account Information					
a. Financial Institution Full Name	· 1486 A. E. A. C.		a. Financial Institu		
1 150	/		u. I munetui mistre	tion Fun Name	
Capital Bank	L. A		1 2		1
b. Purpose	c. Account Code		b. Purpose		c. Account Code
O					
Lampign	d. Period Begin Ba	lance			d. Period Begin Balance
	\$ 1,150.0				\$
CERTIFICATION	+ 11100				Ψ
I certify that the Committee or Fu	nd is in compliance	with all appli	aabla muariaiana a	of Auticle 22 A 221	D & 22D 22M of Charter 162
of the NC General Statutes and the					
report is complete, true and corre					ands. Truthler certify that this
		, ,	_		0 - 0
Wayne Bean		Way	ne Be	am	2-20-17
Printed Name of Sig	ner	Sign	nature of Appointed	Treasurer	Date
FOR OFFICE USE ONLY	20 17		011		
Date Received:	-9()-1(Employ	ree: Stat	Del	livery Method Normal Mail
			. •	H	Registered Mail
Date Postmarked:		Employ	ree:	<u> </u>	Hand Delivered
Date Scanned:	-21-17	Employ	ree: U	G 🗖	Electronically Filed
					Signer has not received
Date Data Entered:		Employ	ee:	<u> </u>	mandatory training
Please Note: This form ca	annot be used to a	mend comm	ittee information	such as the com	nmittee address, treasurer,
assistan	t treasurer, custod	ian of books	information, or	account informa	ition.
You must amend	the Statement of 0	Organization	(CRO-2100A-E	E) to make comm	nittee changes.

CRO-1000

NC State Board of Elections

August 2008

Amendment Yes 🗌 No

Detailed Summary		3500	Amendment
Use this form to summarize all disclosure reporting forms and	to total moneta	TV information	Yes No
L Committee Full Name (and Pand if applicable)	Type of Rape		3. ID Number
Comm to elect Wayne Beam			
St. 1 CT.	2016	Total this	
J - 7	2016	Reporting Period	Total this Election Cycle
asset as a second secon		\$ 1,150.00	\$ /
And the second s			
5) Aggregated Contributions from Individuals	(CRO-1205)	s <i>O</i>	\$ ()
6) Contributions from Individuals	(CRO-1210)	\$ 3,040,00	\$ 4205 00
7) Contributions from Political Party Committees	(CRO-1220)		\$ 1060,00
8) Contributions from Other Political Committees	(CRO-1230)		\$
9) Loan Proceeds	(CRO-1410)		\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)		
11) Other Receipt Sources	(0210-2240)	9	\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	
11b) Contributions from Not-for-Profit Organizations			\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1250)	\$	\$
Ocher Bources	(CRO-1270)	\$	\$
P T T T T T T T T T T T T T T T T T T T	(CRO-1265)	\$	\$
15 (State times 5, 0, 7, 8, 9, 10, 11a, 11b, 11c, 11d	and 11e)	\$ 3,70000	\$ 4,9,55,00
13) Disbursements			
and the service and the service of t			
13a) Operating Expenditures	(CRO-1310)	\$ 3,962.05	\$ 3,962.65
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 40.00	\$ Lev. 00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$0	
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)	\$ 4022.45	10.00
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 827.35	140,4,00
A CONTROL OF THE PROPERTY OF T			\$ 827.35
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
2) Debts and Obligations owed By the Committee		\$	
3) Debts and Obligations owed To the Committee	*) to rettle versions a contra		Ant was
4) Account Transfers Within the Committee		\$ *	
5) Administrative Support		\$	
6) Forgiven Loans		\$	\$
7) 48-Hour Notice Reports Sum	<u></u>	\$	\$
B) Contributions to be Refunded	(CRO-2200)	6	\$
20 1100	(CRO-1215)	\$	\$

		com Individua ndividual contributio		Pg ontributions und	of /G	Amendment Yes No)
		ne (and Fund if app			er 450 ii ioim Ci	2 ID Number	ON SE
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17 11 12 12 13 13	tributor Inform	The second second second second		Add Rei		I. Comments	化等
	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profe		d. Comments	
		010 11		retired	d	i	
	jon C.	Chaplin	1 11.0	c. Employer's Nar	ne/Specific Field]	
	luoa E	Chaplin Edgewood ton, NC	1 HVE			Flori's Comba Data	
1 ~	Zuclina	tim. NC	27 216			e. Election Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount	
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	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Comments	
	le city, state, & zip)			Culo	Mills		
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ر ر	65 10	chrook	Dr.				
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l H	eather	Houser		c. Employer's Nar	ne/Specific Field		
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þ.	ittsboro,	NC 273	12			\$ '	
f. Prior	,	h. Form of Payment	i. In-Kind Descrip	l tion	j. Date (mm/dd/yyy	yy) k. Amount	
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		rom Individua individual contributio		Pg contributions and	2 of 4		Amendment Yes No
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0		elect Way	(managed)	. 1		4, 11	J.Number
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(inclu	de city, state, & zip)			rolling	-1		
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L	122 100	intain	are			e. Ele	ection Sum to Date
	Burling	ton, NC.	27215			\$	
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-	de city, state, & zip)			Auctio	mpor		
K	ay Over	man Beaumon-	1	c. Employer's Nar	ne/Specific Field		
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	le city, state, & zip)			retire	od		
B	renda	Beam		c. Employer's Nan			
1	111 MC	Pherson	Kd			e. Ele	ction Sum to Date
t	Burlingto	n, NC 2-	7215			\$	
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4. Tot	al only this Pa	age	the state of the s	Control of the Contro		\$	250.00

Cont	tributions f	rom Individua	als	Pg	3 of 10	Ø	Amendment Yes No
Use thi	s form to report i	individual contributio	ons over \$50 or c	ontributions und		RO I	
بيجسست		ne (and Fund if app					D Number
0	mm to	elect M	Jaune t	Beam A	la Co.Co	m	
100000000000000000000000000000000000000	tributor Inform	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T		MANAGEMENT CANAL INCOME	move ***	70 G	The Mary and Mary Control
a. Full N	lame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. C	Comments
(inclu	de city, state, & zip)			les is	. /		-
Gr	reta Jo	ohnson Teton Av	t o	c. Employer's Nar		-	
N	12 lar	tedon Av	e_			e. E	lection Sum to Date
Ė	surling+	HON, NC	27215			\$	
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	ame, Mailing Addr	ess & Phone		b. Job Title/Profes	ssion	d. C	Comments
(includ	le city, state, & zip)			retire	- A		
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1	130	Kernodle Hill Run	1 014 3	c. Employer's Nan	ne/Specific Fleid	1	
	•					e. E	lection Sum to Date
(Sraham	, NC 2-	1 253			\$	
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	e city, state, & zip)			retire	d		
\mathcal{C}	5 (1)	ond				4	
		Da Pla	<u>.</u>	c. Employer's Nan	ie/opecine rieiu	1	
1	DU TUKI	houry "				e. El	ection Sum to Date
E	Elon, N	Dood nbury Pla C 2724	14			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount
)	Check			9-9-19	, "P"	\$ 50.00
						•	\$
							\$

4. Total only this Page

5. Total of Als is CIRO 1010 Pappes (This line musico condition of operations aminimately and a supply and the \$ 2.50

		rom Individua		Pg ontributions und	of A	RO 1	Amendment Yes No
THE RESERVE OF THE PARTY OF THE		ne (and Fund if app					D Number
CON		elect Wa	Constitution of the last of th		The second secon	-	
3. Cont	tributor Inform			Add Rei			
I Control No. 100 (20)	ame, Mailing Addr		ADDIEGO CONTRACTOR A	b. Job Title/Profe	ACCIDENCE OF A CONTRACT OF A C	d. C	Comments
	le city, state, & zip)			denti	- 1		
Dr. Michael Touloupes 1019 Valleydale Dr. Burlington, NC 27215				c. Employer's Nar	ne/Specific Field		
1019 Valleydale Dr.			Touloupas to			lection Sum to Date	
t	Burling	ton, NC	27215	1041041943			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	yy)	k. Amount
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100 Subbeerings	a management of the special section of agrants.	ation		Add Ren		1	
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	Comments
	e city, state, & zip)	^ ^ - 1		Funeral	dir.		
James McClure				c. Employer's Nan		1	
51	h I C was	indicion)	D				
501 Grandview Dr.			McClur	I Home	e. El	lection Sum to Date	
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	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. C	omments
D	Can	hia Toule	Dupas	c. Employer's Nam	ne/Specific Field		
10	019 Vo	rlleydale m, NC 2	Dri	Touloup	295 t	e. El	lection Sum to Date
t	Burlingto	m, NC 2	7215	Touloup	ou pas	\$	
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CAROLINA DE PROPERTIE DE LA CONTRACTION DEL CONTRACTION DE LA CONT	al only this Pa		un den de			\$	300.00
在一个工作的工作。	The state of the s	O-1210 Pages of Detailed Summary Pa	ige CRO-1100)			\$	300.00 -30400.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) COMM to elect Wayne Beam Ala Co Comm 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Samuel Powll Powell Enterprise Employer's Name/Specific Field Powell Enterprise Election Sum to Date Burlington No	
Comm to elect Wayne Beam Ala. Co Comm 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Samuel Powell Girly E. Lake Dr. Burlington, NC 27215 Burlington, NC 27215 Beam Ala. Co Comm. Add Remove B. Job Title/Profession d. Comments C. Employer's Name/Specific Field Powell Enterprise e. Election Sum to Date	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Samuel Powell Grand Dr. Samuel Powell Grand Dr. Samuel Powell Burlington, NC 27215 Burlington, NC 37215 Add Remove B. Job Title/Profession d. Comments C. Employer's Name/Specific Field Powell Enterprise e. Election Sum to Date Burlington, NC 37215	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Samuel Powell Grand Dr. Burlington, NC 27215 B. Job Title/Profession B. Job Title/Profession C. Employer's Name/Specific Field Powell Enterprise E. Election Sum to Date Burlington, NC \$	
Dr. Samuel Powell Gr. Employer's Name/Specific Field Powell Enterprise Burlington, NC 27215 Burlington, NC 37215 Burlington, NC \$	
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Contributions from Individuals Use this form to report individual contributions over \$50 or	Pg 7 of 6	
1. Committee Full Name (and Fund if applicable)		
	· · · · · · · · · · · · · · · · · · ·	2. ID Number
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3. Contributor Information	Add Remove	Production of the second
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Dubines owner	
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Contributions from Political Party Committees

Use this form to report contributions from a political party

1. Committee Full	Name (and Fund if a	pplicable)			2. ID !	Number 1
Comm.	to elect	Wayne Bran	A. C.	γ,		
3. Contributor In	formation :	ing a Salah Barana Adda	Rei	nove "	******	
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			Pg ee for; operating expenses, o	of contributions to c	Amendment Yes No andidate/political
1. Committee F	ull Name (and Fung	i if applicable)			2. ID Number
Comm to		aune Bear		minission	W/
3. Type of Disbu	irsement <u>(Plea</u>	se use separate C	RO-1310 forms for each ty		
Operating E	xpenses	Contributions to Can	didates/Political Committees	Contract of the Contract of th	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)				
Democ	ratic Wom	ien-Ala. Co	c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date
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f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

\$

5. Total only this Page

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing C* F* - Equipment G -

C* - Fundraising
G - Political Party
K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* - Other

A* - Media

* Codes require detailed explanation in required remarks field (k)

		3 /		* /	Amen	iament	
Disbursements	Pg	_4	of	_4	\Box	Yes	No
In a thin form to make the angle of the committee form the committee f		منهدينا نبيه		aamdidat	a/malit	1001	

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

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