Disclosure Report Cover	Yes No								
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									
a. Full Name	c. ID Number								
Comm. to elect May	1.010								
b. Mailing Address (include City, State and Zip Code)	d. Date Filed								
1111 McPherson Road	1-10-17								
IIII INCOMERSON ROCK	e. Phone Number								
Burlington, NC 272	336-437-3804								
2. Report Year 3. Period Start Date (mm.	/dd/yy) 4. Period I (mm/dd/yy)	End Date 5. Treasure							
201/ /21-01		11/2 11/2	Ro						
2014 01-01-14		31-14 Wayne	Begm						
6. Type of Committee (Check One) Candidate Campaign Party	9. Type of Report Municipal	State/County	report from one category) Referendum						
PAC Referendum	Organizational		Organizational						
Independent	Thirty-five day		Pre-referendum						
Expenditure Some Fund	Time, nve day	Quarterry							
7. Type of Fund (if applicable, check one)	Pre-primary	First	Final						
"Booster Fund"	Pre-election	Second	Supplemental Final						
Building Fund	Pre-runoff	Third	Annual						
	Semi-annual Mid Year	Fourth Semi-annual	Special						
Other:	Year End		10. Special Report Name						
	Final	Year End							
8. Number of Fundraisers this Report	Special	Final							
0		Special							
11. Account Information		11. Account Information							
a. Financial Institution Full Name		a. Financial Institution Full Nam	e						
b. Purpose c. Account Code		b. Purpose	c. Account Code						
bit in posq		·							
d. Period Begin Balan	ce		d. Period Begin Balance						
\$ 1263.6	(D		\$						
CERTIFICATION									
I certify that the Committee or Fund is in comp	liance with all applica	able provisions of Article 22A	, 22B, & 22D-22M of Chapter 163 of						
the NC General Statutes and that no funds are of	commingled with prob	libited or other non-disclosed							
is complete, true and correct and that I have be	en trained by the NC S	A	1-10-1-						
Printed Name of Signer		ignature of Appointed Treasurer							
FOR OFFICE USE ONLY	3	ignature of Appointed Treasurer	Date						
Date Received: 1-11-2017	_ Employee:	cm	Delivery Method Normal Mail						
Date Postmarked:	_ Employee:		Registered Mail Hand Delivered						
Date Scanned: 1-19-17	_ Employee:	16	Electronically Filed Signer has not received						
Date Data Entered:	_ Employee:		mandatory training						
Please Note: This form cannot be used to a	mend committee info	rmation such as the committee	e address treasurer assistant treasurer						
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.									
You must amend the Stat	ement of Organization	n (CRO-2100A-E) to make co	ommittee changes.						

Amendment

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

1. Committee Full Name (and Fund if applicable)

4.10	Amendment
mation.	Yes No

. Committee Full Name (and Fund if applicable)	Type of Repo		3. ID Number
Comm. to elect Warne Beam		and the second section of the second	G, AD THURSON
Start Still 1	114	Total this	Total this
4) Cash on Hand at Start		Reporting Period	Election Cycle
THE REPORT OF THE PERSON OF TH		\$	\$
5) Aggregated Contributions from Individuals			
6) Contributions from Individuals	(CRO-1205)		\$ 0
7) Contributions from Political Party Committees	(CRO-1210)	20:00	\$ 4145
8) Contributions from Other Political Committees	(CRO-1220)		\$ 660
9) Loan Proceeds	(CRO-1230)	\$ 0	\$ 0
The same of the sa	(CRO-1410)	\$ 0	\$ 0
10) Refunds/Reimbursements To the Committee11) Other Receipt Sources	(CRO-1240)	\$ 0	\$ 0
11a) Interest on Bank Accounts			
The state of the s	(CRO-1250)	\$ 0	\$ 0
Total 1 total Organizations	(CRO-1250)	\$ 0	\$ 0
of the state of th	(CRO-1250)	\$	\$ 0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$ 0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11a	l and 11e)	\$ 50.00	\$ 4805.00
AATONOUNUS			T TAUSICO
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 526.13	\$ 4633.78
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0.
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ ()	\$ 0
5) Loan Repayments	(CRO-1420)	\$	\$
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ <i>O</i>	\$ 0
7) In-Kind Contributions	(CRO-1510)	\$ 0	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a)	nd 17)		\$ 0
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 526.13 \$	\$ 4033.78
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Ψ	\$ 171.22
Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ <i>O</i>	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ ()	Establish September 1996
2) Debts and Obligations owed By the Committee		\$ ()	
3) Debts and Obligations owed To the Committee	The test to the te	A A	
Account Transfers Within the Committee		\$ ()	
5) Administrative Support		\$ <i>O</i>	
Forgiven Loans		\$ 0	\$
	-	\$ 0	\$
The state of the s	(CRO-2200)	\$ 0	\$
Contributions to be Refunded	(CRO-1215)		\$

		rom Individu			g of	
		individual contributi				RO 1205 is not used 2.ID Number
		3	1			401101Juniver
		to elect				
	itributor Inforn Name, Mailing Add			Add Re	30	d. Comments
	ide city, state, & zip			1224		d. Comments
			Kiel	c. Employer's Na	s Oluner	
2	112 Sholk	wirne Cit.		c. Employer's Na	me/Specific Field	
Mr. 1 Mrs. Joe Michael 210 Sholhurne (4. Burlington, NC 27215					e. Election Sum to Date	
<u> </u>	<u>,</u>	- 				\$ 50,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy)	yy) k. Amount
	-					\$
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3, Con	tributor Inform	nflon.		Maddw∥□ Re	move	
	lame, Mailing Addr			b. Job Title/Profe	ession	d. Comments
(Шста	de city, state, & zip	<u>Marie e in altre a la ca</u>	<u> </u>	-		
				c. Employer's Na	me/Specific Field	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy) k, Amount
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	tributor Inform	A SECTION OF THE PROPERTY OF T		Add Rei	move	
	ame, Mailing Addr le city, state, & zip)			b. Job Title/Profe	ssion	d. Comments
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						e. Election Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	`
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4. Tot	 al only this P	age.				
5. Tot	al of ALL CI	(0:4240))Bigest				\$ 50.00 \$ 50.00
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Disburseme			Pg	of	Amendment Yes No		
	1 1		e for; operating expenses,	contributions to c	andidate/political		
	coordinated party exp ull Name (and Fund	\$240010100000000000000000000000000000000			2. ID Number		
Community to	The state of the s	ayne Bear	m A.C.C.		2. 15 Number		
3. Type of Disbu		NAMES AND ASSOCIATION OF THE OWNERS OF THE OWNERS OF THE OWNERS OF THE OWNER, THE OWNER, THE OWNER, THE OWNER,	O-1310 forms for each ty	ne of Dishursem	ent.)		
Operating Ex	200 0120 120-2120 0000 0000 0000 0000 00		idates/Political Committees	Control of the later of the lat	ordinated Party Expenditures		
4. Payee Inform	-		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
(include city, state,	& zip)						
lammie	5 Wright		c. Level Registered (Specify)		2.5		
Burling	5. Wright ton, NC		Federal	County:			
Dogwar		_	State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check	0	11-7-16	\$ 100.00	food for polls		
				\$,		
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
(include city, state,							
Chick-	fil-A aton, NC		c. Level Registered (Specify)				
O'ICK	1 * 10		Federal Federal	County:			
Burlin	aton, N	×	State	Municipality:	e. Election Sum to Date		
) /				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	1	7	11 0 11	\$ 01	0 10 1 1		
	check	\mathcal{O}	11-7-14	als.27	food for election night		
	8 8			\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Na	ame	d. Comments		
(include city, state,							
0 11 1							
Smitty.	3 Ice Cre	2am	c. Level Registered (Specify)				
Grahan	s Ice Cre		Federal	County:			
S / sc · sc ·			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	,		11 1-	\$ 10	C 1 C 1 1		
	Check		11-8-16	\$ 192.73	tood for election vigo		
				\$			
5. Total only this Page					\$ 558.00		
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	line 13a of Detailed Sun		if Contrib to Candidates/Politic	cal Comm)	\$		
			if Coordinated Party Expenditu				
******************	es (List detailed ex						
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate		
E - Salaries	F* - Equipment	G - Politica			g Public Office Expenses		
I - Postage	J - Penalties	on to Legal Expense Fund					
O* - Other * Codes requir	e detailed explanat	ion in required re	marks field (k)				

Diahuusam	a = 4a					2	2	Amendment		
Disbursem	report expenditures	from the committee	aa fo	Pg	20. (of of		Yes Yes	Ш	No
	coordinated party ex		ee 10.	i, operating expense	28, (contributions to C	andidate	г/роннсан		
	full Name (and Fun	NAME AND ADDRESS OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER,						2. ID Number		
Comm	to elect	Wanne E	ear	n H.C.C.						
3. Type of Disb	MANAGEMENT CONTROL OF THE PROPERTY OF THE PROP			1310 forms for each	ty.	The same of the sa	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN			
Operating F		Contributions to Ca	200,000,000,000	es/Political Committees	188888	*****************************	ordinated l	Party Expenditure	S	
4. Payee Inform			Ad	d Coordinated Committee	Na	Remove	d. Com			
(include city, state,	ing Address & Phone		D. C	oordinated Committee	INA	me	a. Com	ments		
Brendo	a beam		c. L	evel Registered (Specify	y)					
Brenda Beam 1111 McPherson Rg Burlington, NC		Rd	Federal			County:				
Rush	to NC	/	State Municip			Municipality:	e. Elect	Election Sum to Date		
Durin	Sion, in						\$			
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	Check		+	12 1 14			Car	a5 EV	IVE	(Ope=
(B		and the second of the second o			1	\$				
4. Payee Inform			Ad	d Coordinated Committee	Nia	Remove	1 C			
(include city, state,	ing Address & Phone		D. C	oordinated Committee	Na	me	d. Com	ments		
(include city, state,	& Zip)									
			c. Level Registered (Specify)							
				Federal		County:				
				State		Municipality:	e. Elect	ion Sum to Date		
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f. Account Code	g. Form of Payment	h. Purpose Code	j	. Date (mm/dd/yyyy)		j. Amount	k. Requ	ired Remarks		
						\$			-	
			_			*				
						\$				
4. Payee Inform	nation		Ad	d		Remove				
	ing Address & Phone		b. Coordinated Committee Name				d. Comments			
(include city, state,	& zip)									
20						VALUE OF STREET				
			c. Level Registered (Specify) Federal County:							
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						\$				
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5 Total cals: 4b	i. De ee						0	0/ 19		
5. Total only this Page 6. Total of ALL CRO-1310 Pages							\$	76.13		
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(This line goes in line 13b of Detailed Summary Page CRO-110							\$			
ACADA DA NAMANDA PRINT DA DENAMA BANDA GA ANDA GA DA DA GA DA DA GA GA DA GA D	line 13c of Detailed Sun		-		litur	res)		70 re 50 00 sesso el sesso el manero de		1010000000000000
	les (List detailed ex		at the state of the state of			D. To Arred	on Cor 1'	loto		
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun G - Politi				D - To Anothe H* - Holding		late Office Expense:	,	
I - Postage J - Penalties K* - Offi								al Expense Fur		

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