Disclosure Report (Cover		Amendment //			
Use this form for general repo	ort and committee information	must be signed and submitted:	Yes No			
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.						
1. Committee Information						
a. Full Name	. 0		c. ID Number			
PSENHOWE,	R FOR COMP	IN THE BEAM FI	7			
b. Mailing Address (include City, S	State and Zip Code)	10	d. Date Filed			
1537 LATIE		JAN 27 2017				
NEWTON, D	C 38628	Ву	e. Phone Number			
2. Report Year 3. Period Sta	ert Date (mm/dd/vv) 4. Period	End Date (mm/dd/yy) 5. Treast	165-2143			
2010 /30/1	12/3	31/16 C./A	DALL ESENHONE			
6. Type of Committee (Check		port (check only one type of re	mort from one category)			
Candidate Campaign P	arty Municipal	State/County	Referendum			
	deferendum Organization	al Organizational	Organizational			
	oint Fundraiser		Pre-referendum			
Legal Expense Fund	Pre-primary	First	Final			
7. Type of Fund (if applicable	Pre-election	Second	Supplemental Final			
Booster Fund (if applicable)	le, check one) Pre-runoff	Third	Annual			
Building Fund	Semi-annual	Fourth	☐ Special			
Dunding rund	Mid Yea					
Other:	Year En		10. Special Report Name			
8. Number of Fundraisers thi	Final	Year End	The same of the sa			
o. Maniper of Lanataisets the	s Report	Final				
		10000000	1			
		Special				
11. Account Information		Special 11. Account Information				
a. Financial Institution Full Name		Special				
a. Financial Institution Full Name		Special 11. Account Information				
a. Financial Institution Full Name FIRST (TYISE) b. Purpose		Special 11. Account Information	c. Account Code			
a. Financial Institution Full Name FIRST (TYISE) b. Purpose	US BANK	Special 11. Account Information a. Financial Institution Full Name	c. Account Code			
a. Financial Institution Full Name	c. Account Code	Special 11. Account Information a. Financial Institution Full Name				
a. Financial Institution Full Name FIRST (TYISE) b. Purpose	c. Account Code C DE d. Period Begin Balance	Special 11. Account Information a. Financial Institution Full Name	d. Period Begin Balance			
a. Financial Institution Full Name FRST CTTSEN b. Purpose AMPMAN Account	c. Account Code	Special 11. Account Information a. Financial Institution Full Name				
a. Financial Institution Full Name FRST CTTED b. Purpose CAMPAGN Account	c. Account Code C ACCOUNT CODE d. Period Begin Balance \$ 4/06_5/	Special 11. Account Information a. Financial Institution Full Name b. Purpose	d. Period Begin Balance			
a. Financial Institution Full Name FRST COVIDED b. Purpose ACCOUNT CERTIFICATION I certify that the Committee or Fu	c. Account Code C ABB d. Period Begin Balance \$ 400 5	Special 11. Account Information a. Financial Institution Full Name b. Purpose	d. Period Begin Balance \$			
a. Financial Institution Full Name FRST CTTER b. Purpose CAMPANGE ACCURATE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the	d. Period Begin Balance \$ 400 5	Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2: prohibited or other non-disclosed	d. Period Begin Balance \$			
a. Financial Institution Full Name FRST CTTER b. Purpose CAMPANGE ACCURATE CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the	c. Account Code C ABB d. Period Begin Balance \$ 400 5	Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2: prohibited or other non-disclosed	d. Period Begin Balance \$			
a. Financial Institution Full Name D. Purpose CAMPACA CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre	d. Period Begin Balance \$ 4/36_5/ and is in compliance with all application of funds are commingled with act and that I have been trained by	Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2: prohibited or other non-disclosed	d. Period Begin Balance \$			
a. Financial Institution Full Name FRST COVIDED b. Purpose CAMPANGU ACCOUNT CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre	c. Account Code C P d. Period Begin Balance \$ 400 \$ and is in compliance with all applicate to funds are commingled with a and that I have been trained by	Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2: prohibited or other non-disclosed the NC State Board of Elections.	d. Period Begin Balance \$			
a. Financial Institution Full Name FRST CONTENT b. Purpose CAMPAGO ACCOUNT CERTIFICATION I certify that the Committee or Fund the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the NC General Statutes an	c. Account Code C P d. Period Begin Balance \$ 400 \$ and is in compliance with all applicate to funds are commingled with a and that I have been trained by	Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2: prohibited or other non-disclosed	d. Period Begin Balance \$			
a. Financial Institution Full Name FRST COVIDED b. Purpose CAMPANGU ACCOUNT CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre	c. Account Code C P d. Period Begin Balance \$ 400 \$ and is in compliance with all applicate to funds are commingled with a and that I have been trained by	Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2: prohibited or other non-disclosed the NC State Board of Elections.	d. Period Begin Balance \$			
a. Financial Institution Full Name FRST CONTENT b. Purpose CAMPAGO ACCOUNT CERTIFICATION I certify that the Committee or Fund the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the report is complete, true and correct the NC General Statutes and the NC General Statutes an	c. Account Code C P d. Period Begin Balance \$ 400 \$ and is in compliance with all applicate to funds are commingled with a and that I have been trained by	In Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2 prohibited or other non-disclosed the NC State Board of Elections. mature of Appointed Treasurer	d. Period Begin Balance \$			
a. Financial Institution Full Name FREE CONTROL b. Purpose CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre Printed Name of Sig FOR OFFICE USE ONLY	c. Account Code C P d. Period Begin Balance \$ 400	In Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2. prohibited or other non-disclosed the NC State Board of Elections. mature of Appointed Treasurer	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this			
a. Financial Institution Full Name FREE CONTROL b. Purpose CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and correct in the NC General Statutes and the report is complete. The American Signature of	c. Account Code CRE d. Period Begin Balance \$ 4000 \$\frac{1}{2}\$ and is in compliance with all applicate and that I have been trained by the compliance with all applications of the compliance with all applications. Sign the complex co	In Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2. prohibited or other non-disclosed the NC State Board of Elections. mature of Appointed Treasurer	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this			
a. Financial Institution Full Name FREE CONTROL b. Purpose CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre Printed Name of Sig FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned:	c. Account Code CRE d. Period Begin Balance \$ 4000 \$\frac{1}{2}\$ and is in compliance with all applicate and that I have been trained by the compliance with all applications of the compliance with all applications. Sign the complex co	In Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2. prohibited or other non-disclosed the NC State Board of Elections. inature of Appointed Treasurer vee: December 2007 Dec	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this			
a. Financial Institution Full Name FREE COVIDED b. Purpose CAMPACA ACCURATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre Printed Name of Sig FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	c. Account Code Child d. Period Begin Balance \$ 4000 50 und is in compliance with all applicate and that I have been trained by the compliance with all applications of the complex of	Inature of Appointed Treasurer Dece: Dece:	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this			
a. Financial Institution Full Name FREE CONTROL b. Purpose CERTIFICATION I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and corre Printed Name of Sig FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form ca	c. Account Code c. Account Code d. Period Begin Balance \$ 4606 \$ and is in compliance with all applicate and that I have been trained by the complex of t	In Special 11. Account Information a. Financial Institution Full Name b. Purpose icable provisions of Article 22A, 2. prohibited or other non-disclosed the NC State Board of Elections. inature of Appointed Treasurer icee: icee	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this			

Disclosure Report Cover

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

Amendment Yes \times No

1. Committee Full Name (and Fund if applicable) 2	. Type of Report	STATE OF STA	3. ID Number
l l	2016 Year End Se		TDU7NW
Start of Election Cycle: January 1,	Annual Report	Total this	Total this
4) Cash on Hand at Start	2015	Reporting Period	Election Cycle
RECEIPTS		\$ 406.51	\$ 692.89
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1205) (CRO-1205)		\$	\$
7) Contributions from Political Party Committees (CRO-1220)		\$	\$
8) Contributions from Other Political Committees (CRO-		\$	\$
		\$	\$
9) Loan Proceeds (CRO-1416) 10) Refunds/Reimbursements To the Committee (CRO-1246)		\$	\$
11) Other Receipt Sources	3	3	
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organization	is (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 0.00	\$ 0.00
EXPENDITURES			
13) Disbursements		V 34 GM and Selection of the Strong Company	THE PROPERTY OF THE PROPERTY O
13a) Operating Expenditures	(CRO-1310)	\$	\$ 286.38
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments (CR		\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00	\$ 286.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ict line 18)	\$ 406.51	\$ 406.51
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns)		\$	
22) Debts and Obligations owed By the Committee		\$	
23) Debts and Obligations owed To the Committee (CRO-I		\$	
24) Account Transfers Within the Committee (CRO-172)		\$	100000000000000000000000000000000000000
25) Administrative Support (CRO-1710)		\$	\$
26) Forgiven Loans		\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$
CRO 1100			