

Disclosure Report Cover

Amendment
 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.

a. Full Name ELECT SHELLEY DICKERSON		c. ID Number
b. Mailing Address (include City, State and Zip Code) 230 LEONARD RD LOUISBURG, NC 27549		d. Date Filed 07/10/2018
		e. Phone Number (919) 853-1488

2018	04/22/2018	06/30/2018	SHELLEY DICKERSON
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input checked="" type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special 10. Special Report Name
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a. Financial Institution Full Name CCB	a. Financial Institution Full Name
b. Purpose CAMPAIGN FINANCE	b. Purpose
c. Account Code 1	c. Account Code
d. Period Begin Balance \$ 1,043.26	d. Period Begin Balance \$

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

 Printed Name of Signer

 Signature of Appointed Treasurer

07/10/2018
 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

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 Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
ELECT SHELLEY DICKERSON	2018 Second Quarter		
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,043.26	\$ 1,143.26
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 0.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 0.00	\$ 0.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 100.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 0.00
15) Loan Repayments		(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 0.00
17) In-Kind Contributions		(CRO-1510)	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00	\$ 100.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,043.26	\$ 1,043.26
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 47,000.00
22) Debts and Obligations owed by the Committee		(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee		(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee		(CRO-1720)	\$ 0.00
25) Administrative Support		(CRO-1710)	\$ 0.00
26) Forgiven Loans		(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00
28) Contributions to be Refunded		(CRO-1215)	\$ 0.00

Outstanding Loans

Amendment
 Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

ELECT SHELLEY DICKERSON			
<input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	11/24/2015
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 5,000.00	\$ 5,000.00
k. Full Name of Lending Institution			l. Loan Number
<input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	01/06/2016
			f. End Date (mm/dd/yyyy)
			JUL 13 2018
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 5,000.00	\$ 5,000.00
k. Full Name of Lending Institution			l. Loan Number
<input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	02/03/2016
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 5,000.00	\$ 5,000.00
k. Full Name of Lending Institution			l. Loan Number
			\$ 15,000.00
			\$ 47,000.00

Outstanding Loans

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

Committee Full Name (encompassing all filers)			
ELECT SHELLEY DICKERSON			
<input type="checkbox"/> Current <input type="checkbox"/> Retired			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	02/12/2016
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 10,000.00	\$ 10,000.00
k. Full Name of Lending Institution			l. Loan Number
<input type="checkbox"/> Current <input type="checkbox"/> Retired			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	02/25/2016
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 6,000.00	\$ 6,000.00
k. Full Name of Lending Institution			l. Loan Number
<input type="checkbox"/> Current <input type="checkbox"/> Retired			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	03/14/2016
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 4,000.00	\$ 4,000.00
k. Full Name of Lending Institution			l. Loan Number
Total by this page			\$ 20,000.00
Total of ALL CRO/JEAU Pages (Total by outside of this page should also be reported on page 2 of 3)			\$ 47,000.00

Outstanding Loans

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

ELECT SHELLEY DICKERSON			
<input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	03/31/2016
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 9,000.00	\$ 9,000.00
k. Full Name of Lending Institution			l. Loan Number
<input type="checkbox"/> <input type="checkbox"/>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		ASSISTANT CLERK OF COURT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		NC STATE	11/22/2016
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 3,000.00	\$ 3,000.00
k. Full Name of Lending Institution			l. Loan Number
FRANKLIN COUNTY BOARD OF ELECTIONS			
			\$ 12,000.00
			\$ 47,000.00