

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.

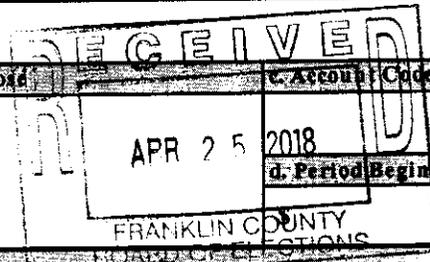
Amendment
 Yes No

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 04/24/2018
		e. Phone Number (919) 853-1488

2018	01/01/2018	04/21/2018	SHELLEY DICKERSON
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input 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: 0	<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 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
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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 \$	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

Shelley Dickerson Shelley Dickerson 04/24/2018
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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.

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)
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

RECEIVED

APR 25 2013
 FRANKLIN COUNTY
 BOARD OF ELECTIONS

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	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
			\$ 12,000.00
			\$ 47,000.00

