

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		c. ID Number
ELECT SHELLEY DICKERSON		
b. Mailing Address (include City, State and Zip Code)		d. Date Filed
230 LEONARD RD LOUISBURG, NC 27549		07/03/2016
		e. Phone Number
		(919) 853-1488

2016	03/01/2016	06/30/2016	SHELLEY DICKERSON
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<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
0		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

a. Financial Institution Full Name		a. Financial Institution Full Name	
CCB			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FINANCE	1		
	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 07/09/2016
 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.

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		2016 Second Quarter			
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4,222.16		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 75.00		\$ 125.00	
6) Contributions from Individuals (CRO-1210)		\$ 8,810.24		\$ 13,276.74	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 1,222.68	
9) Loan Proceeds (CRO-1410)		\$ 13,000.00		\$ 44,000.00	
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)		\$ 21,885.24		\$ 58,624.42	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 16,584.13		\$ 47,360.96	
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)		\$ 151.83		\$ 191.74	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 286.10	
17) In-Kind Contributions (CRO-1510)		\$ 8,610.24		\$ 10,024.42	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 25,346.20		\$ 57,863.22	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 761.20		\$ 761.20	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 44,000.00			
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		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 286.10	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

ELECT SHELLEY DICKERSON					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m m/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Check		04/01/2016	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		04/01/2016	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 75.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 75.00

CRO-1205

NC State Board of Elections

April 2007

JUL 11 2016

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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			LEGAL ASSISTANT		11 2016
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		e. Election Sum to Date
					\$ 42,565.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	COFFEE FOR POLL WORKER	03/03/2016	\$ 1.97
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/03/2016	\$ 17.99
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/03/2016	\$ 33.89
<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			LEGAL ASSISTANT		
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		e. Election Sum to Date
					\$ 42,565.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	SNACKS FOR EARLY VOTING POLL WORKERS	03/03/2016	\$ 54.66
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/04/2016	\$ 33.89
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/04/2016	\$ 36.03
<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			LEGAL ASSISTANT		
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		e. Election Sum to Date
					\$ 42,565.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/05/2016	\$ 25.72
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/05/2016	\$ 36.03
<input type="checkbox"/>	1	In-Kind	DONUTS FOR POLL WORKERS	03/05/2016	\$ 128.63
					\$ 368.81
					\$ 8,810.24

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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			LEGAL ASSISTANT		JUL 11 2016	
			c. Employer's Name/Specific Field BANZET, THOMPSON & STYERS			
					e. Election Sum to Date	
					\$ 42,565.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	SNACKS FOR POLL WORKERS	03/07/2016	\$ 32.15	
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/07/2016	\$ 33.89	
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/07/2016	\$ 47.73	
<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			LEGAL ASSISTANT			
			c. Employer's Name/Specific Field BANZET, THOMPSON & STYERS			
					e. Election Sum to Date	
					\$ 42,565.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/08/2016	\$ 28.31	
<input type="checkbox"/>	1	In-Kind	DRINKS FOR POLL WORKERS	03/08/2016	\$ 46.56	
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/08/2016	\$ 48.37	
<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			LEGAL ASSISTANT			
			c. Employer's Name/Specific Field BANZET, THOMPSON & STYERS			
					e. Election Sum to Date	
					\$ 42,565.48	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/09/2016	\$ 22.12	
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/09/2016	\$ 25.93	
<input type="checkbox"/>	1	In-Kind	SNACKS FOR POLL WORKERS	03/10/2016	\$ 18.17	
					\$ 303.23	
					\$ 8,810.24	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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			LEGAL ASSISTANT		JUL 11 2015
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		e. Election Sum to Date
				\$	42,565.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/10/2016	\$ 25.89
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/10/2016	\$ 42.36
<input type="checkbox"/>	1	In-Kind	PRINTING	03/10/2016	\$ 3,616.70
<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			LEGAL ASSISTANT		
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		e. Election Sum to Date
				\$	42,565.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKER	03/11/2016	\$ 2.12
<input type="checkbox"/>	1	In-Kind	LUNCH FOR POLL WORKERS	03/11/2016	\$ 36.87
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/11/2016	\$ 42.36
<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			LEGAL ASSISTANT		
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		e. Election Sum to Date
				\$	42,565.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	SNACKS AND DRINKS FOR POLL WORKERS	03/11/2016	\$ 68.69
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/12/2016	\$ 6.81
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/12/2016	\$ 13.31
					\$ 3,855.11
					\$ 8,810.24

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ELECT SHELLEY DICKERSON					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549			LEGAL ASSISTANT		
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		
					e. Election Sum to Date
					\$ 42,565.48
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	BREAKFAST FOR POLL WORKERS	03/12/2016	\$ 34.92
<input type="checkbox"/>	1	In-Kind	FOOD FOR ELECTION DAY	03/14/2016	\$ 105.31
<input type="checkbox"/>	1	In-Kind	FOOD AND SUPPLIES FOR ELECTION DAY	03/14/2016	\$ 203.50
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549			LEGAL ASSISTANT		
			c. Employer's Name/Specific Field		
			BANZET, THOMPSON & STYERS		
					e. Election Sum to Date
					\$ 10,044.76
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	CATERING FOR ELECTION DAY	03/16/2016	\$ 2,694.60
<input type="checkbox"/>	1	In-Kind	PRINTING	05/16/2016	\$ 1,044.76
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
TED G GUPTON 465 DOUGLAS WILLIAMS ROAD LOUISBURG, NC 27549			RETIRED		
			c. Employer's Name/Specific Field		
			RETIRED		
					e. Election Sum to Date
					\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		04/01/2016	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 4,283.09
					\$ 8,810.24

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

ELECT SHELLEY DICKERSON					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		LEGAL ASSISTANT			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		BANZET, THOMPSON & STYERS		03/14/2016	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%		1	Check	\$ 4,000.00	
l. Full Name of Lending Institution					m. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
				\$ 13,000.00	

11 2007

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

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		LEGAL ASSISTANT		
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)
		BANZET, THOMPSON & STYERS		03/31/2016
				f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		1	Check	\$ 9,000.00
l. Full Name of Lending Institution				m. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field	
		d. Percentage		e. Amount
		% \$		
				\$ 13,000.00

11 2008

STATE BOARD OF ELECTIONS

Disbursements

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

ELECT SHELLEY DICKERSON						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRETCHEN ALSTON NC			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 760.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	E	03/12/2016	\$ 290.00		
1	Check	E	03/15/2016	\$ 55.00		
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANNETTE ARRINGTON 910 E RIVER RD LOUISBURG, NC 27549			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 130.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	E	03/15/2016	\$ 130.00		
				\$		
<input type="checkbox"/> <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIE ARRINGTON 910 E RIVER RD LOUISBURG, NC 27549			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 130.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	E	03/15/2016	\$ 130.00		
				\$		
					\$ 605.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 16,584.13	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						

Disbursements

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

ELECT SHELLEY DICKERSON

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) KANDIS BLACKMOND NC	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 1,853.00
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/02/2016	\$ 284.00	
1	Check	E	03/12/2016	\$ 520.00	

a. Full Name, Mailing Address & Phone (include city, state, & zip) SHEILA BLACKMOND NC	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 3,305.00
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/06/2016	\$ 450.00	
1	Check	E	03/11/2016	\$ 250.00	

a. Full Name, Mailing Address & Phone (include city, state, & zip) SHEILA BLACKMOND NC	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 3,305.00
--	--	---

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 180.00	
				\$	

	\$ 1,684.00
(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)	\$ 16,584.13

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

Disbursements

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

ELECT SHELLEY DICKERSON							
<input checked="" type="checkbox"/> Operating Expenses						<input type="checkbox"/> Contributions to Candidates/Political Committees	
<input type="checkbox"/> Coordinated Party Expenditures							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
MARCHELL CANNADY NC							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:				
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
					\$ 80.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	E	03/15/2016	\$ 80.00			
				\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
BRANDON DUNSTON NC							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:				
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
					\$ 130.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	E	03/15/2016	\$ 130.00			
				\$			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
FRANKLIN TIMES 109 S BICKETT BOULEVARD LOUISBURG, NC 27549							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:				
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:				
					\$ 1,515.91		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	03/14/2016	\$ 137.81	NEWSPAPER AD		
				\$			
					\$ 347.81		
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 16,584.13		
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							

Disbursements

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

ELECT SHELLEY DICKERSON

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) KOFFEE GREEN 80 ALFONZA DR BUNN, NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 130.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 130.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) TRUDY GREEN NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 130.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 130.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) RUDY HARRIS NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 80.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 80.00	
				\$	

\$ 340.00

(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)

\$ 16,584.13

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

Disbursements

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

ELECT SHELLEY DICKERSON

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) TIERA HARRIS NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 75.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 75.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) PHYLLIS JONES NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 130.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 130.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) CLARENCE LEMAY NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 80.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 80.00	
				\$	

\$ 285.00

(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)

\$ 16,584.13

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

Disbursements

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

ELECT SHELLEY DICKERSON						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOUISBURG COLLEGE CAMPUS BOX 3086 501 NORTH MAIN STREET LOUISBURG, NC 27549			b. Coordinated Committee Name _____		d. Comments _____	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 125.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	05/26/2016	\$ 125.00	ROOM RENTAL	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) CASSANDRA MARROW NC			b. Coordinated Committee Name _____		d. Comments _____	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 490.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	E	03/06/2016	\$ 200.00		
1	Check	E	03/15/2016	\$ 130.00		
a. Full Name, Mailing Address & Phone (include city, state, & zip) KERMIA MARROW NC			b. Coordinated Committee Name _____		d. Comments _____	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,405.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	E	03/01/2016	\$ 115.00		
1	Check	E	03/12/2016	\$ 550.00		
					\$ 1,120.00	
(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)					\$ 16,584.13	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other						

Disbursements

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

ELECT SHELLEY DICKERSON

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) MCDONALDS NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 62.32	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	03/15/2016	\$ 62.32	BREAKFAST ON ELECTION DAY
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) MOOSE LODGE NC	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 425.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	03/15/2016	\$ 425.00	ROOM RENT FOR ELECTION NIGHT
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 9,000.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	04/05/2016	\$ 9,000.00	CONSULTING FEE
				\$	

				\$ 9,487.32	
(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)				\$ 16,584.13	

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

Disbursements

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

ELECT SHELLEY DICKERSON	
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Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) COREY PERRY NC	b. Coordinated Committee Name _____ c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments _____ e. Election Sum to Date \$ 380.00
---	---	--

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 380.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) VALERIE PERRY 15 LEONARD DR LOUISBURG, NC 27549	b. Coordinated Committee Name _____ c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments _____ e. Election Sum to Date \$ 606.00
---	---	--

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/07/2016	\$ 250.00	
1	Check	E	03/15/2016	\$ 130.00	

a. Full Name, Mailing Address & Phone (include city, state, & zip) BOBBY SMITH NC	b. Coordinated Committee Name _____ c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments _____ e. Election Sum to Date \$ 580.00
---	---	--

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/06/2016	\$ 200.00	
1	Check	E	03/11/2016	\$ 250.00	

\$ 1,210.00

(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)

\$ 16,584.13

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

Disbursements

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

ELECT SHELLEY DICKERSON					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
BOBBY SMITH NC			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 580.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 130.00	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
US POST OFFICE NORTH MAIN STREET LOUISBURG, NC 27549			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 2,794.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	I	03/02/2016	\$ 245.00	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
TWANTA WHELESS NC			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date \$ 80.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	E	03/15/2016	\$ 80.00	
				\$	
					\$ 455.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 16,584.13
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other		K* - Office Expenses		H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	

Disbursements

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

ELECT SHELLEY DICKERSON																					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																					
a. Full Name, Mailing Address & Phone (include city, state, & zip) JENNIFER WILLIAMS NC			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 2,178.00																
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks																
1	Check	E	03/06/2016	\$ 500.00																	
1	Check	E	03/12/2016	\$ 550.00																	
					\$ 1,050.00																
(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)					\$ 16,584.13																
<table style="width:100%; border: none;"> <tr> <td style="width: 25%;">A* - Media</td> <td style="width: 25%;">B* - Printing</td> <td style="width: 25%;">C* - Fundraising</td> <td style="width: 25%;">D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td>O* Other</td> <td></td> <td></td> <td></td> </tr> </table>						A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* Other			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate																		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses																		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																		
O* Other																					

Aggregated Non-Media Expenditures

Amendment

Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

ELECT SHELLEY DICKERSON							
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	03/01/2016	\$ 16.83	CHECK ORDER	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check	E	03/15/2016	\$ 35.00		
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check	O	03/14/2016	\$ 50.00	FOOD FOR ELECTION LUNCHES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check	O	04/23/2016	\$ 50.00	AD FOR FIRE DEPT FUNDRAISER	
					\$	151.83	
					\$	151.83	
B* - Printing		D - To Another Candidate					
E - Salaries		G - Political Party					
J - Penalties		Q* - Donations to Legal Expense Fund					
O* - Other							
* Codes require detailed explanation in required remarks field (g)							

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ELECT SHELLEY DICKERSON		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date \$ 42,565.48	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
COFFEE FOR POLL WORKER	03/03/2016	\$ 1.97
BREAKFAST FOR POLL WORKERS	03/03/2016	\$ 17.99
LUNCH FOR POLL WORKERS	03/03/2016	\$ 33.89
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date \$ 42,565.48	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SNACKS FOR EARLY VOTING POLL WORKERS	03/03/2016	\$ 54.66
LUNCH FOR POLL WORKERS	03/04/2016	\$ 33.89
BREAKFAST FOR POLL WORKERS	03/04/2016	\$ 36.03
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date \$ 42,565.48	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
LUNCH FOR POLL WORKERS	03/05/2016	\$ 25.72
BREAKFAST FOR POLL WORKERS	03/05/2016	\$ 36.03
DONUTS FOR POLL WORKERS	03/05/2016	\$ 128.63
		\$ 368.81
		\$ 8,610.24

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ELECT SHELLEY DICKERSON		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date \$ 42,565.48	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
SNACKS FOR POLL WORKERS	03/07/2016	\$ 32.15
LUNCH FOR POLL WORKERS	03/07/2016	\$ 33.89
BREAKFAST FOR POLL WORKERS	03/07/2016	\$ 47.73
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date \$ 42,565.48	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
LUNCH FOR POLL WORKERS	03/08/2016	\$ 28.31
DRINKS FOR POLL WORKERS	03/08/2016	\$ 46.56
BREAKFAST FOR POLL WORKERS	03/08/2016	\$ 48.37
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date \$ 42,565.48	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
LUNCH FOR POLL WORKERS	03/09/2016	\$ 22.12
BREAKFAST FOR POLL WORKERS	03/09/2016	\$ 25.93
SNACKS FOR POLL WORKERS	03/10/2016	\$ 18.17
		\$ 303.23
		\$ 8,610.24

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ELECT SHELLEY DICKERSON		
<input type="checkbox"/> <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 42,565.48
e. Description LUNCH FOR POLL WORKERS	f. Date (mm/dd/yyyy) 03/10/2016	g. Fair Market Amount \$ 25.89
BREAKFAST FOR POLL WORKERS	03/10/2016	\$ 42.36
PRINTING	03/10/2016	\$ 3,616.70
<input type="checkbox"/> <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 42,565.48
e. Description BREAKFAST FOR POLL WORKER	f. Date (mm/dd/yyyy) 03/11/2016	g. Fair Market Amount \$ 2.12
LUNCH FOR POLL WORKERS	03/11/2016	\$ 36.87
BREAKFAST FOR POLL WORKERS	03/11/2016	\$ 42.36
<input type="checkbox"/> <input type="checkbox"/>		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments d. Election Sum to Date \$ 42,565.48
e. Description SNACKS AND DRINKS FOR POLL WORKERS	f. Date (mm/dd/yyyy) 03/11/2016	g. Fair Market Amount \$ 68.69
BREAKFAST FOR POLL WORKERS	03/12/2016	\$ 6.81
BREAKFAST FOR POLL WORKERS	03/12/2016	\$ 13.31
		\$ 3,855.11
		\$ 8,610.24

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ELECT SHELLEY DICKERSON																				
<input type="checkbox"/> <input type="checkbox"/>																				
<table border="1"> <tr> <th>a. Full Name, Mailing Address & Phone (include city, state, & zip)</th> <th>b. Type of Contributor</th> <th>c. Comments</th> </tr> <tr> <td rowspan="2">SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549</td> <td rowspan="2"> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source </td> <td></td> </tr> <tr> <td> <table border="1"> <tr> <th>d. Election Sum to Date</th> </tr> <tr> <td>\$ 42,565.48</td> </tr> </table> </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source		<table border="1"> <tr> <th>d. Election Sum to Date</th> </tr> <tr> <td>\$ 42,565.48</td> </tr> </table>	d. Election Sum to Date	\$ 42,565.48									
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e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount																		
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		\$																		
		\$ 4,083.09																		
		\$ 8,610.24																		

Outstanding Loans

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		LEGAL ASSISTANT	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	11/24/2015
		BANZET, THOMPSON & STYERS	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		LEGAL ASSISTANT	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	01/06/2016
		BANZET, THOMPSON & STYERS	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		LEGAL ASSISTANT	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	02/03/2016
		BANZET, THOMPSON & STYERS	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
			\$ 44,000.00

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		LEGAL ASSISTANT	JUL 11 2016
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BANZET, THOMPSON & STYERS	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"/>		<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		LEGAL ASSISTANT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BANZET, THOMPSON & STYERS	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"/>		<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		LEGAL ASSISTANT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BANZET, THOMPSON & STYERS	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
			\$ 20,000.00
			\$ 44,000.00

Outstanding Loans

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			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		LEGAL ASSISTANT	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		BANZET, THOMPSON & STYERS	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
			\$ 9,000.00
			\$ 44,000.00

RECEIVED
 JUL 11 2016
 BOARD OF ELECTIONS