

Disclosure Report Cover

Amendment

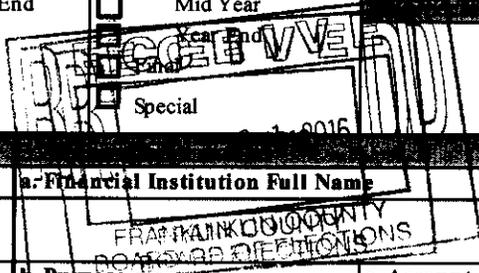
Yes No

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		10/30/2016
		e. Phone Number
		(919) 853-1488

2016	07/01/2016	10/22/2016	SHELLEY DICKERSON
------	------------	------------	-------------------

<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	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	
0				



a. Financial Institution Full Name		a. Financial Institution Full Name	
CCB		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 10/30/2016
 Printed Name of Signer Signature of Appointed Treasurer 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	2016 Third Quarter	
Start of Election Cycle: January 1, <u>2015</u>		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 761.20	\$ 0.00
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 350.00	\$ 475.00
6) Contributions from Individuals (CRO-1210)	\$ 6,183.46	\$ 19,460.20
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)	\$ 0.00	\$ 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)	\$ 6,533.46	\$ 65,157.88
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 49,204.37	\$ 49,204.37
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 100.00	\$ 100.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 191.74	\$ 191.74
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 428.50	\$ 428.50
17) In-Kind Contributions (CRO-1510)	\$ 10,727.88	\$ 10,727.88
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,789.27	\$ 60,652.49
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4,505.39	\$ 4,505.39
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)	\$ 70.97	\$ 357.07

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

Yes No

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

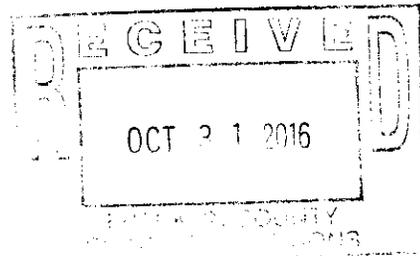
ELECT SHELLEY DICKERSON

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Cash		09/19/2016	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		09/19/2016	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		09/19/2016	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		09/19/2016	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		09/19/2016	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		09/01/2016	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		10/18/2016	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 350.00
5. Total of ALL CRO-1205 Pages					\$ 350.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007



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
RANDOLPH BASKERVILLE 4880 SATTERWHITE POINT RD ENDERSON, NC 27537		ATTORNEY	
		c. Employer's Name/Specific Field	
		SELF-EMPLOYED	
			e. Election Sum to Date
			\$ 100.00

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		09/01/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
DOUGLAS E BERGER 125 HUNTERS LANE YOUNGSVILLE, NC 27596		ATTORNEY	
		c. Employer's Name/Specific Field	
		JAMES SCOTT FARIN	
			e. Election Sum to Date
			\$ 100.00

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		10/04/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

RECEIVED

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
CHARLES DAVIS PO BOX 708 LOUISBURG, NC 27549		MEDIATOR	
		c. Employer's Name/Specific Field	
			e. Election Sum to Date
			\$ 250.00

OCT 3 2016
COUNTY CLERK'S OFFICE

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		09/27/2016	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 450.00
					\$ 6,183.46

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					
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. Election Sum to Date	
		BANZET, THOMPSON & STYERS		\$ 10,676.79	
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	CARDS	08/22/2016	\$ 32.03
<input type="checkbox"/>	1	In-Kind	DONATION TO FCDP	10/07/2016	\$ 500.00
<input type="checkbox"/>	1	In-Kind	FC HUMANE SOCIETY DONATION	10/10/2016	\$ 100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
T A GARDNER 201 COURT ST LOUISBURG, NC 27549		ATTORNEY			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		SELF-EMPLOYED		\$ 250.00	
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		09/01/2016	\$ 250.00
<input type="checkbox"/>					\$
<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		FRANKLIN COUNTY BOARD OF ELECTIONS	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		RETIRED		\$ 1,200.00	
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		10/04/2016	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 1,882.03
					\$ 6,183.46

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						
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
ALICE F HUNTER 3114 NC HWY 561 LOUISBURG, NC 27549		RETIRED				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		RETIRED FROM CLERK OF COURT		\$ 1,000.00		
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		09/27/2016	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
WILLIAM Y JONES 3330 NC 39 HWY N LOUISBURG, NC 27549		SALES				
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		JOYFUL HOMES		\$ 300.00		
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		09/01/2016	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments		
PAT LEONARD KENNEDY 111 KENNEDY RD LOUISBURG, NC 27549		RETIRED		FAMBLE COUNTY ELECTIONS		
		c. Employer's Name/Specific Field		e. Election Sum to Date		
		RETIRED		\$ 100.00		
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		08/17/2016	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 1,400.00	
					\$ 6,183.46	

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
JOHNNY KING 310 KENAN RD LOUISBURG, NC 27549		GRADING	
		c. Employer's Name/Specific Field	
		SELF EMPLOYED	
			e. Election Sum to Date
			\$ 500.00

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		08/17/2016	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ANDREA LEONARD 675 WOODLAND TRAIL LOUISBURG, NC 27549		DEPT OF SOCIAL SERVICES	
		c. Employer's Name/Specific Field	
		DEPT OF SOCIAL SERVICES	
			e. Election Sum to Date
			\$ 250.00

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		08/17/2016	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
PEGGY MCGHEE 339 LONG MILL RD FRANKLINTON, NC 27525		FRANKLIN RETIRED	
		c. Employer's Name/Specific Field	
		RETIRED	
			e. Election Sum to Date
			\$ 80.00

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		10/18/2016	\$ 80.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 830.00
					\$ 6,183.46

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					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
PENNY MCGHEE 421 LONG MILL ROAD FRANKLINTON, NC 27525		SELF EMPLOYED			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		CORNERSTONE FACILITY SERVICES, INC		\$ 100.00	
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		10/18/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525		CONSULTANT			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		SELF EMPLOYED		\$ 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	In-Kind	HEAD SHOTS	07/16/2016	\$ 71.43
<input type="checkbox"/>					\$
<input type="checkbox"/>				OCT 31 2016	\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BEVERLY RICHARDSON 942 REED ROAD CASTALIA, NC 27816		RETIRED			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
		UNKNOWN		\$ 100.00	
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		09/19/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 271.43
					\$ 6,183.46

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	
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a. Full Name, Mailing Address & Phone (include city, state, & zip) MITCHELL G STYERS 102 N MAIN STREET FRANKLINTON, NC 27525-1315	b. Job Title/Profession LAWYER	d. Comments e. Election Sum to Date \$ 500.00
c. Employer's Name/Specific Field BANZET, THOMPSON & STYERS		

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		10/18/2016	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID THOMPSON PO BOX 490 FRANKLINTON, NC 27525	b. Job Title/Profession RETIRED	d. Comments e. Election Sum to Date \$ 100.00
c. Employer's Name/Specific Field FARM BUREAU		

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		08/17/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) LEWIS A THOMPSON 418 FAIRVIEW ST WARRENTON, NC 27589	b. Job Title/Profession ATTORNEY	d. Comments e. Election Sum to Date \$ 500.00
c. Employer's Name/Specific Field BANZET, THOMPSON & STYERS		

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		09/01/2016	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 1,100.00
					\$ 6,183.46

Contributions from Individuals

Amendment

Yes No

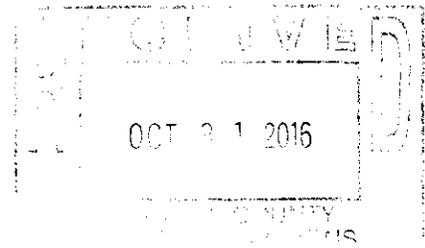
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ELECT SHELLEY DICKERSON					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LAWRENCE TICKLE 137 SWANSON RD LOUISBURG, NC 27549		ATTORNEY			
		c. Employer's Name/Specific Field			
		SELF-EMPLOYED			
				e. Election Sum to Date	
				\$ 250.00	
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		09/19/2016	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
				\$ 250.00	
				\$ 6,183.46	

CRO-1210

NC State Board of Elections

April 2007



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

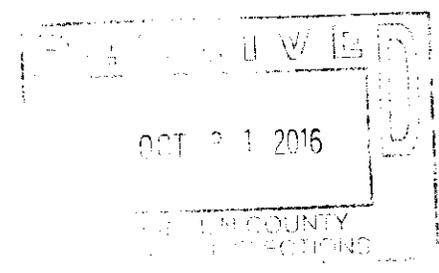
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) FRANKLIN DEMOCRATIC WOMEN 68 ALBERT GUPTON ROAD LOUISBURG, NC 27549-7913	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	
	e. Election Sum to Date \$ 100.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	08/08/2016	\$ 100.00	GOLF TOURNAMENT SPONSORSHIP
				\$	

				\$	100.00
(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)					\$ 100.00

- | | | | |
|---------------------|-----------------------|-----------------------------|--|
| 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) GMBC BUNN, 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 \$ 100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	08/08/2016	\$ 100.00	AD IN CHURCH BROCHURE		
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOUISBURG MOOSE LODGE 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 \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	O	09/20/2016	\$ 100.00	HOLE SPONSOR		
a. Full Name, Mailing Address & Phone (include city, state, & zip) MOORE PRINTING AND GRAPHICS INC 5328 DEPARTURE DRIVE RALEIGH, NC 27616 (919) 821-3293			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 \$ 891.37		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	09/21/2016	\$ 795.17	PALM CARDS, NOTES,		
1	Check	B	10/18/2016	\$ 96.20	ENVELOPES PALM CARDS		
					\$ 1,091.37		
<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>					\$ 1,843.41		
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

Amendment
 Yes No

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) ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525			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 \$ 9,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	10/10/2016	\$ 500.00	CONSULTING	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE SEXTON GROUP 405 W SUPERIOR #503 CHICAGO, IL 60654			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 \$ 111.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	O	07/16/2016	\$ 111.04	ROBO CALL	
				\$		
a. Full Name, Mailing Address & Phone (include city, state, & zip) US POST OFFICE NORTH MAIN STREET 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 \$ 141.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	I	08/03/2016	\$ 141.00		
				\$		
					\$ 752.04	
(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)					\$ 1,843.41	
A* - Media E - Salaries I - Postage O* Other		B* - Printing F* - Equipment J - Penalties		C* - Fundraising G - Political Party K* - Office Expenses		D - To Another Candidate H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

ELECT SHELLEY DICKERSON

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		h. Original Receipt Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/16/2016	
				i. Original Receipt Amount	
				\$ 71.43	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CONSULTANT		SELF EMPLOYED		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	HEAD SHOTS		07/16/2016	\$ 71.43

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		h. Original Receipt Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/16/2016	
				i. Original Receipt Amount	
				\$ 37.35	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CONSULTANT		SELF EMPLOYED		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	PRINTING		07/16/2016	\$ 37.35

a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments	
ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		h. Original Receipt Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		07/16/2016	
				i. Original Receipt Amount	
				\$ 33.62	
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
CONSULTANT		SELF EMPLOYED		P	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	PRINTING		07/16/2016	\$ 33.62

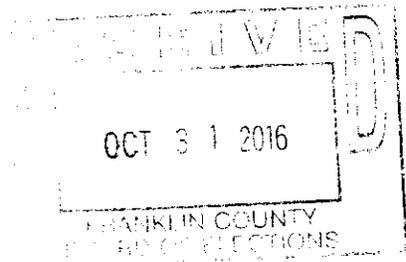
	\$ 142.40
	\$ 142.40

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
 P* - Reimbursement of In-Kim O* Other

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>\$ 10,676.79</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>\$ 10,676.79</td> </tr> </table>	d. Election Sum to Date	\$ 10,676.79
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>\$ 10,676.79</td> </tr> </table>	d. Election Sum to Date	\$ 10,676.79							
d. Election Sum to Date											
\$ 10,676.79											
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount									
CARDS	08/22/2016	\$ 32.03									
DONATION TO FCDP	10/07/2016	\$ 500.00									
FC HUMANE SOCIETY DONATION	10/10/2016	\$ 100.00									
<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">ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525</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>\$ 0.00</td> </tr> </table> </td> </tr> </table>			a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525	<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>\$ 0.00</td> </tr> </table>	d. Election Sum to Date	\$ 0.00
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments									
ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525	<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>\$ 0.00</td> </tr> </table>	d. Election Sum to Date	\$ 0.00							
d. Election Sum to Date											
\$ 0.00											
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount									
HEAD SHOTS	07/16/2016	\$ 71.43									
		\$									
		\$									
		\$ 703.46									
		\$ 703.46									

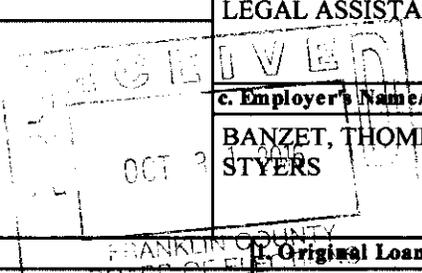


Outstanding Loans

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			
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	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
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	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
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	02/03/2016
			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
			\$ 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	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
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
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

Amendment
 Yes No

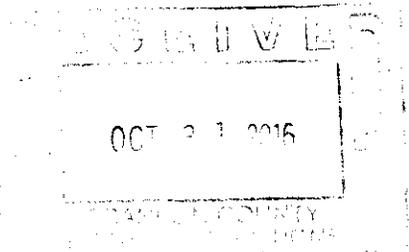
Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

ELECT SHELLEY DICKERSON			
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

CRO-1430

NC State Board of Elections

December 2007



Contributions to be Reimbursed

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

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

ELECT SHELLEY DICKERSON			
Full Name & Mailing Address of the Payee (the original vendor) ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PRINTING	07/16/2016	N	\$ 33.62
Full Name & Mailing Address of the Payee (the original vendor) ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PRINTING	07/16/2016	N	\$ 37.35
			\$ 70.97
			\$ 70.97