

# 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.

<b>a. Full Name</b> ELECT SHELLEY DICKERSON		<b>c. ID Number</b>
<b>b. Mailing Address (include City, State and Zip Code)</b> 230 LEONARD RD LOUISBURG, NC 27549		<b>d. Date Filed</b> 01/09/2017
		<b>e. Phone Number</b> (919) 853-1488

2016	10/23/2016	12/31/2016	SHELLEY DICKERSON
------	------------	------------	-------------------

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

<b>a. Financial Institution Full Name</b> CCB		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CAMPAIGN FINANCE	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>
<b>d. Period Begin Balance</b> \$		<b>d. Period Begin Balance</b>	

RECEIVED

JAN 18 2016

FRANKLIN COUNTY  
BOARD OF ELECTIONS

**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                      01/09/2017  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <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: _____	

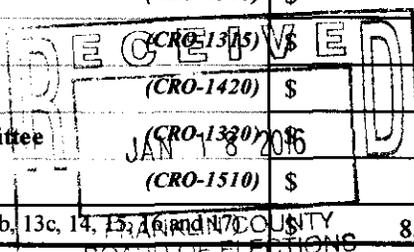
**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# 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 Fourth Quarter	
Start of Election Cycle: January 1, <u>2015</u>		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4,505.39	\$ 0.00
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 475.00
6) Contributions from Individuals (CRO-1210)	\$ 2,412.20	\$ 21,872.40
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)	\$ 3,000.00	\$ 47,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 125.00	\$ 125.00
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)	\$ 5,537.20	\$ 70,695.08
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 8,793.39	\$ 57,997.76
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 100.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 93.74	\$ 285.48
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 428.50
17) In-Kind Contributions (CRO-1510)	\$ 12.20	\$ 10,740.08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 8,899.33	\$ 69,551.82
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,143.26	\$ 1,143.26
<b>ADDITIONAL INFORMATION</b>		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 47,000.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 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	\$ 357.07



# 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

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  LUCY T ALLEN 312 NORTH MAIN STREET LOUISBURG, NC 27549	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> UTILITIES	
	<b>e. Election Sum to Date</b> \$ 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		12/07/2016	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549	<b>b. Job Title/Profession</b> LEGAL ASSISTANT	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> BANZET, THOMPSON & STYERS	
	<b>e. Election Sum to Date</b> \$ 13,688.99	

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	CAKE FOR WORKERS	11/07/2016	\$ 12.20
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  JENNY M EDWARDS 803 EAST MASON STREET FRANKLINTON, NC 27525	<b>b. Job Title/Profession</b> RETIRED	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> FARMER	
	<b>e. Election Sum to Date</b> \$ 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		10/31/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 362.20  
 \$ 2,412.20

# Contributions from Individuals

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

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

ELECT SHELLEY DICKERSON

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  ROBERT W EDWARDS 105 STRATFORD DR LOUISBURG, NC 27549	<b>b. Job Title/Profession</b> ARCHAEOLOGIST	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED	
	<b>e. Election Sum to Date</b> \$ 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		10/31/2016	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

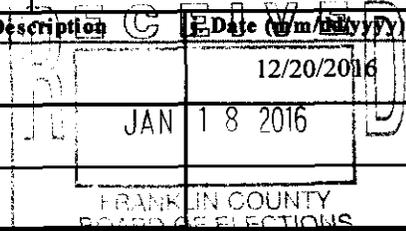
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  AMY LEONARD 3056 NC 58 HWY LOUISBURG, NC 27549	<b>b. Job Title/Profession</b> FUNERAL HOME	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> LANCASTER FUNERAL HOME	
	<b>e. Election Sum to Date</b> \$ 100.00	

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		10/31/2016	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  SHANE MITCHELL 650 JOHN SANDLING ROAD FRANKLINTON, NC 27525	<b>b. Job Title/Profession</b> LANDSCAPER	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED	
	<b>e. Election Sum to Date</b> \$ 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		12/20/2016	\$ 250.00
<input type="checkbox"/>				JAN 18 2016	\$
<input type="checkbox"/>					\$

					\$ 550.00
					\$ 2,412.20



# Contributions from Individuals

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

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

ELECT SHELLEY DICKERSON

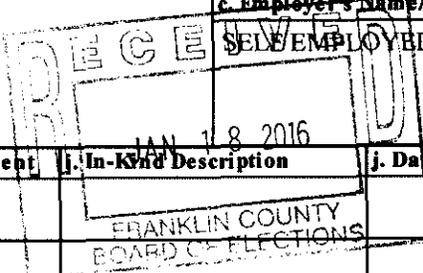
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  BLAND B PRUITT PERSON ST LOUISBURG, NC 27549	<b>b. Job Title/Profession</b> SELF EMPLOYED	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED	
	<b>e. Election Sum to Date</b> \$ 250.00	

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		11/10/2016	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  CONRAD BOYD STURGES II PO DRAWER 708 LOUISBURG, NC 27549	<b>b. Job Title/Profession</b> ATTORNEY	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED	
	<b>e. Election Sum to Date</b> \$ 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		10/31/2016	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  B N WILLIAMSON PO BOX 96 LOUISBURG, NC 27549	<b>b. Job Title/Profession</b> ATTORNEY	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> SELF EMPLOYED	
	<b>e. Election Sum to Date</b> \$ 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		10/31/2016	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

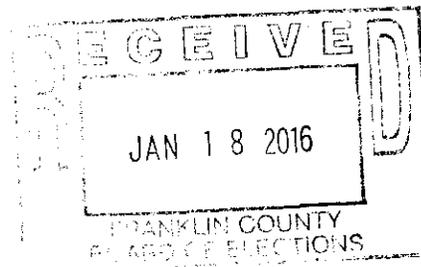
					\$ 1,500.00
					\$ 2,412.20

# Loan Proceeds

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

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				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>d. Comments</b>
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		LEGAL ASSISTANT		<b>e. Start Date (mm/dd/yyyy)</b>
		<b>c. Employer's Name/Specific Field</b>		11/22/2016
		BANZET, THOMPSON & STYERS		<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>
%		1	Check	\$ 3,000.00
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>
		<b>d. Percentage</b>		<b>e. Amount</b>
		%		\$
				\$ 3,000.00



# Refunds/Reimbursements To the Committee

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

ELECT SHELLEY DICKERSON					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>	
LOUISBURG COLLEGE CAMPUS BOX 3086 501 NORTH MAIN STREET LOUISBURG, NC 27549		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>h. Original Expenditure Date</b>	
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		05/26/2016	
				<b>i. Original Expenditure Amt</b>	
				\$ 125.00	
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose</b>		<b>j. Election Sum to Date</b>	
		REFUND OF DEPOSIT		\$ 0.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
1	Check		10/31/2016	\$ 125.00	
				\$ 125.00	
				\$ 125.00	

# 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)			b. Coordinated Committee Name		d. Comments
BERNARD ALSTON PO BOX 251 LOUISBURG, NC 27549					
			c. Level Registered (Specify)		
			<input checked="" 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	O	11/08/2016	\$ 130.00	WORKER
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
SHEILA BLACKMOND NC					
			c. Level Registered (Specify)		
			<input checked="" 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	O	11/08/2016	\$ 130.00	WORKER
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
CAPITAL CITY MAIL SERVICE 2660-124 DISCOVERY DR RALEIGH, NC 27616					
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 1,201.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	I	11/07/2016	\$ 1,201.67	
				\$	

					\$ 1,461.67
(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)					\$ 8,793.39

- |              |                |                      |                                     |
|--------------|----------------|----------------------|-------------------------------------|
| 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)				b. Coordinated Committee Name		d. Comments	
FOOD LION NC							
				c. Level Registered (Specify)			
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 114.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	11/05/2016	\$ 114.03	FOOD FOR WORKERS		
				\$			

a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CHARLES DOUGLAS GILL 1354 EAST RIVER RD LOUISBURG, NC 27549							
				c. Level Registered (Specify)			
				<input checked="" 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	O	11/08/2016	\$ 130.00	WORKER		
				\$			

a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TIERA HARRIS NC							
				c. Level Registered (Specify)			
				<input checked="" 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	O	11/08/2016	\$ 130.00	WORKER		
				\$			

\$ 374.03

(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)

\$ 8,793.39

- 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)			b. Coordinated Committee Name		d. Comments
MICHAEL HICKS 110 E FRANKLIN ST LOUISBURG, NC 27549					
			c. Level Registered (Specify)		
			<input checked="" 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	O	11/08/2016	\$ 130.00	WORKER
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
MELVIN JACKSON 4221 COLDWATER SPRINGS DR RALEIGH, NC 27616					
			c. Level Registered (Specify)		
			<input checked="" 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	O	11/08/2016	\$ 130.00	WORKER
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
MACK JONES NC					
			c. Level Registered (Specify)		
			<input checked="" 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	O	11/08/2016	\$ 130.00	WORKER
				\$	

					\$ 390.00
(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)					\$ 8,793.39
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					

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) CASSANDRA MARROW NC		b. Coordinated Committee Name	d. Comments
		c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" 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	O	11/08/2016	\$ 130.00	WORKER
				\$	

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	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 \$ 1,695.01

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	10/28/2016	\$ 803.64	PRINTING
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) NC GRAPHIC PROS LLC 2232 ROCKY FORD RD KITTRELL, NC 27544		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 \$ 64.05

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	10/25/2016	\$ 64.05	BANNER
				\$	

					\$ 997.69
(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)					\$ 8,793.39

- |              |                |                      |                                     |
|--------------|----------------|----------------------|-------------------------------------|
| 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ALITHA G PALICH 3124 WEST RIVER ROAD FRANKLINTON, NC 27525	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	<b>e. Election Sum to Date</b> \$ 14,000.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/22/2016	\$ 4,500.00	CONSULTING FEE
				\$	

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) COREY PERRY NC	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	<b>e. Election Sum to Date</b> \$ 260.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/08/2016	\$ 260.00	WORKER
				\$	

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) VALERIE PERRY 15 LEONARD DR LOUISBURG, NC 27549	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	<b>e. Election Sum to Date</b> \$ 130.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/08/2016	\$ 130.00	WORKER
				\$	

	\$ 4,890.00
(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)	\$ 8,793.39

- |              |                |                      |                                     |
|--------------|----------------|----------------------|-------------------------------------|
| 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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

Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

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

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/08/2016	\$ 130.00	OTHER
				\$	

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GILBERT WILLIAMSON 1324 RONALD THARRINGTON RD LOUISBURG, NC 27549	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
	<b>e. Election Sum to Date</b> \$ 130.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	11/08/2016	\$ 130.00	WORKER
				\$	

	\$ 260.00
(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)	\$ 8,793.39

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

# Aggregated Non-Media Expenditures

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

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

ELECT SHELLEY DICKERSON						
<input type="checkbox"/> Add	1	Debit Card	K	12/01/2016	\$ 48.79	CHECK ORDER
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	O	11/08/2016	\$ 5.87	BREAKFAST FOR WORKERS
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	O	11/08/2016	\$ 11.05	BREAKFAST FOR WORKERS
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	O	11/08/2016	\$ 12.02	BOWLS & CANDY FOR WORKERS
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	O	11/08/2016	\$ 16.01	BREAKFAST FOR WORKERS
<input type="checkbox"/> Remove						
					\$	93.74
					\$	93.74
<b>E - Salaries</b>		<b>B* - Printing</b>		<b>D - To Another Candidate</b>		
		<b>G - Political Party</b>				
<b>O* - Other</b>		<b>J - Penalties</b>		<b>Q* - Donations to Legal Expense Fund</b>		
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# In-Kind Contributions

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

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												
<table border="1"> <tr> <th>a. Full Name, Mailing Address &amp; Phone (include city, state, &amp; 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> <th>d. Election Sum to Date</th> </tr> <tr> <td colspan="2"></td> <td>\$ 13,688.99</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		d. Election Sum to Date			\$ 13,688.99
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										
		\$ 13,688.99										
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount										
CAKE FOR WORKERS	11/07/2016	\$ 12.20										
		\$										
		\$										
		\$ 12.20										
		\$ 12.20										

# Outstanding Loans

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

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

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

# Outstanding Loans

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

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

ELECT SHELLEY DICKERSON			
<input type="checkbox"/>		<input type="checkbox"/>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		LEGAL ASSISTANT	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		BANZET, THOMPSON & STYERS	02/12/2016
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 10,000.00	\$ 10,000.00
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<input type="checkbox"/>		<input type="checkbox"/>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		LEGAL ASSISTANT	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		BANZET, THOMPSON & STYERS	02/25/2016
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 6,000.00	\$ 6,000.00
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
<input type="checkbox"/>		<input type="checkbox"/>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>	<b>d. Comments</b>
SHELLEY DICKERSON 230 LEONARD ROAD LOUISBURG, NC 27549		LEGAL ASSISTANT	
		<b>c. Employer's Name/Specific Field</b>	<b>e. Start Date (mm/dd/yyyy)</b>
		BANZET, THOMPSON & STYERS	03/14/2016
			<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Original Loan Amount</b>	<b>j. Remaining Loan Balance</b>
%		\$ 4,000.00	\$ 4,000.00
<b>k. Full Name of Lending Institution</b>			<b>l. Loan Number</b>
			\$ 20,000.00
			\$ 47,000.00

# Outstanding Loans

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

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

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



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173

## Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

**This Statement is to be filed with the Election Board where the committee's reports are filed.**

- Name of committee to receive loan: Elect Shelley Dickerson
- Person or committee to make loan: Shelley Dickerson
- Date of loan to committee: 11-22-16
- Name of lending institution and account number (source):  
\_\_\_\_\_
- Amount of loan: \$ 3000.00
- Description (if in-kind loan): \_\_\_\_\_
- Names of all parties responsible for payment of loan (guarantors):  
\_\_\_\_\_  
\_\_\_\_\_
- Period of loan: \_\_\_\_\_
- Rate of interest of loan: \_\_\_\_\_
- Security pledged for loan: \_\_\_\_\_

I, Shelley Dickerson, (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Shelley Dickerson \_\_\_\_\_  
 Signature of Lender Date Signed 11-22-16

Shelley Dickerson \_\_\_\_\_  
 Signature of Treasurer of Committee Date Signed 11-22-16