Disclosure Re	•			1	Yes No
	eneral report and committee	information, must be	signed and sub	mitted along with ot	her detailed forms.
Personal Property of the Party	n to update information				
1. Committee Info	rmation				I my i
a. Full Name	C CHEDIEC				c. ID Number
DONALD DIXON	IOT SHEKIFF				
b. Mailing Address (inc	clude City, State and Zip Code)		REC	EIVED	d. Date Filed
204 DIXON CIRC					
WASHINGTON,	NORTH CAROLINA 2788	9	APR :	3 0 2018	
				2010	e. Phone Number
			Beaufor	rt County	252-975-2518
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	
2018	1/1/2018	4/2	1/2018	GEORGE DONA	LD DIXON JR.
6. Type of Commit		9. Type of Report		ly one type of report	
Candidate Camp		Municipal	State/C		Referendum
PAC Independent	Referendum	Organizationa		Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five day	у	Quarterly	Pre-referendum
Legal Expense I		Pro primory		First	Final
7. Type of Fund "Booster Fund"	(if applicable, check one)	Pre-primary Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff	lΗ	Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea	1 —	Semi-annual	
Other:		Year End	' 	Mid Year Year End	10. Special Report Name
8 Number of Fund	Iraisers this Report	Special	IH	Final	
o. i tumber of i une	0]		Special	
11. Account Inform			11. Account	Information	
a. Financial Institution			a. Financial Inst	titution Full Name	
FIRST SOUTH BA					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
	d. Period Begin Balanc	e			d. Period Begin Balance
	s -0.0 1032.	000			\$
CERTIFICATION	V	***************************************	L		
the NC General Sta	tutes and that no funds are cod correct and that I have bee	ommingled with prob n trained by the NC S	nibited or other	non-disclosed funds. Elections.	, & 22D-22M of Chapter 163 of . I further certify that this report 04-30-2018
FOR OFFICE USE			от търроп	Manager and Market Street, Str	
Date Received:		Employee:	***************************************		Delivery Method Normal Mail
Date Postmark	ed:	Employee:	Material Control of Co	elikimateliyatini dassa suurakain.	Registered Mail Hand Delivered
Date Scanned:	Range and the state of the stat	Employee:		MARKET STATE OF THE STATE OF TH	Electronically Filed Signer has not received
Date Data Ente	red:	Employee:	-		mandatory training
Please Note: Th		mend committee information of books informat			ess, treasurer, assistant treasurer,

Amendment

CRO-1000

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Ves

No

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

1. Committee Full Name (and Fund if applies ble)

2. Type of Report

Dixon for Sheriff	pe of Report			3. ID Nu	mber
Start of Election Cycle: January 1,	010	1	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	1132.00	\$	0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	100.00	\$	100.00
6) Contributions from Individuals	(CRO-1210)	\$	2082.19	\$	4246.19
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		S	
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		S	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d c	and 11e)	\$	2182.19	\$	4346.19
<u>EXPENDITURES</u>			拉斯尼列 斯		
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	2783.94	\$	2783.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
15) Loan Repayments	(CRO-1420)	\$		\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
17) In-Kind Contributions	(CRO-1510)	\$	150.00	\$	1182.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 a.	nd 17)	\$	2933.94	\$	3965.94
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$	380.25	\$	380.25
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

Aggregated	Contribut	tions from	Individuals
------------	-----------	------------	--------------------

No

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

1. Committee Full Name (and Fund if applicable) 2. ID Number									
DONALD DIXON for	SHERIFF					!			
3. Contributor Inform	nation								
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	,)	f. Amount			
Add Remove		cash		3/3/201	8	\$ 50.00			
Add									
Remove	ĺ	cash		4/13/20	18	\$ 50.00			
Add						6			
Remove						\$			
Add						\$			
Remove						.			
Add						\$			
Remove						-			
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Add						\$			
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Remove						-			
Add Remove						\$			
4. Total only this Page \$ 100									
5. Total of ALL C		σπος			· · · · · · · · · · · · · · · · · · ·	,			
(This line must be on line	\$								

Use this f	form to report indi	vidual contributions o	ver \$5(or contributions unde	er \$50 if form CR	O 1205 is no	ot used			
1. Committee Full Name (and Fund if applicable)							2. ID Number			
DONALI	D DIXON for SHE	ERIFF								
3. Contri	ibutor Informatio	on		Add Ren	nove					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	**************************************		
(include	city, state, & zip)			retired						
T.W. Fox				engineer		step-fathe	r			
1	ON CIRCLE			c. Employer's Name/Spe	ecific Field					
WASHIN	IGTON, NORTH	CAROLINA 27889		na		e. Election S	oum to Date			
252-944-	5847					\$	1532.00	enastroni (Normania - 1901)		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	L	j. Date (mm/dd/yy	/yy)	k. Amoun	t		
							\$	Aland daile communication of the second		
		ck			4/13/2	018	\$	500.00		
				militaria mentendenti (mentendenti mentendenti mentendenti mentendenti mentendenti mentendenti mentendenti men			\$			
3. Contri	 ibutor Informatio)n		Add Ren	nove					
	ne, Mailing Address &			b. Job Title/Profession		d. Comment	is			
	city, state, & zip)			agent						
Willaim '	Wilson					uncle				
125 Tuck	er Ln			c. Employer's Name/Spe						
Washingt	ton, NC 27889			Farm Bureau Insura						
						e. Election S	um to Date			
252-946-		_	-			\$	300.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amoun	t		
		ck			3/21/20	018	\$	250.00		
		ck			4/13/2	018	\$	50.00		
							\$			
3. Contri	ibutor Informatio	n		Add Ren	nove					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts			
(include	city, state, & zip)									
Hood	Richard	Son		c. Employer's Name/Sp		_				
102	Dudley	Place		Richardson	e. Election S	Sum to Date				
102 Dudley Place Washington NC 22889					\$					
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amoun	t		
			of	Fre Space	4-12-1	8	\$ /	50,00		
				, Co April			\$			
							\$			
4. Tota						T				
	l only this Page	e				\$		950.00		
5. Tota	l only this Page l of ALL CRO					\$		950.00		

Contributions from Individuals

Amendment

Yes No

		n Individuals vidual contributions o	ver \$50	or contri	hutions	Pg under		of m CR(2 O 1205 is no	Amendme	_	No
	THE RESERVE OF THE PERSON NAMED IN COLUMN	and Fund if applicat	NAME AND ADDRESS OF THE OWNER, OR	or contri	outions	under	\$30 H 101	in Citt	2. ID Num			
	D DIXON for SHE		,,,,,					•	20 20 7 (88)			
3. Contri	butor Informatio	n		Add		Rem	ove					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profes	ssion			d. Comments	s		
	city, state, & zip)											
	O DIXON				IDATE							
	ON CIRCLE	C. D. C. D. L. 65000		c. Emplo	yer's Nan	ne/Spe	cific Field					
WASHIN	IGTON, NORTH	CAROLINA 27889		MADT	INI CON	AMAT I	MITV					
				COLLE	IN CON	VIIVI U	NIII		e. Election S	um to Date		
252-975-	2518			COLL	ZGL							
									\$	1699.35		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mn	n/dd/yy	yy)	k. Amoun	t	
										\$		
		CHECK					4	4/19/20	018	\$		500.00
		DRAFT	FAC	CEBOOK ADS 4/2/201				018	\$		167.35	
3. Contri	butor Informatio	n		Add		Rem	ove					
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profes	ssion			d. Comments	s		
	city, state, & zip)			CAND	IDATE							
	O DIXON											
204 DIX	ON CIRCLE						cific Field					
Washingt	on, NC 27889			COLLE	IN CON	MMU	NIIY					
washingt	on, NC 2700)			COLLL	JOL				e. Election S	um to Date		
252-975-	2518											
									\$	2164.19		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mn	n/dd/yy	уу)	k. Amoun	t	
		DRAFT	FAC	EBOOK	ADS		4	/16/20	018	\$		249.20
		DRAFT	GO I	DADDY				3/19/20	018	\$		179.76
		DRAFT	GO I	DADDY				3/19/20	018	\$		35.88
	butor Informatio			Add		Rem	ove					
	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profes	ssion			d. Comments	s		
(include	city, state, & zip)											
				a Emplo	voula Nam	na/Cna	cific Field					
				c. Emplo	yer's Nan	ne/Spe	cilic Field					
									e. Election S	um to Date		
									\$	0		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mn	n/dd/yv	yy)	k. Amoun	t	
		•								\$		
										\$		
										\$		

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

1132.19

2082.19

\$

\$

Amendment **Disbursements** Yes \boxtimes No Pg of <u>1</u>

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

1. Committee F Donald Dixon f		d if applicable)			2. ID Number				
			700 1210 C	all annielle					
	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
	Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove								
	ng Address & Phone		b. Coordinated Committee Na		d. Comments				
(include city, state,	-			-					
Capitol Promoti			1						
	VIIS		a Level Degistered (Sec. 16.)						
PO Box 231	2020		c. Level Registered (Specify)						
Glenside, PA 19	δευν		Federal 🖂	County:					
			State	Municipality:	e. Election Sum to Date				
					\$ 1675.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
01	Check	В	04/10/2018	\$906.00	Yard Signs 4X4				
01	Check	В	04/10/2018	\$769.00	Yard Signs				
4. Payee Inform			Add	Remove					
	ng Address & Phone	الما الما الما الما الما الما الما الما	b. Coordinated Committee Na		d. Comments				
	-		o. Cool dinated Committee 148		Postcards				
(include city, state,	ox zip)		4		1 Usicalus				
Nextdayflyer			a Lauri Danietauri (Carrieta		1				
435 North	:42		c. Level Registered (Specify)	Countrie	1				
Midland NJ 076	003		Federal 🔲	County:	Black S. A. B.				
			State	Municipality:	e. Election Sum to Date				
					\$ 1108.94				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
01	Check	В	04/19/2018	\$1108.94	Postcard				
				\$					
4. Payee Inform	lation		Add	Remove					
	ng Address & Phone		b. Coordinated Committee Na		d. Comments				
(include city, state,	•								
			1						
			c. Level Registered (Specify)		1				
			Federal	County:	1				
			State	Municipality:	e. Election Sum to Date				
				municipanty.	C. Election Sum to Date				
		·		,	\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
				\$					
				\$					
g np 4 1 - 1 - 1				」。 And National Control of the Cont	g 2792.04				
5. Total only th					\$ 2783.94				
6. Total of ALL CRO-1310 Pages (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)									
	es (List detailed ex								
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate				
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politic		H* - Holding	Public Office Expenses n to Legal Expense Fund				
	e detailed explanat	ion in required r	emarks field (k)						

					Amen	dment	
In-Kind Contributions	Pg	1	of	1		Yes	\boxtimes
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.						

No

1. Committee Full Name (and Fund if	applicable)				2. ID	Number
DONALD DIXON for SHERIFF	·			-		
3. Contributor Information	Add] R	Remove			
a. Full Name, Mailing Address & Phone			b. Type of C	Contributor	c. Con	nments
(include city, state, & zip)				vidual		
			Can	didate		
HOOD RICHARDSON			Part	-		
102 DUDLEY PLACE			PAC			
WASHINGTON, NC 27889				erendum	d. Elec	ction Sum to Date
			Oth	er Receipt Source	\$	250.00
e. Description				f. Date (mm/dd/yy)	/y)	g. Fair Market Amount
USE OF OFFICE SPACE, 10 HRS A V	VEEK FOR 4 WE	EKS		4/12/2018		\$ 150.00
						\$
						\$
3. Contributor Information	Add	F	Remove			
a. Full Name, Mailing Address & Phone			b. Type of (Contributor	c. Con	ıments
(include city, state, & zip)		···	☐ Indi	vidual		
				didate		
			Part	-		
			PAC			
				erendum	d. Elec	ction Sum to Date
		·	U Oth	er Receipt Source	\$	
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount
						\$
						\$
						\$
3. Contributor Information	Add	F	Remove			
a. Full Name, Mailing Address & Phone			b. Type of (Contributor	c. Con	nments
(include city, state, & zip)			₁ ' ''''	vidual		
				didate		
			Part Part		ļ	
			PAC	erendum	d Flo	ction Sum to Date
				er Receipt Source	U. Elec	cuon sum to Date
				or recoupt source	\$	
e. Description				f. Date (mm/dd/yy)	уу)	g. Fair Market Amount
						\$
						\$
			*****			\$
4. Total only this Page					\$	150.00
5. Total of ALL CRO-1510 Pages						
(This line must be on line 17 of Detailed Summ	nary Page CRO-1100)				\$	150.00