

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

1. Committee Information	
a. Full Name DONALD DIXON FOR SHERIFF	c. ID Number
b. Mailing Address (include City, State and Zip Code) 204 DIXON CIRCLE WASHINGTON NC 27889	d. Date Filed 07/11/2018
	e. Phone Number 252-975-2518

RECEIVED
 JUL 11 2018
 Beaufort County
 Board of Elections

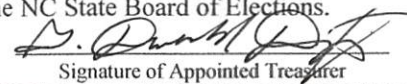
2. Report Year 2018	3. Period Start Date (mm/dd/yy) 04-22-2018	4. Period End Date (mm/dd/yy) 06-30-2018	5. Treasurer Full Name GEORGE DONALD DIXON JR.
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building 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"/> Year End	
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name FIRST SOUTH BANK		a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 380.25		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 of Elections.

G. DONALD DIXON, JR.  07-10-2018
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

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

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

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	
Donald Dixon for Sheriff		Final			
Start of Election Cycle: January 1, 2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 380.25		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals		<i>(CRO-1205)</i>		\$	
6) Contributions from Individuals		<i>(CRO-1210)</i>		\$ 1525.00	
7) Contributions from Political Party Committees		<i>(CRO-1220)</i>		\$	
8) Contributions from Other Political Committees		<i>(CRO-1230)</i>		\$	
9) Loan Proceeds		<i>(CRO-1410)</i>		\$	
10) Refunds/Reimbursements To the Committee		<i>(CRO-1240)</i>		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		<i>(CRO-1250)</i>		\$	
11b) Contributions from Not-for-Profit Organizations		<i>(CRO-1250)</i>		\$	
11c) Outside Sources of Income		<i>(CRO-1250)</i>		\$	
11d) Legal Expense Fund – Other Sources		<i>(CRO-1270)</i>		\$	
11 e) Exempt Purchase Price Sales		<i>(CRO-1265)</i>		\$	
12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 1525.00		\$	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		<i>(CRO-1310)</i>		\$ 1680.25	
13b) Contributions to Candidates/Political Committees		<i>(CRO-1310)</i>		\$	
13c) Coordinated Party Expenditures		<i>(CRO-1310)</i>		\$	
14) Aggregated Non-Media Expenditures		<i>(CRO-1315)</i>		\$	
15) Loan Repayments		<i>(CRO-1420)</i>		\$	
16) Refunds/Reimbursements From the Committee		<i>(CRO-1320)</i>		\$	
17) In-Kind Contributions		<i>(CRO-1510)</i>		\$ 225.00	
18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 1905.25		\$	
19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 0		\$	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		<i>(CRO-1330)</i>		\$	
21) Outstanding Loans (incl. ones from other campaigns)		<i>(CRO-1430)</i>		\$	
22) Debts and Obligations owed By the Committee		<i>(CRO-1610)</i>		\$	
23) Debts and Obligations owed To the Committee		<i>(CRO-1620)</i>		\$	
24) Account Transfers Within the Committee		<i>(CRO-1720)</i>		\$	
25) Administrative Support		<i>(CRO-1710)</i>		\$	
26) Forgiven Loans		<i>(CRO-1440)</i>		\$	
27) 48-Hour Notice Reports Sum		<i>(CRO-2200)</i>		\$	
28) Contributions to be Refunded		<i>(CRO-1215)</i>		\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
DONALD DIXON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEE BOWEN 623 RIVER ROAD WASHINGTON NC 27889 252-946-7162			OWNER/ENGINEER			
			c. Employer's Name/Specific Field			
			KID KUSION CHILD SAFETY PRODUCTS		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"/>		CHECK		MAY 01, 18	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
T.W. FOX 203 DIXON CIRCLE WASHINGTON NC 27889 252-944-5847			RETIRED/ENGINEER		STEP FATHER	
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
				\$ 1832.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		CHECK		MAY 01, 18	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
W.L. CAYTON 408 RIVER ROAD WASHINGTON NC 27889 252-343-4538			RETIRED / RETAIL			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
				\$ 225.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			ONLINE ADS	JUNE 1, 18	\$ 225.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 625.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
DONALD DIXON FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DONALD DIXON 204 DIXON CIRCLE WASHINGTON NC 27889 252-975-2518			CANDIDATE			
			c. Employer's Name/Specific Field			
			MARTIN COMMUNITY COLLEGE			
					e. Election Sum to Date	
			INSTRUCTOR		\$ 3064.19	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>		CHECK		APL 24, 18		\$ 900.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
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)					\$	

Disbursements

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
DONALD DIXON FOR SHERIFF					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
THE BRIDGE (RADIO) 2163 OLD BLOUNTS CRK ROAD CHOCOWINITY NC 27817 252-946-9898					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	MAY 3, 18	\$260.00	RADIO ADS
	CHECK	A	MAY 8, 18	\$90.00	RADIO ADS
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
WASHINGTON DAILY NEWS N. MARKET ST. WASHINGTON NC 27889				NEWS PAPER ADS	
		c. Level Registered (Specify)		e. Election Sum'to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	APL 25, 18	\$789.95	NEWS PAPER ADS,
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>		b. Coordinated Committee Name		d. Comments	
Donald Dixon 204 Dixon Circle Washington NC 27889 (252) 975-2518					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	cash		06-28-18	\$ 540. ⁰⁰	closed account
				\$	
5. Total only this Page					\$ 1139.95
6. Total of ALL CRO-1310 Pages <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>					\$ 3,923.89
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

10/1/88	10/1/88	10/1/88
10/2/88	10/2/88	10/2/88
10/3/88	10/3/88	10/3/88
10/4/88	10/4/88	10/4/88
10/5/88	10/5/88	10/5/88
10/6/88	10/6/88	10/6/88
10/7/88	10/7/88	10/7/88
10/8/88	10/8/88	10/8/88
10/9/88	10/9/88	10/9/88
10/10/88	10/10/88	10/10/88
10/11/88	10/11/88	10/11/88
10/12/88	10/12/88	10/12/88
10/13/88	10/13/88	10/13/88
10/14/88	10/14/88	10/14/88
10/15/88	10/15/88	10/15/88
10/16/88	10/16/88	10/16/88
10/17/88	10/17/88	10/17/88
10/18/88	10/18/88	10/18/88
10/19/88	10/19/88	10/19/88
10/20/88	10/20/88	10/20/88
10/21/88	10/21/88	10/21/88
10/22/88	10/22/88	10/22/88
10/23/88	10/23/88	10/23/88
10/24/88	10/24/88	10/24/88
10/25/88	10/25/88	10/25/88

Washington DC 20588
 204 Dixon Circle
 Donald Dixon
 (202) 442-8818

00.28.18 240.00 closed account

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.

1. Committee Full Name (and Fund if applicable) DONALD DIXON FOR SHERIFF		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) W.L. CAYTON 408 RIVER ROAD WASHINGTON NC 27889 252-343-4538		b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ONLINE ADS ON ONLINE NEWSPAPER		06/01/18	\$ 225.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments d. Election Sum to Date \$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 225.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	