RECEIVED

JUL 11 2024

Use this form to undate information.

Disclosure Report Cover

Use this form for general report and committee information.

BOARD OF ELECTIONS

Do not use this form to update information.								
1. Committee Information								
a. Full Name	c. ID Number							
Corrie Shepherd	for ABSS	School	1 Board					
b. Mailing Address (include City, State	e and Zip Code)			d. Date Filed				
b. Mailing Address (include City, State	7/11/24							
	e. Phone Number							
				(336) 578-4059				
2. Report Year 3. Period Start	Date (mm/dd/yy) 4	. Period Er	nd Date (mm/dd/yy) 5. Tr	reasurer Full Name				
2024 2/18/		6/30		rrie Miller Shepherd				
6. Type of Committee (Check C				of report from one category)				
Candidate Campaign Party			State/County	Referendum				
		Organizational	Organizational	Organizational				
		Thirty-five day	Quarterly	Pre-referendum				
Legal Expense Fund		Pre-primary	First	Final				
		Pre-election	Second	Supplemental Final				
7. Type of Fund (if applicable,		Pre-runoff	Third	Annual				
Booster Fund	_ s	Semi-annual	☐ Fourth	Special				
Building Fund	띧	Mid Year	Semi-annual					
/	10	Year End	Mid Year	10. Special Report Name				
Other:		inal	Year End					
8. Number of Fundraisers this	Report S	Special	Final	1				
			☐ Special	1				
11. Account Information		NEEDS NEEDS ON T	11. Account Information					
a. Financial Institution Full Name		The state of the s	. Financial Institution Full Na					
	2 (1	F	l. Pillaikiai Institution	ame				
Truliant Feder		Union						
b. Purpose	c. Account Code		o. Purpose	c. Account Code				
Campaign Funds								
	d. Period Begin Balar	nce		d. Period Begin Balance				
	\$ 25.00			\$				
	\$ 60.00			Ψ				
	at no funds are commet and that I have been	ningled with p n trained by th	prohibited or other non-discl	2A, 22B & 22D-22M of Chapter 163 closed funds. I further certify that this ions. The state of				
	21	Oigum	ittle of Appointed Fremuer	Date				
FOR OFFICE USE ONLY	1 1		- /	** " ** ** ** ** ** ** ** ** ** ** ** **				
Date Received:	11/2024	Employe	e:	Delivery Method Normal Mail				
Date Postmarked:		Employe	æ:	Registered Mail Hand Delivered				
1	4 - 1 / 1/ 1		ee: N	☐ Electronically Filed				
Date Scanned: 7	12/04	Employe		Ciana has not received				
Date Data Entered:		Employe	ee:	Signer has not received mandatory training				
Date Data Entered: Please Note: This form car		Employed	ee:	mandatory training he committee address, treasurer,				

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

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						
Corrie Shepherd for ABSS	Quester					
Start of Election Cycle: January 1, 2020	Total this	Total this				
	Reporting Period					
4) Cash on Hand at Start		\$ 25,00	\$ 25.00			
RECEIPTS	al factor is the last of the state of the st					
5) Aggregated Contributions from Individuals	(CRO-1205)		\$			
6) Contributions from Individuals	(CRO-1210)	\$ 2,000.0	0 \$ 2,000.00			
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)	\$	\$			
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)	\$	\$			
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 2,0000.0	0 \$ 2,080.00			
<u>EXPENDITURES</u>						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 98.41	6 \$ 98.46			
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)	\$	\$			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 98.4	6 \$ 98.46			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 1,926.5	and the second of the second o			
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-2220)	\$	\$			
28) Contributions to be Refunded CRO-1100 NC State Boar	(CRO-1215)	\$	\$ August 2008			

		rom Individua		Pg contributions und	of		Amendment Ves No 1205 is not used	
NAC'S PROPERTY NO STATE OF STATE OF	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							
				~ ~ 1 '	10 1			
	orrie >	newherd.	tur FIBR	2 2Ch08	1 1200° 9	-		
3. Con	tributor Inform	ation \		Add Re	move			
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. C	Comments	
-	le city, state, & zip)			Pharmacy	. Tech	l		
K	in Car	mmerbell!				┨		
,	17 E Cu	1211	Que.	c. Employer's Name/Specific Field				
8				Total Care			lection Sum to Date	
E	lon, N	C 27241	1	Pharmacy			\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount	
	١	check			5/21/24	1	\$ 2,000.00	
							\$	
							\$	
3. Cont	tributor Inform	ation		Add Rei	nove			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	Comments	
(includ	le city, state, & zip)							
				7 7 7	6 'e 12 11	-		
				c. Employer's Na	ne/Specific Field	ł		
				e.			e. Election Sum to Date	
						\$		
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							\$	
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	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments	
(includ	le city, state, & zip)			1				
100 A				c. Employer's Nar	ne/Specific Field			
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						\$		
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							\$	
							\$	
							\$	
4. Tot	al only this P	age			Are an observe a second	\$	2,000:00	
5. Tot	5. Total of ALL CRO-1210 Pages \$					2,000.00		
(This li	ine must be on line (of Detailed Summary P	age CRO-1100)			No.		

Disbursem	ients				Pg	j of	1	Amendment Yes	☑ No
	o report expenditures	from the commit	tee for c	operating exp	nenses,	contributi	ons to	the state of the s	itical
	coordinated party ex			P C .					
	Full Name (and Fun							2. ID Number	
CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY.	ie Sheph	Contract of the Contract of th	PROPERTY AND PERSONS AND PROPERTY.	THE RESERVE OF THE PERSON OF T	The second second		Control March 1989		
3. Type of Disb		e use separate CR	<u> 20-1310</u>	forms for e	each ty	Extend			
Operating Exp		ntributions to Candida	ates/Politic	ALCOHOLD BY THE REAL PROPERTY.	Secretary for sixty	CONTRACTOR STATE	rdinated	d Party Expenditur	res
4. Payee Inform				Add	Remo				
0.00	Iailing Address & Ph	ione		b. Coordinate	ed Comr	nittee Name	d	d. Comments	
(include city, state,	, & zip)								
	ordertees			c. Level Regis					
2727	Commerc	e way		Federal County:					
Philad.	Commerc. elphia, PA	19154		☐ State		Municipa	lity: e.	e. Election Sum to	Date
(800) 62	-0-1233				_			\$ 98.40	'P
	g. Form of Payment		1 1	mm/dd/yyyy)			-	quired Remarks	
® 1	debit card	B	6/	28/24	\$ 4	8.46	T-	Shirts	
					s			-	
4. Payee Inforn				Add	Remov	Water Control of the Control of the Control			
	ling Address & Phone			b. Coordinate	ed Com	nittee Name	d	l. Comments	
(include city, stat	te, & zip)								
				Federal State		County: Municipal		Election Sum to	Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amou	ınt	k. Req	juired Remarks	
					\$				
4. Payee Inforn	-effen			Add \square	Remov	tig in the state of			
	ling Address & Phone			b. Coordinate	7772	Str a ritty-old for i like saute	d	. Comments	
(include city, stat			1	b. Coo	24 Co	little		. Comment	
(mass,,	C, 00 mg/								
			1	c. Level Regis	stered (S				
			!	Federal	F	County:	L		
			!	State		Municipal	ity: e.	. Election Sum to	Date
								\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	mm/dd/yyyy)	j. Amou	int	k. Req	uired Remarks	
					\$				
					\$				
= m-4-1 only th	•0.4.2.2		Markey engly		AMENDA IN SE		Alles (g.	- 90 (1	
5. Total only thi								\$ 78.4	6
	CRO-1310 Pages							\$ 98.4	
(This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum	nmary Page CRO-110	00 if Cont	trib to Candida	ates/Polit		. 5	\$ 98.4	4
	line 13c of Detailed Sum		State State of the State of St	CALLEGE WAR WIRE TO SERVE THE SERVE AND A SERVE THE SERV	Expendi	tures)			
	odes (List detailed								
A* - Media	B* - Printir	_		undraising				er Candidate	
E - Salaries F* - Equipment G - Political P					500 <u>0</u>		-	Public Office	-
I - Postage O* Other	J - Penaltie	es	K* - U	ffice Expens	ses	Q* - Do	natio	n to Legal Exp	ense runa
	e detailed explanati	ion in required r	emarks	field (k)					