RECEIVED

Disclosure Report Cover

Ise 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 Inform	nation		В	ĭ:	Secretary But and the second street, and the second	exemple proportion of the		
a. Full Name							c. ID Number	
b. Mailing Address (inch	shephe	rd for	ABSS SO	chool	Board	7		
b. Mailing Address (inch	d. Date Filed							
3363 Covington Trail Mebane, NC 27302							10/29/24	
Mebane, NC 27302							e. Phone Number	
(336) 578 - 4059								
2. Report Year 3. Po	eriod Start	Date (mm/dd	/yy) 4. Period I	End Date	e (mm/dd/yy)	5. Treasure	er Full Name	
2024	7/1/2	4	10/1	9/21	1	Corrie	Miller Shepherd	
6. Type of Committe		ne)					rt from one category)	
Candidate Campaign			Municipal		State/County		Referendum	
PAC		rendum	Organizationa	1	Organizati	ional	Organizational	
Independent Expendi	ture Join	t Fundraiser	Thirty-five da	У	Quarterly		Pre-referendum	
Legal Expense Fund			Pre-primary		First		Final	
7 T	if applicable,		Pre-election Pre-runoff		Second Third		Supplemental Final Annual	
7. Type of Fund (Booster Fund	ij applicable,	cneck one)	Semi-annual		☐ Four		Special	
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Danieling rand			Year End		☐ Mid		10. Special Report Name	
Other:			Final	-2.h	☐ Year		To Special Report Hame	
8. Number of Fundr	aisers this	Report	☐ Special		☐ Final			
none			-	1	☐ Special		9	
11. Account Informa	etion			11. Acc	ount Inform	nation		
a. Financial Institution F					ial Institution			
Truliant	Federal	Credit	+ Union					
b. Purpose		c. Account Co	de	b. Purpos	se		c. Account Code	
Campaign F	nugs	١						
		d. Period Begi	n Balance				d. Period Begin Balance	
		\$1,92	6.54				\$	
CERTIFICATION								
of the NC General Sta	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. Locale M Shederd Come M. Shederd 10/29/24							
FOR OFFICE USE	ONLY							
Date Received:	1000	29-24	_ Employ	-	JI	Deli	ivery Method	
Date Received:	10	<u> </u>	_ Employ	/ee:	عدد	A CONTRACTOR OF THE PARTY OF TH	Normal Mail	
Date Postmarked:			_ Employ	/ee: _			Registered Mail Hand Delivered	
Date Scanned:			_ Employ	/ee: _			Electronically Filed	
Date Data Entered	d:		_ Employ	/ee: _			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

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 309 Quarter Total this Total this Start of Election Cycle: January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ 1.926. \$ 25.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 1,150.00 3.150.00 6) Contributions from Individuals (CRO-1210) \$ 250.00 7) Contributions from Political Party Committees \$ 250.00 (CRO-1220) \$ 8) Contributions from Other Political Committees 350.00 (CRO-1230) 1,350.00 \$ 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) \$ \$ 2,756.00 50.00 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 3,786,94 \$3,885.40 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, 15, 16 and 17) 88 86.9 \$ \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 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-1215) \$

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

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Contribut	ions from Polit	ical Party Committees	S Pg of	Yes No
		ons from a political party		
^	Full Name (and Fund	Γ.		2. ID Number
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(include city, st	ate, & zip)			
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Amendment

Contribut	ions from Other	Political Com	mittees F	eg <u>l</u> of <u>l</u>		Yes No
Use this form t	o report contributions fro	m other candidate, re	ferendum or Pa	AC committees		
1. Committee	Full Name (and Fund if	applicable)			2. I	D Number
Corrie	e Shedherd	for ABSS	School	Board		
3. Contributor	Information		Add R	emove		
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Amendment

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isbursements	Pg	 of	3_	☐ Yes	Q'i	No

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

the second secon	coordinated party ex	Section 1998 Conference on the Assessment Conference on the Confer	STATE OF THE PARTY	Province of the Company of the	and the same of the same		o Parker A	
1. Committee I	full Name (and Fund	d if applicable)	Naviga Sy					2. ID Number
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fur					12.43	2. ID Number
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(include city, sta	ıte, & zip)						
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