Disclosure Re						Amondment ☐ Yes ☐ No
			e information, r	nust be signed a	nd submitted al	long with other detailed forms.
Do not use this form		nformation.			A	
1. Committee Infor	mation					
a. Full Name						c. ID Number
Corries		sd for	ABSS S	school B	oced	
b. Mailing Address (incl						d. Date Filed
3363 Co Melson	ovingt	on Trai	12			3/10/25
Mehane	> NC	_ 2730	2			e. Phone Number
						(336)578-469
2. Report Year 3. P	eriod Start	Date (mm/dd/	yy) 4. Period I	End Date (mm/de	i/yy) 5. Treasu	rer Full Name
2024	1/1/2		10/	19/24		e Miller Shepherd
6. Type of Committ						port from one category)
Candidate Campaign		y erendum	Municipal	State/Co		Referendum
Independent Expend		erendum it Fundraiser	☐ Organizationa ☐ Thirty-five da		anizational arterly	Organizational Pre-referendum
Legal Expense Fund	ituie 🔲 joir	it Fulldraiser	Pre-primary	y n \text{u}	First	Final
Legal Expense l'unu			Pre-election	IH	Second	Supplemental Final
7. Type of Fund	(if applicable,	check one)	Pre-runoff		Third	Annual
Booster Fund			Semi-annual	IF.	Fourth	Special
Building Fund		- 1	Mid Yea	r Sem	ni-annual	9700 • 9400004800 #94
			Year End	d 🗀	Mid Year	10. Special Report Name
Other:			Final		Year End	
8. Number of Funda	aisers this	Report	☐ Special	Fina	ıl	
none				□ Spe	cial	
11. Account Inform	ation			11. Account Ir	formation	
a. Financial Institution F				a. Financial Instit	ution Full Name	
Truliant 1	Endaml	Credit	Noine			
	receigi		Daion	h D		In Assemble Code
b. Purpose		c. Account Cod	ie	b. Purpose		c. Account Code
Campaign !	Funds	1				
		d. Period Begin		RE	ODITE	d. Period Begin Balance
		\$1,92	6.54	I ILD	CEIVE	D \$
CERTIFICATION						
I certify that the Com of the NC General Sta report is complete, tru	atutes and tha	at no funds are	commingled with	prohibited or oth	er non-disclosed	2B & 22D-22M of Chapter 163 funds. I further certify that this
Cocrie Mil	10 0	epherd	Con	nature of Appointed	and	3/10/25 Date
FOR OFFICE USE	ONLY					
Date Received:	111		Employ	/ee:	<u>D</u>	elivery Method Normal Mail
Date Postmarked	:		Employ	/ee:		Registered Mail Hand Delivered
Date Scanned:			Employ	/ee:		Electronically Filed
Date Data Entere	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 SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment
Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Charles of the Colonia Charles and the Charles and the Colonia Charles and the Colonia Charles and the Charles and the Colonia Charles and the Colonia Charles and the	ID N	umber
Corrie Shepherd for ABSS Sold Boo	1			
Start of Election Cycle: January 1,		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$1,926.54	\$	0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1, 5,000	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 1756.00	\$	3,150.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 256.60	\$	256.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1,350.00	\$	1,3500
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources	Confession in maril 1962 in the contract and the contract			
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)	\$ 2,756.00	\$	4,750.00
<u>EXPENDITURES</u>	a productive suppression are productive and			
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)	\$ 200.00	\$	200.00
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 3,986.94	7 \$	4,085.40
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18)	\$ 689.60	\$	464.60
ADDITIONAL INFORMATION				and the second second second second
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)	\$	\$	

		rom Individua		Pg	of _		Amendment Yes No 205 is not used	
SAME TO STATE OF STREET	capito material representativa in territoria activação	ne (and Fund if app	Large State Associate an extra framework because the conduction of a	Ollu ibunons una	er 350 ii ioiiii Ci	NOT THE PARTY	D Number	
\cap		pheral for A	1 .	Board		20, 1	D Number	
3. Cont	tributor Inform	ation		Add Ren	move			
X1000000000000000000000000000000000000	ame, Mailing Addre			b. Job Title/Profes		d. Co	omments	
	le city, state, & zip)			Self Empl	joyed			
Kct	thy T. Gibil	Hartkopt Pega Rd. UC27215		c. Employer's Nan	toc			
250	So docar	ployed	e El	lection Sum to Date				
				1 10	45			
	19)599-1	5773					250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ition	j. Date (mm/dd/yyy	yy)	k. Amount	
	1	Check			7/31/2	4	\$ 250.00	
							\$	
							\$	
and the second second	ributor Informa			Add Ren	nove			
	ame, Mailing Addre			b. Job Title/Profes		d. Co	omments	
	le city, state, & zip)			Selt En	mployed			
Le	proced,	Harrison		c. Employer's Nan	ne/Specific Field	1		
311	ol field	Istone Lon	ع	Corefre				
Me	bone N	1627302	-	morehent			e. Election Sum to Date	
(2	31) 88 1-	4704	•	600	ocessing	\$	56.00	
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	\	cash					\$ 200.00	
							\$	
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	ributor Informa			MARCHINE STREET	nove			
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Co	omments	
(includ	e city, state, & zip)	outher le Pr. UC 2725						
17.3	7 Rehl	de Pr		c. Employer's Nam	ie/Specific Field			
150) / 1 2 3.	1. 2725	3			e. Ele	ection Sum to Date	
G	chan 1	76-5811				\$	56.00	
f. Prior		h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	y)	k. Amount	
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							\$	
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the state of the s	al only this Pa	age		William Committee on the Committee of th		-	, , , , , ,	
		O-1210 Pages		- 100 - 100		\$	550.00	

		rom Individua			2 of 2	7.00	- William of the Control of the Cont
CANADA PROPERTY.	The first contract of the last three beautiful to the last	individual contributione (and Fund if appl	COLUMN TO SERVICE STATE OF THE PARTY OF THE	ontributions und	er \$50 II 101111 Ci	Contract of	D Number
Coc	rie She	pherd for A		Beard			IV IV
SOUTH CONTRACTOR	tributor Informa			Add Rei	move		
1 1000 July 100	ame, Mailing Addre			b. Job Title/Profes	ssion	d. C	Comments
	le city, state, & zip)	Julity Training Training	. \	Telephon c. Employer's Nan	e Regard		
302	5 Trans	mility Tra				L	
1Ja	s River	MC 2725	8	not en	nd oyed	e. E	lection Sum to Date
(33	36)516-	3736			, ,	\$	200.00
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	ame, Mailing Addre		18.11	b. Job Title/Profes	ssion	d. C	omments
_	e city, state, & zip)			NUCS	0		
60	sctrey!	Geels		c. Employer's Name/Specific Field			
381	4 CAS	Geels Mill Rd.		Dike		- 171	lection Sum to Date
Du	E ham " 4	NL27712		J 402 ,	giore	e. E	\ OO . OO
Prior		h. Form of Payment	i. In-Kind Descrip	Hon	: Date (mm/dd/yyy		k. Amount
	g. Account Code	n. Form of Fayment	l. III-Kiiiti Descrip	uon	j. Date (mm/dd/yyy	y)	6
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							\$
	ributor Informa			Add Ren			
	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. C	omments
		pherd		c. Employer's Nam	ne/Specific Field		
331	03 Covin	pherd Iston Trail	/			-	
	Dene 1	NC 27302	_			0.000	ection Sum to Date
(3		-4059	1 1.	_		\$	325.00
	g. Account Code	(.	i, In-Kind Descript	tion	j. Date (mm/dd/yyy	y)	k. Amount
		check			10/15/2	4	\$ 300.00
							\$
							\$
4. Tota	al only this Pa	age				\$	600.00
		O-1210 Pages				\$	400.00
(This lin	re must be on line 6	of Detailed Summary Pa	ge CRO-1100)			7	13130.00

Contributi	ions from Politica	al Party Committees Pg	of _	1	Yes No
	to report contributions				Seminar and the seminar and th
	Full Name (and Fund if			2. I	D Number
Corrie	Shorterd F	or ABSI School Bo	ard		
3. Contributor	Information		move		
	ling Address & Phone			b. C	omments
(include city, sta	te, & zip)				
1410000	se kipis	rice women we			
2966	, S. Church		c El	lection Sum to Date	
Bustin	iston, NC 3	dican Women NC St. 27215			250.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	yy)	h. Amount
\	Check		10/15/2	4	\$ 250.00
					\$
					\$
3. Contributor	Information	☐ Add ☐ Rer	move		
	ling Address & Phone			b. Co	omments
(include city, stat	te, & zip)				
			ŀ		ection Sum to Date
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1 A		To v 271 1 To 1 11-	D (/ _//)/_	\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	y)	h. Amount
				_	\$
					\$
					\$
4. Total only	this Page			\$	250.00
	LL CRO-1220 Page	es		\$	250.00 256.00

Contributi		Amendment Yes No				
Use this form to	report contributions from	m other candidate, re	ferendum or PA	C committees		L. Commission of the Commissio
1. Committee F	full Name (and Fund if	applicable)			2. 1	D Number
Cocke	shooherd "	Er ABSSSJ	had Boos	9		
3. Contributor				move		
a. Full Name, Mail	ling Address & Phone		b. Type of Commi	ittee	d. C	Comments
(include city, stat			Candidate	☐ PAC	T	
Ridde	11 for NC HO	JUSC 64	c. Level Registere	d (Specify)	4	
1043	Berle Rd.		Federal	County:		
6510	0= 0 N(2	7249	☐ State		e. E	lection Sum to Date
Suom	Hornicha Becle Rd. Comp, NC 2 36)214-656 Jr. Form of Payment	4			\$	356.00
f. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yyy	/y)_	j. Amount
\	Check			10/14/2	4	\$ 350.00
3						\$
						\$
3. Contributor	Information		Add Ren	nove		
The state of the s	ing Address & Phone	ASSESSABLE OF SALES ASSESSED ASSESSABLE OF SALES ASSESSED ASSESSABLE OF SALES ASSESSED	b. Type of Commit	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	d. C	omments
(include city, stat			Candidate	PAC		
Teccu.	Tohnson		Referendum	1 (Caralla)	ł	
203116	Johnson Spanish Cak	M:11 84	c. Level Registered	County:		
124 2413	sponish we	HI 100.	State	Municipality:	e. El	lection Sum to Date
500W	Comp NC 2) 229-2021	- 1344			\$	1,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y)	j. Amount
		Paid \$1,00 Accelerated @	60.00 to	9/17/2	4	\$1,600.00
		signs				\$
						\$
3. Contributor l			Add Ren	nove		
	ing Address & Phone		b. Type of Commit	The same of the sa	d. Co	omments
(include city, state	e, & zip)		Candidate Referendum	☐ PAC		
		/	c. Level Registered	(Specify)		
			☐ Federal	County:		
		1	☐ State	Municipality:	e. Ele	ection Sum to Date
					\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy)	y)	j. Amount
						\$
						\$
						\$
4. Total only thi	s Page				\$	1,356.00
	CRO-1230 Pages				\$	1,356.60

Disburser	ments				Ps	z) of	Amendment Yes No
Use this form	to report expenditures	from the commit	tee for	operating ex	pen		ions to candidate/political
	d coordinated party ex				•		F
1. Committee	Full Name (and Fun	d if applicable)			8 1144 III 6 174 I		2. ID Number
Corrie	Shedherd f	be ABSIS	chorl	Board			
3. Type of Dis		use separate Cl	And the same of the same	the same of the sa		type of Disl	bursement.)
Operating Ex	Secretarial excellent School in such Mistale	ntributions to Candid			-		ordinated Party Expenditures
4. Payee Infor		ing the state of the state of the		Add	1,000,000	move	
SENSON DESCRIPTION DESCRIPTION OF THE PERSON	Mailing Address & Ph	one		b. Coordina	ted C	Committee Nam	e d. Comments
(include city, stat							
	ce Depot S. Church			c. Level Reg	ictor	od (Specify)	
1825	5 Church	St.		Federal		County:	
70 27	J. L. 016	2221		☐ State		Municipa	ality: e. Election Sum to Date
	instan NC						\$ 42.70
f. Account Code	g. Form of Payment	h. Purpose Code	i Date	(mm/dd/yyyy)	li A	mount	k. Required Remarks
\	debit con	2	8		1	42.70	
	C C S C T C C			1101-	\$	10	705 (23)
4. Payee Infor	mation			Add		move	
	iling Address & Phone		AN ENDER	STREET, STREET	2729E010E0	ommittee Name	e d. Comments
(include city, st				b. Coordinat	ieu C	ommuce Nama	c u. Comments
Convo	i.com			- TID		1(5-16)	
	E. Cesar CI	navez S	7.	c. Level Regi	istert	County:	
Buildi	ing 1,5 wite	1300	, .	☐ State		Municipa Municipa	dity: e. Election Sum to Date
Austin	TX 7870	2					\$ 217.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. A	mount	k. Required Remarks
1	debit cond	B	81	25/24	\$	188.00	Palm conds
	Cesti cons		01	CJ 12-1	\$	1 30.00	1011111
4 Down Total	Account to the second s		8,0525400		1	ethanich is katalanten den	ASSERTING STREET OF CONTRACTOR STREET, AND A DEPOSIT OF CALL FOR STREET OF CONTRACTOR OF CALL FOR STREET
4. Payee Infor	iling Address & Phone			Add L	1212 PH 100	move	Ti a
(include city, st				b. Coordinat	ed C	ommittee Name	d. Comments
CONCO	(0~	***************************************					
3015 6	Casa Cha	102 St		c. Level Regi	stere		
12/2 8	. Cesar Chang I Suit	1300		L Federal		County:	
project	1 3000	, 500		L State			lity: e. Election Sum to Date
Austin	Tx 7870	2					\$ 217.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. A	mount	k. Required Remarks
	debit and	B	01	14/24	\$	14.99	Palm Cords
	COSTICENO		,	11121	_	1	1001111 001 03
					\$		
5. Total only t	his Page			A street here			\$ 245.69
6. Total of AL	L CRO-1310 Pages						
	n line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)		\$ 3,786.94
	n line 13b of Detailed Sum					Political Comm)	1 37,106.17
(This line goes i	n line 13c of Detailed Sum	mary Page CRO-11	00 if Coo	rdinated Party	Expe	enditures)	
7. Purpose C	Codes (List detailed	expenditure code	in (h.)	above)	edit is		
A* - Media	B* - Printir			undraising		D - To A	Another Candidate
E - Salaries	F* - Equip			litical Party			olding Public Office Expenses
I - Postage	J - Penaltie	es	K* - 0	ffice Expen	ses		nation to Legal Expense Fund
O* Other	AND THE STREET STREET, STREET STREET,	Water 2 Clark W. Erranden and Anna Anna Anna Anna Anna Anna Anna	asystation of	202000020202000000000000000000000000000			
	re detailed explanati						
CRO-1310		NC:	State Boa	rd of Elections			December 200

Dich	ursements	
	111.26-1116-1112	

Pg	2	of	3	Amendment Yes	□ No
r g		OI		1 to	140

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

QUITTER PROBLEM OF STATE OF ST	full Name (and Fund				er en en en en en en	2	. ID Number
Corrie	Shecherd	FOR AUS	ssch	ad Be	bra		
3. Type of Dish	ursement (Please	use separate Cl	RO-1310	forms for a	each type of Disi	bursem	<u>ent.)</u>
Operating Exp	enses	tributions to Candid	ates/Politi	cal Committees	s 🔲 Coo	ordinated	l Party Expenditures
4. Payee Inform	nation			Add	Remove	. 2 (C) (C)	
a. Full Name, M	lailing Address & Pho	one		b. Coordinat	ed Committee Nam	e d.	. Comments
(include city, state,	& zip)						
Accele	Accelerated Graphics c. Level Registered (Specify)						
412 B	412 Bradley St. Buslinston NC 27215 Federal County: Municipality:						
Buches	tra NG 3	17215		State	☐ Municip	ality: e.	Election Sum to Date
(336)	266-56	53			·		\$3,165.46
f. Account Code	g. Form of Payment	h. Purpose Code	+	mm/dd/yyyy)			uired Remarks
	Check	<u>B</u>	9	130/24	\$ 2,145.44	4 5	1965
		R			\$1,000.00	In.	Kind Donation
4. Payee Inforn	nation			Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Nam	e d.	Comments
(include city, stat	te, & zip)						
00000							
Canva		12 -			stered (Specify)		
32/2 4	lesch Un	-vez 31,		Federal	County:	, <u> </u>	TI
Buildin	Cesar Chr	1360		State	☐ Municipa	ality: e.	Election Sum to Date
Austin	Tx 7870	2_				5	\$ 217.98
		h. Purpose Code	i. Date (r	nm/dd/yyyy)	i. Amount	k. Regu	uired Remarks
	Debit Cond	В	1		\$ 14.99	Po	Im conds
		2			\$		
4. Payee Inforn	nation			Add \square	Remove	7.00	
	ing Address & Phone			(2A10)A100-7979000 100	ed Committee Name	e d.	Comments
(include city, stat	e, & zip)						
Dialine	Services						
969 F	(den cce	of Dr.		c. Level Regis	ctered (Specify) County:		
50-1/00	e, WA	97.68		State	Municipa	lity: e.	Election Sum to Date
Sporco		2/1203					
(575	5) 623 -3					4	247.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	nm/dd/yyyy)	j. Amount	k. Requ	nired Remarks
1	debit and	A	10/1	4/24	\$ 247.58	15	le call
					\$,
5. Total only th	is Page						342012
The state of the s	CRO-1310 Pages					Ψ	3,428.03
	line 13a of Detailed Sum	B CBO 11	00:60				3,786.94
_	une 13a of Detailed Sum line 13b of Detailed Sum				•	, \$	3781 9U
	•					'	3,704.17
	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printin			ndraising	D - To	Another	r Candidate
E - Salaries	F* - Equipn			itical Party			Public Office Expenses
I - Postage	J - Penaltie			fice Expens			to Legal Expense Fund
O* Other				•	-		
* Codes require	e detailed explanation	n in required r	emarks	field (k)	However the My		

Disbursen	nonte				Pg 3 o	. 3	Amendment
		from the commit	too for	onomina o v	(C)	- N	The contract of the contract o
	o report expenditures I coordinated party ex		itee for t	operating ex	penses, controu	HOIIS to	candidate/pontical
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Full Name (and Fun				-6-11 A 6-2-1 (19-14-6)	2	2. ID Number
Porcie	c1 1		325	School	Boord		
3. Type of Disl	bursement (Please	use separate Cl	RO-131			bursen	<u>ient.)</u>
Operating Ex		tributions to Candid			The same of the sa		d Party Expenditures
4. Payee Infor	mation			Add 🔲	Remove		
a. Full Name, N	Mailing Address & Ph	one		b. Coordinat	ted Committee Nan	ne d	. Comments
(include city, state	e, & zip)						
make	stickers.	(DM		c. Level Reg	istered (Specify)		
18621	81St AVE	1 / 440	7	Federal State	County:	-	. Election Sum to Date
Tinler	y Park, I	L 6098	1				• (), ()
1800	· 347-27	44					\$ 94.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
)	debit cc-d	13	10	114/24	\$ 94.5		itickess
					s		
4. Payee Infor				Add \square	Remove		
	ling Address & Phone			Alan or a traction right	ed Committee Nam	ne [d	. Comments
(include city, sta				D. Coordinat	eu Commutee Man	ic u	. Comments
^				1			
(techo	m Cinem	10		c. Level Regi	istered (Specify)		
110 N.	main St.			☐ Federal	County:		
C - 1	NIC 27	$2 \subset \mathcal{F}$		☐ State	☐ Municip	ality: e.	Election Sum to Date
(336)	m NC 27) 226-14.	88					\$ 18.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
	delatered	A	101	16/24	\$ 18.65	1Ad	ivestising
	1		1		\$		
	Communication of the communica	er en applikasjon i programa samon en	50/55/04/6		and the second of the second o	ering allege enter a file	relation the parties of the Maria Control of the Color
4. Payee Inform				Add L	Remove ed Committee Nam		G
a. Full Name, Mai (include city, sta	ling Address & Phone			b. Coordinat	ed Committee Nam	ie a.	. Comments
(include city, sta	ite, & zip)						
				c. Level Regi	stered (Specify)		
				Federal	County:		
				☐ State	Municip	ality: e.	Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
			1		\$		
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5 Total cala 4	nis Doge	L					¢ 112 22
5. Total only th							\$ 113.22
AASSESSESSESSESSESSESSESSESSESSESSESSESS	L CRO-1310 Pages I line 13a of Detailed Sun	mary Page CRO-11	00 if Ope	rating Expens	es)		\$3,786.94
(This line goes in	n line 13b of Detailed Sum n line 13c of Detailed Sum	mary Page CRO-11	00 if Con	trib to Candid	ates/Political Comm	1)	۱۱ ، ۱۵ و ۱ رح
Control Company of the Control Control	Control Committee Control Cont	the substrate of the second of the second of the	us-ally decision follows	gaster and known as any man			
7. Purpose C A* - Media	odes (List detailed B* - Printii			undraising	В Т-	Anothe	er Candidate
E - Salaries	F* - Equip			litical Party			Public Office Expenses
I - Postage	J - Penaltic			ffice Expen			n to Legal Expense Fund

I - Postage O* Other

Refunds/Reimbur	sements From the Con	nmittee Pg	g of	Amendment Yes No
Use this form to report refu	nds/reimbursements, including co	ontributions retur	ned to the contrib	outor.
1. Committee Full Name (and Fund if applicable)			2. ID Number
Corrie Shept	verd for ABSS Scho	ol Board		
3. Payee Information \		Add 🔲 Re	move	
a. Full Name, Mailing Address	& Phone	d. Type of Comm		h. Original Receipt Date
(include city, state, & zip)		Candidate Referendum	PAC Party	9/6/24
3161 Fieldsto		e. Level Register		i. Original Receipt Amount
Melsone Nic		State	County: Municipality:	\$ 200.00
10 07 III—III VEIDAIGIANDI IDA		f. Purpose Code		j. Election Sum to Date
(231)881-4	769	N		\$ 56.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Self Employed	Corefree Merchant)
I. Form of Payment m. Requ	nired Remarks		n. Date (mm/dd/yy	yy) o. Amount
Cash ex	ceeded cash limitation	~	2/19/2	\$ \$ 150.00
3. Payee Information			move	
a. Full Name, Mailing Address &	& Phone	d. Type of Comm	ittee	h. Original Receipt Date
(include city, state, & zip)		Candidate	PAC	9/16/24
Koren Strai	wther	e. Level Registere	Party	
1237 Pebble		Federal	County:	i. Original Receipt Amount
Graham N		State	Municipality:	\$ 100.00
accham 201	C 21233	f. Purpose Code		j. Election Sum to Date
(919) 201-	-2811	N		\$ 56.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
	UNC Health			\
	iired Remarks		n. Date (mm/dd/yy	
Cash ex	ceeded cash limit		2/15/	25 \$ 50.00
3. Payee Information		Those occursors and all street party	move	
a. Full Name, Mailing Address & (include city, state, & zip)	k Phone	d. Type of Comm	ittee PAC	h. Original Receipt Date
(menade city, state, & zip)	<u> </u>	Referendum		
		e. Level Registere		i. Original Receipt Amount
		☐ Federal	County:	\$
		State	Municipality:	
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment m. Requ	ired Remarks		n. Date (mm/dd/yyy	
	CONTROL STATE OF THE STATE OF T	REPORTATION AND DESIGNATION OF THE RESIDENCE OF THE RESID		\$
4. Total only this Page	O Pogos			\$ 200.00
5. Total of ALL CRO-1326 (This line must be on line 16 of	O Pages Detailed Summary Page CRO-1100)			\$ 200.00
	ailed disbursement code in (f) abo	ove)		
L - Returned to Contribute P* - Reimbursement of I	or M - Overpayment for		N - Excee	ded Contribution Limit
* Codes require detailed	explanation in required remark	ks field (m)		
CRO-1320	NC State Box	ard of Elections		December 2007