**Disclosure Report Cover** 

Amendment

**₩** No ☐ Yes

Alegania Weborr Cover	the standard submitted along with other detailed forms
Ise this form for general report and committee information.	, must be signed and submitted along with other detailed forms
To not use this form to update information.	

Fearmittee Information					
a. Full Name		D Number			
C 0 1/	y Pierce				
b. Mailing Address (include City, State and Zip Code)	d. ]	Date Filed			
PO Box #122		1-25-2021			
Haw River, NC 27258		Phone Number			
•		119-656-5363			
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Perio	l End Date (mm/dd/yy) 5. Treasurer I	ull Name			
2020 10/19/2020 13	-21-2020 ANTHON	y Pierce			
6. Type of Committee (Check One) 9. Type of R	eport (check only one type of report)	from one category)			
Candidate Campaign Party Municipal	State/County Re	ferendum			
PAC Referendum Organizati	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Organizational Pre-referendum			
Independent Expenditure I Joint Fundraiser I Thirty-five	·	Final			
Legal Expense Fund  Pre-election		Supplemental Final			
7: Type of Fund (if applicable, check one) Pre-runoff	Third	Annual			
Booster Fund Semi-annu	· · · · · · · · · · · · · · · · · · ·	Special			
☐ Building Fund ☐ Mid		). Special Report Name			
Year Trust	End Mid Year 10	o obeciai rebort mame			
Other: Final  Special  Special	Final				
8. Number of Fundraisers this Report Special	Special				
	11. Account Information				
11. Account Information a. Financial Institution Full Name	a. Financial Institution Full Name				
		<u>.</u>			
t. Purpose C. Account Code	b. Purpose c.	Account Code			
MIL Cincial needs					
All timesti Mesos	<u> </u>	1 Decid Paris Palence			
for campaign d. Period Begin Balance		Period Begin Balance			
\$ 650.34		\$			
CERTIFICATION		0. AAD AAN of Chamton 163			
I certify that the Committee or Fund is in compliance with all	applicable provisions of Article 22A, 22B of with prohibited an other near disclosed fund	x ZZD-ZZW OF Chapter 103			
of the NC General Statutes and that no funds are commingled report is complete, true and correct and that I have been traine	with promotion of other non-disclosed rand to the NC State Board-of Elections.	so, grandier poeting man and			
report is complete, true and correct and that I have been traine					
Anthony Pierce	Satt Their	1-2-5-2021			
Printed Name of Signer	Signature Appointed Treasurer	Date			
FOR OFFICE USE ONLY	<b>.</b>	Mothod			
Date Received: 1/27/20 Em	ployee: UTI IN	<u>ery Method</u> Iormal Mail			
Data Bastanouloods Em		Registered Mail			
	· · <u>La</u> .	Iand Delivered Lectronically Filed			
Date Scanned: <u>211120</u> Em	ployee:	-			
	ployee: n	Signer has not received nandatory 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 than get ED					
You must amend the Statement of Organiz	ation (CRO-2100A-E) to make commit	theekoffangês. 💶 🗾			

CRO-1000

NC State Board of Elections

August 2008

## **Detailed Summary**

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 2. Type of Report 3. ID Number 1. Committee Full Name (and Fund if applicable) Total this Total this January 1. Start of Election Cycle: Reporting Period **Election Cycle** \$ 4) Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 595.00 \$ 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees (CRO-1230) \$ \$ (CRO-1410) 9) Loan Proceeds \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) 11) Other Receipt Sources (CRO-1250) \$ 11a) Interest on Bank Accounts \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) 11d) Legal Expense Fund - Other Sources (CRO-1270) (CRO-1265) \$ 11e) Exempt Purchase Price Sales 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) 13b) Contributions to Candidates/Political Committees (CRO-1310) (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1315) 14) Aggregated Non-Media Expenditures \$ (CRO-1420) \$ \$ 15) Loan Repayments 16) Refunds/Reimbursements from the Committee (CRO-1320) (CRO-1510) 17) In-Kind Contributions 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 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) (CRO-1610) 22) Debts and Obligations owed by the Committee 23) Debts and Obligations owed to the Committee (CRO-1620) \$ (CRO-1720) 24) Account Transfers Within the Committee 25) Administrative Support (CRO-1710) \$ \$ (CRO-1440) 26) Forgiven Loans \$ 27) 48-Hour Notice Reports Sum (CRO-2220) 28) Contributions to be Refunded (CRO-1215) \$

Disbursements	Pg	1	of
	•	_	

Use this form to	report expenditures :	from the commit	ttee for o	operating exp			ons to candidate/po	litical
committees and	coordinated party ex	penditures						
	ull Name (and Fund	l if applicable)	$\overline{\frown}$	. N. 1945 (A.C.)			2, ID Number	Light Satisfied
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Operating Exp		tributions to Candid	ates/Politi	***** 1.221.00.			rdinated Party Expendit	ıres
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a. Full Name, M (include city, state,	lailing Address & Pho	one	•	b. Coordinat	ed Comr	nittee Name	d. Comments	•
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(include city, sta	te, & zip)							
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E West State			l Kalendari					
5. Total only th	entre de la Companya						<b>D</b>	
	CRO-1310 Pages line 13a of Detailed Sum	wani Pasa CPO 11	00 if One	untina Funana	201			
, -	line 13b of Detailed Sum	• -				ical Comm)	\$ 92.	28
	line 13c of Detailed Sum							
7. Purpose C	odes (List detailed	expenditure code	e in (h.)	above)				F. Village, and S. Village, an
A* - Media	B* - Printin	ıg	C* - F	undraising			Another Candidate	
E - Salaries	F* - Equip			litical Party			lding Public Offic	
I - Postage O* Other	J - Penaltie	es	K* - O	ffice Expen	ses	<b>Q</b> ∗ - Do	nation to Legal Ex	pense Fund

\* Codes require detailed explanation in required remarks field (k)

Amendment



## **Certification of Inactive Status**

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

## FILED BY:

Committee Name:

Citizens for Anthony Pierce

Treasurer Name:

**Anthony Pierce** 

Treasurer Address:

PO Box 122

(include city, state, & zip)

Haw River, NC 27258

Treasurer Phone:

919-656-5363

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

1/26/2021

Date Signed

RECEIVED

JAN 27 2021

CRO-3200

Certification of Inactive Status

ALAMANCE COUNTY