Disclosure	Report	Cover
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Ame	ndment	
\boxtimes	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

Do not use this form	to apaate information						
1. Committee Infor	mation			Y A			
a. Full Name						e. II) Number
Citizens For Anthon	y Pierce		RECE	:I\ /E-r	•		537979
b. Mailing Address (incl	ude City, State and Zip Code)			· VE		đ. D	ate Filed
PO Box 122 Haw River, NC 272	58		MART	j 2022			3-16-2022
2-0.1 - 12.1 - 2.7 - 1.1 - 1.1	-		ALAMANCE	e. Pl	hone Number		
		NS		919-275-2554			
2. Report Year	3. Period Start Date (mm/d		Period End Da /dd/yy)	te	ull Name		
2021 07/01/2021			12/31/2021		Anthony Pierc	e 	
6. Type of Committ	ee (Check One)	9. Type of	Report (c	heck on	ly one type of rep	ort from	one category)
Candidate Campa		Municipal		State/Co			rendum
PAC	Referendum		nizational		Organizational		Organizational
Independent	<u> </u>	= -		_	J		-
Expenditure	Joint Fundraiser	Thirty	-five day		Quarterly		Pre-referendum
Legal Expense Fu		_ ,		 -	T		T 1
7. Type of Fund	(if applicable, check one)	= '	rimary	│╠	First		Final
Booster Fund"			ection	∣∐	Second		Supplemental Final
Building Fund		Pre-re		╽╚	Third		Annual
			annual	I Ш	Fourth		Special
<u></u>		<u> </u>	Mid Year	5	Semi-annual	9.972.	
Other:	l∐	Year End	IШ	Mid Year	10.	Special Report Name	
		Final		\boxtimes	Year End		
8. Number of Fundi	raisers this Report	Speci	al	Final			
	0				Special		
11. Account Inform		E	11. A	count I	nformation		A STATE OF THE STA
a. Financial Institution F		· · · · · · · · · · · · · · · · · · ·	a. Fina	ncial Insti	itution Full Name		
Select Bank & Trust	,	·				1.0.4	
b. Purpose	c. Account Code		b. Purp	ose		с.	Account Code
Financial	A DO	200					
Needs for	AP20	020					
the campaign	d. Period Begin Balance	;				d.	Period Begin Balance
	\$ 558.04					\$	
CERTIFICATION			<u> </u>				
I certify that the Com	nmittee or Fund is in compli	ance with all	applicable pro	visions o	of Article 22A, 2	2B, & 22	D-22M of Chapter 163 of
the NC General Statu	ates and that no funds are co	mmingled w	th prohibited o	r other r	non-disclosed fur	ids. I furtl	her certify that this report
is complete, true and	correct and that I have been	trained by th	ie NC State Bg	ard of É	lections.		
Anthony Pie		·	tit	(The	ياستر مراه	- کہ	-16-2022
	Printed Name of Signer		Signature of	f Appoint	ed Treasurer	-	Date
FOR OFFICE USE O	NLY						
Date Received:	3-16-2022	Emp	loyee:	<u></u>	3		e <u>ry Method</u> Normal Mail
Date Postmarked	1:	Emp	loyee:				Registered Mail Hand Delivered
Date Scanned:		Emp	loyee:				Electronically Filed Signer has not received
Date Data Entere	ed:	Emp	loyee:		<u> </u>		mandatory training
Please Note: Thi	s form cannot be used to an custodia	an of books in	formation, or	account	information.		

Amendment \boxtimes Yes No

Detailed SummaryUse 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
Citizens For Anthony Pierce	2021 year-end ser	nia	537979
Start of Election Cycle: January 1,	2021	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 558.04	\$ 558.04
RECEIPIS AND THE PROPERTY OF THE			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 350	\$ 350
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 Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	c, 11d and 11e)	\$ 350	\$ 350
DESPENDITURES.			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 431.83	\$ 431.83
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 2.01	\$ 2.01
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 100	\$ 100
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 533.84	\$ 533.84
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 374.20	\$ 374.20
EADDING ON A PRICORMANION 4			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	(CRO-1430)	\$	Section 1 - Control of the control o
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)	\$	\$
<u>-</u>	, ,	\$	\$
28) Contributions to be Refunded	(CRO-1215)	ψ	Ψ

In-Kind Contributions Pg 1 of 1 Yes No

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)				2. ID	Number	
Citizens For Anthony Pierce					537979	
3. Contributor Information 🗵 Add 🔲 R	Remove	21 1 T		iglika.		
a. Full Name, Mailing Address & Phone	 		Contributor	c, Cor	nments	
(include city, state, & zip)		Indiv	idual			
Anthony Pierce	\boxtimes	Can	didate		rating cost	
2009 Atlas Drive		Party		donation		
Haw River, NC 27258	□	PAC				
		Referendum		d. Ele	d. Election Sum to Date	
		Othe	r Receipt Source	\$	100	
e. Description			f. Date (mm/dd/yy	y y)	g. Fair Market Amount	
Operating Cost donation			11-20-2021	<u> </u>	\$ 100	
					\$	
					\$	
	lemove					
a. Full Name, Mailing Address & Phone	b. Typ		ontributor	c. Con	nments	
(include city, state, & zip)			/idual			
			lidate			
		Party				
	님	PAC		3 573	de Com to Dete	
			rendum	a. Elec	ction Sum to Date	
		Othe	r Receipt Source	\$		
e, Description			f. Date (mm/dd/yyy	<u>y)</u>	g. Fair Market Amount	
					\$	
					\$	
<u> </u>					\$	
	emove					
a. Full Name, Mailing Address & Phone	b. Typ		ontributor	c. Con	iments	
(include city, state, & zip)			/idual			
	I∐		lidate			
	빌	Party				
		PAC			ation Sum to Date	
			rendum	d. Elec	ction Sum to Date	
		Othe	r Receipt Source	\$		
e. Description			f. Date (mm/dd/yyy	/y) .	g. Fair Market Amount	
					\$	
					\$	
					\$	
4: Total only this Page	1,424) 1 <u>1</u> 146).			\$	100	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detalled Summary Page CRO-1100)				\$	100	

				Amendmei	1t
Disbursements	Pg	<u>1</u>	of <u>1</u>	Yes	

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

The second secon	ull Name (and Fun							2. ID Number	
Citizens For An		THE COURSE SEE BY ME AND ADDRESS OF THE PARTY OF THE PART			<u> </u>	<u> </u>	V	537979	
3. Type of Disbu	provide a visit of the control of th	ise use separate C	RC	0-1310 forms for eac	ch ty	ne of Disbursem	ent.)		
Operating Ex				lates/Political Committees				d Party Expenditures	
4. Payee Inform		X		\dd [┪	Remove	7.497.4		
T. 12. T.	ing Address & Phone		· · ·	. Coordinated Committee	ee Na		d. Co	mments	
(include city, state,	· 7.		<u> </u>	1000					
North State Asso			1				Carr	p Consultant	
			<u> </u>	. Level Registered (Speci			Can	ip Consultant	
	rmony Church Rd		C.		11y)				
Rougemont, NC	27572		<u> </u>	Federal	_	County:			
704-438-1192			L	State		Municipality:	e. Ele	ction Sum to Date	
							\$ 3	000	
f. Account Code	g. Form of Payment	h. Purpose Code	Ц,	i. Date (mm/dd/yyyy)		j. Amount		quired Remarks	
7,2,		12	\neg					y payment	
AP2020	Debit Card	E	!	12/6/2021		\$300		7.1. 7	
						\$	 		
4. Payee Inform	ration		A	∖dd E	7	Remove	a front de la company		
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(include city, state,	= .							Box renewal	
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	.1		F	I carel Decristored (Special	· a.)				
105 Roxboro Rd			F.	Level Registered (Speci	ily)	~ .			
Haw River, NC	27258	ı	Ļ	Federal	╛	County:			
		!	止	State		Municipality:	e. Elec	ction Sum to Date	
							\$ 1	18	
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)		j. Amount	k. Rec	juired Remarks	
AP2020	debit Card	K		12/01/2021		\$118.00	PO b	ox renewal	
Ar2020	George Card	K		12/01/2021		\$110.00			
		1				\$			
4. Payee Inform	iofian	 		 xdd		Remove	. Jan	and the same of	
The state of the s	ing Address & Phone			. Coordinated Committe	e Na			nments	
upi sila samali Kala		,		Coordinates Committee		m.	UF	ILIAN CARACT	
(include city, state, d			1				Time	on Marie	
	aper/ Times News	!	\vdash			-	Times News		
707 S. Main St		!	C.	Level Registered (Speci	ity)				
Burlington, NC	27215	!	ΙĿ	Federal County:					
		!	L	State		Municipality:	e. Elec	ction Sum to Date	
							\$ 1	3.83	
f. Account Code	g. Form of Payment	h. Purpose Code	Щ	i. Date (mm/dd/yyyy)		j. Amount	k. Rec	juired Remarks	
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•	line 13b of Detailed Sum		_			i	•		
	line 13c of Detailed Sum			process of the second second	ıditur	res)			
	es (List detailed exp								
A* - Media	B* - Printing	C* - Fund				D - To Anothe			
E - Salaries	F* - Equipment							Office Expenses	
I - Postage	J - Penalties	K* - Offic	e E	Expenses		Q* - Donation	to Le	gal Expense Fund	
O* - Other	e detailed explanati	1 - 1 1 - 1 1 minutes of mi	-	2452 8 212 (15)	· .	i Po in diá pasa Caledigiás	e danse		
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No

		m Individuals			Pg <u>1</u> of		⊠ Ye	s No
		ividual contributions		or contributions un	nder \$50 if form CI	and the second and the second and the		
1. Comn	iittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber .	
Citizens	For Anthony Piero	ce					537979	
3. Contr	ibutor Informati	o ir . § 4. obey at each	X	Add R	emove		in green	rengizi - nan
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen		
(include Anthony	city, state, & zip)			Clinical Project I	Manager	Candidate	e contributi	on
2009 Atl				c. Employer's Name	Specific Field			
Haw Riv	er, NC 27258			54				
						e. Election S	Sum to Date_	
						. \$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amoun	
	AP2020	debit card	Oper	rating funds	11/20/2	2021	\$	100
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Ш						The State of the S	\$	
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	ne, Mailing Address o city, state, & zip)	& Phone		b. Job Title/Profession	n	d. Commen	ts	1 7.50
Robert B				Not employed				
2826 Cha	•			c. Employer's Name/	Specific Field			
Burlingto	on, NC 27215			Not employed				
							Sum to Date	
						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	AP2020	Debit card			12-8-2	022	\$	250
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san effect to	city, state, & zip)					,		
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Amendment

Aggregated No	n-Media	Expenditure	S
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Amendment
Page ____of ____ Yes ___No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

			Z-TD-Number			
Citizens F	or Anthony Pier	ce	537979			
	Romanor : - "		en e			
A REAL PROPERTY AND ADDRESS OF THE PARTY OF	b Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Remove	AP2020	Arch draft -	0	12/9/2021	\$2.01	ActBlue Fees
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E - Salar I - Posta	ies P*-	Equipment enalties	G - Political l K* - Office l	Party H*-1	Tolding Public Of Donations to Lega	fice Expenses
O* - Otl		Charles Constitution	AND THE STATE OF T		viimiono to megu	o with a sure
		d explanation in	required remai	ks field (g)		