

Disclosure Report Cover

Amendment
 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.

1. Committee Information	
a. Full Name CITIZENS FOR ANTHONY PIERCE	c. ID Number 537979
b. Mailing Address (include City, State and Zip Code) P.O. BOX 122 HAW RIVER, NC 27258	d. Date Filed 01/13/2024
	e. Phone Number (919) 656-5363

2. Report Year 2022	3. Period Start Date (mm/dd/yy) 01/01/2022	4. Period End Date (mm/dd/yy) 04/30/2022	5. Treasurer Full Name ANTHONY PIERCE
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code AP2020	b. Purpose RECEIVED	c. Account Code
	d. Period Begin Balance \$ 488.03	JAN 10 2024	d. Period Begin Balance
		ALAMANCE COUNTY BOARD OF ELECTIONS	

CERTIFICATION

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

Anthony Pierce Printed Name of Signer AP Pierce Signature of Appointed Treasurer 01/13/2024 Date

FOR OFFICE USE ONLY

Date Received: 1-16-24 Employee: ✓ Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____
 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

Amendment	
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
CITIZENS FOR ANTHONY PIERCE	2022 First Quarter		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 488.03	\$ 440.04
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 370.00	\$ 370.00
6) Contributions from Individuals	(CRO-1210)	\$ 1,380.00	\$ 1,730.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 1,000.00	\$ 1,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,750.00	\$ 3,100.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 149.90	\$ 449.90
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 59.88	\$ 61.89
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 105.00	\$ 105.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 314.78	\$ 616.79
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,923.25	\$ 2,923.25
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,000.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CITIZENS FOR ANTHONY PIERCE						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	AP2020	Credit Card		01/21/2022	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		01/17/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		03/07/2022	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		03/23/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		01/28/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		04/27/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		02/23/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		04/05/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Cash		03/29/2022	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		03/17/2022	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		02/28/2022	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	AP2020	Credit Card		03/23/2022	\$	25.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$370.00
5. Total of ALL CRO-1205 Pages					\$	\$370.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Amendment
 Yes No

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	
CITIZENS FOR ANTHONY PIERCE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sharhonda Buie 203 KAITLIN DR DURHAM, NC 27713				REGISTERED NURSE			
				c. Employer's Name/Specific Field PPD			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Credit Card		03/01/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RUFUS EDMISTEN 132 S. SALISBURY ST RALEIGH, NC 27601				ATTORNEY			
				c. Employer's Name/Specific Field EDMISTEN			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Check		03/10/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JONATHAN JOHNSON 224 FOLEY DR GARNER, NC 27529				SENIOR CLINICAL RESEARCH ASSOCIATE			
				c. Employer's Name/Specific Field COVANCE			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Credit Card		03/12/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,380.00	

Contributions from Individuals

Amendment
 Yes No

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	
CITIZENS FOR ANTHONY PIERCE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KATHERINE LANDES 1313 CHERRY DR BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Credit Card		03/05/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHANNON LONG 4145 Dickey Mill Rd MEBANE, NC 27302				PASTOR			
				c. Employer's Name/Specific Field			
				BEYOND MEASURE MINISTRIES		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Credit Card		02/28/2022	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARY LONGHILL 8719 Lindley Mill Road SNOW CAMP, NC 27349				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Credit Card		04/07/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,380.00	

Contributions from Individuals

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	
CITIZENS FOR ANTHONY PIERCE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARIA MILLS-WILSON 1100 Birdsong Ct YOUNGSVILLE, NC 27596				CLINICAL RESEARCH			
				c. Employer's Name/Specific Field			
				MMW CLINICAL CONSULTANTS		e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Credit Card		01/17/2022	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANTHONY PIERCE P O BOX 122 HAW RIVER, NC 27258 (919) 275-2554							
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	In-Kind	FILLING FEE	02/28/2022	\$ 105.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANDRE RICHMOND 103 Norwood Court MEBANE, NC 27302				LAW ENFORCEMENT			
				c. Employer's Name/Specific Field			
				ORANGE COUNTY SHERIFF'S OFFICE		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	AP2020	Credit Card		03/18/2022	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 280.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,380.00	

Contributions from Individuals

Amendment	
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	
CITIZENS FOR ANTHONY PIERCE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHRIS Seiberlich 116 Grandfather Ct HOLLY SPRINGS, NC 27540				SALES MANAGER			
				c. Employer's Name/Specific Field			
				MURATA			
				e. Election Sum to Date			
				\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		03/17/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LATRINA WATKINS 1025 SWEET GUM WAY MEBANE, NC 27302				DIRECTOR STM			
				c. Employer's Name/Specific Field			
				PPD			
				e. Election Sum to Date			
				\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		01/24/2022		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 1,380.00	

Loan Proceeds

Pg 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CITIZENS FOR ANTHONY PIERCE			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ANTHONY PIERCE P O BOX 122 HAW RIVER, NC 27258 (919) 275-2554			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	03/29/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0.000%		AP2020	Check
k. Amount			
			\$ 1,000.00
l. Full Name of Lending Institution			m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	c. Employer's Name/Specific Field
		d. Percentage	e. Amount
		%	\$
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>			\$ 1,000.00

Disbursements

Amendment	
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CITIZENS FOR ANTHONY PIERCE					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
ZOOM 55 Almaden Blvd, Suite 6 SAN JOSE, CA 95113					
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					e. Election Sum to Date
					\$ 149.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AP2020	Debit Card	O	03/09/2022	\$ 149.90	SOFTWARE EXPENSE
				\$	
5. Total only this Page					\$ 149.90
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 149.90
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Aggregated Non-Media Expenditures

Amendment	
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Bill Name (and Fund if applicable)						2. ID Number
CITIZENS FOR ANTHONY PIERCE						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	01/05/2022	\$ 3.75	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	02/03/2022	\$ 3.54	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/03/2022	\$ 4.51	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/04/2022	\$ 11.93	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	01/11/2022	\$ 7.37	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	02/09/2022	\$ 4.93	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/09/2022	\$ 2.98	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/11/2022	\$ 20.87	PAYMENT PROCESSING FEE
4. Total only this Page					\$	59.88
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	59.88
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

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			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
ANTHONY PIERCE P O BOX 122 HAW RIVER, NC 27258 (919) 275-2554		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,105.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
FILLING FEE	02/28/2022	\$ 105.00	
		\$	
		\$	
4. Total only this Page		\$ 105.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 105.00	

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CITIZENS FOR ANTHONY PIERCE			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ANTHONY PIERCE P O BOX 122 HAW RIVER, NC 27258 (919) 275-2554			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	03/29/2022
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0.00%		\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 1,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>		\$ 1,000.00	