

Detailed Summary

Amendment 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 | |
|--|--|--------------------------|--|-----------------------------|--|
| Citizens For Anthony Pierce | | 2022 1 st Qtr | | 537979 | |
| Start of Election Cycle: January 1, | | <u>22</u> | | Total this Reporting Period | |
| 4) Cash on Hand at Start | | \$ 374.23 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 195 | | \$ 790 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 2380 | | \$ 5649.09 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ 1000 | | \$ 1000 | |
| 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) | | \$ | | \$ | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 3575 | | \$ 7439.09 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 149.90 | | \$ 2293.03 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 36.03 | | \$ 552.14 | |
| 15) Loan Repayments (CRO-1420) | | \$ | | \$ | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ | | \$ | |
| 17) In-Kind Contributions (CRO-1510) | | \$ 1105 | | \$ 1935.62 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 1290.93 | | \$ 4780.79 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2658.30 | | \$ 2658.30 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 1,000 | | | |
| 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) | | \$ | | \$ | |

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 | | | | | 537979 | |
| 3. Contributor Information <input checked="" 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 2009 Atlas Drive Haw River, NC 27258 | | | Clinical PM | | Candidate Contribution | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | 54 | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1105 | |
| 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 | Loan for Ops | 03/29/2022 | \$ 1000 | |
| <input type="checkbox"/> | AP2020 | Check | Filing Fee | 02/28/2022 | \$ 105 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Marla 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 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AP2020 | Debit | | 01/17/2022 | \$ 75 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Latrin Watkins 1025 Swet Gun Way Mebane, NC 27302 | | | Director, STM | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | PPD | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AP2020 | Debit Card | | 01/24/2022 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1280 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2380 | |

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 | | | | | 537979 | |
| 3. Contributor Information <input checked="" 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 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AP2020 | Debit Card | | 02/28/2022 | \$ 250 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" 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 Drive Durham, NC 27713 | | | Registered Nurse | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | PPD | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AP2020 | Debit Card | | 03/01/2022 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" 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 Drive Burlington, NC 27215 | | | Acuarial Analyst | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | National General Ins | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AP2020 | Debit Card | | 03/02/2022 | \$ 250 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 600 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 2380 | |

Contributions from Individuals

Pg 3 of 4

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 | | | | 537979 | |
| 3. Contributor Information <input checked="" 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 Drive Garner, NC 27529 | | Sr. Clinical Research Associat | | | |
| | | c. Employer's Name/Specific Field | | | |
| | | Covance | | e. Election Sum to Date | |
| | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | AP2020 | debit card | | 03/12/2022 | \$ 100 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 3. Contributor Information <input checked="" 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 Cr Holy Springs, NC 27540 | | Sales Manager | | | |
| | | c. Employer's Name/Specific Field | | | |
| | | Murata | | e. Election Sum to Date | |
| | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | AP2020 | Debit card | | 03/17/2022 | \$ 100 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 3. Contributor Information <input checked="" 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 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | AP2020 | Debit card | | 03/18/2022 | \$ 100 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 4. Total only this Page | | | | \$ 300 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | \$ | |

2380
2,380
2,380

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 | | | | | 537979 | |
| 3. Contributor Information <input checked="" 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 Rd Mebane, NC 27349 | | | Not Employed | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Not Employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | AP2020 | debit card | | 04/07/2022 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Rufus L Edmisten 132 S. Sallsbury St Raleigh, NC 27601 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self employed | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| 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 | | 03/29/2022 | \$ 100 | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 200 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 2275 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

2364
2275

Loan Proceeds

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 | | 537979 | | |
| 3. Lender Information <input checked="" 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 2009 Atlas Drive Haw River, NC 27258 | | Clinical Research | | Loan from Cand. |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) |
| | | Xcovery Holdings, In | | 03/29/2022 |
| | | | | f. End Date (mm/dd/yyyy) |
| | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount |
| 0 % | | AP2020 | Check | \$ 1,000 |
| l. Full Name of Lending Institution | | | | m. Loan Number |
| Anthony Pierce | | | | 01 |
| 4. Endorsers/Makers (The people who guarantee the loan.) | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | |
| | | d. Percentage | | e. Amount |
| | | % | | \$ |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field |
| | | | | |
| | | d. Percentage | | e. Amount |
| | | % | | \$ |
| 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 | | | | \$ 1,000 |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1410)</i> | | | | |



NORTH CAROLINA STATE BOARD OF ELECTIONS

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: Citizens For Anthony Pierce
- Person or committee to make loan: Anthony Pierce
- Date of loan to committee: 03-29-2022
- Name of lending institution (source):
Anthony Pierce
- Amount of loan: 1,000
- Description (if in-kind loan): Loan to campaign
- Names of all parties responsible for payment of loan (guarantors):
Citizen For Anthony Pierce
- Period of loan: TBD
- Rate of interest of loan: 0%
- Security pledged for loan: _____

I, Anthony Pierce, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Anthony Pierce
Signature of Lender

5-10-2022
Date Signed

Anthony Pierce
Signature of Treasurer of Committee

5-10-2022
Date Signed

Disbursements

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) Citizens For Anthony Pierce | | | | | 2. ID Number 537979 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input checked="" 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 San Jose, CA 94088 888-799-9666 | | | | | Zoom Meetings | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 149.90 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| AP2020 | Debit | K | 04/04/2022 | \$149.90 | Zoom meetings | |
| | | | | \$ | | |
| 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 | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 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 | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 149.90 | |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 149.90 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

