Disclosure Report Cover					
	report and committee infor	rmation, must be	signed and sub	mitted along with o	other detailed forms.
Do not use this form to up	and the restriction of the state of the stat	es eti ottiskas	el ned esseringel	Marian disease modelately can	
1. Committee Informatio	on			a Nilosofficial and a second state of the second se	
a. Full Name Citizens For Anthony Pie	erce	(ह का 2 2	San Jan Jan Jan	or pay and or	c. ID Number 537979
b. Mailing Address (include Ci	State and Zin Code)	•	N. Pearle, South Front Services	7.3	d. Date Filed
PO Box 122	ity, State and Esp Cour,	Ĭ	MAY 10 202	7	
Haw River, NC 27258		23.6	434 1210		5-10-2022
		7 Jun 80)	inks/Adel 373 Killinger Palestorn i de gjede k		e. Phone Number
				74.5 	919-275-2554
2. Report Year 3. Pe	eriod Start Date (mm/dd/yy	(mm/dd/yy)	End Date	5 Treasurer Ful	ll Name
2022	01-01-2022	04-3	30-2022	Anthony Pierce	
6. Type of Committee (C		Type of Report		<u> </u>	rt from one category)
Candidate Campaign		unicipal	State/Co		Referendum
PAC Independent	Referendum	Organizational	-	Organizational	Organizational
Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day	<i>'</i>	Quarterly	Pre-referendum
7. Type of Fund (if a)	pplicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
	-	Semi-annual	L	Fourth	Special
Other:	<del> </del>	Mid Year Vear End		Semi-annual Mid Year	to Cartal Dawn Name
Uner.		Year End Final	ᅵ片	Mid Year Year End	10. Special Report Name
8. Number of Fundraiser	refhic Renort	Special	<del>                                    </del>	Final	
	DEUIIS AND ACCESSION OF THE PARTY OF THE PAR			Special	
0 11. Account Information			11. Account I		
a. Financial Institution Full Na		<u>्रोही की अवधित्र विभाग्य प्रशासकात्र है।</u>		intormation	<u> 野田 新聞 TOUR TOUR A SERVICE AND A HONOR </u>
Select Bank & Trust			154 A 1547	Ibbaton a second	
b. Purpose	c. Account Code		b. Purpose	· · · · · · · · · · · · · · · · · · ·	c. Account Code
Financial	AP2020				
Needs for					
the campaign	d. Period Begin Balance				d. Period Begin Balance
	\$ 374.20				\$
CERTIFICATION	<u> </u>				
I certify that the Committe	nd that no funds are commi	ingled with prohi	ibited or other notate Board of 1	non-disclosed funds	3, & 22D-22M of Chapter 163 of s. I further certify that this report
Prin	nted Name of Signer	Si	gnature of Appoint		Date
FOR OFFICE USE ONLY	-1 1	2			
Date Received:	5/10/22	Employee:		M	Delivery Method Normal Mail
Date Postmarked:		Employee:	#AMMANA company		Registered Mail Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Entered:		Employee:	~~~		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.				
=	THUNG WHITE VALUE AS SOUTH TALLET	. Ut OIBmillanic.	(0100 2100	L) w make commi	itee changes.

	Amen	dment		
Detailed Summary		Yes	$\boxtimes$	No
Use this form to summarize all disclosure reporting forms and to total monetary information.	4			
	THE SECTION	A PROPER	Applies, a	i a sistema

1. Committee Full Name (and Fund if applicable)  Citizens For Anthony Pierce	2. Type of Report 2022 1st Otr		<b>3. ID Number</b> 537979
		Total this	Total this
Start of Election Cycle: January 1,	2022	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 374.20	\$ 374.20
RECEIRIST NO. 1			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 195	\$ 195
6) Contributions from Individuals	(CRO-1210)	\$ 2380	\$ 2730
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)	<b>\$</b>	\$
11) Other Receipt Sources 11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11a) Interest on Bank Accounts  11b) Contributions from Not-for-Profit Organization		\$	
			\$
	(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	\$ 3925
EXPENDENCES  13) Disbursements	Kirkhian (Selection)		
13a) Operating Expenditures	(CRO-1310)	\$	\$ 431.83
13b) Contributions to Candidates/Political Committee		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 185.93	\$ 187.94
15) Loan Repayments	(CRO-1420)		
		\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
<ul> <li>17) In-Kind Contributions</li> <li>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15.</li> </ul>	(CRO-1510)	\$ 1105	\$ 1205
<ul> <li>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,</li> <li>19) Cash on Hand at End (Add lines 4 and 12 together, then subtra</li> </ul>		\$ 1290.93	\$ 1824.77
ADDITE ON ALST NEORMAIN ON	ict line 18)	\$ 2658.27	\$ 3032.47
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns		\$	
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)		
The second secon		\$	
	(CRO-1710)	\$	\$
	(CRO-1440)	\$	\$
<ul> <li>27) 48-Hour Notice Reports Sum</li> <li>28) Contributions to be Refunded</li> </ul>	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		ividual contributions	over \$50	r or contributions un		<u>4_</u> O 1205 is n	ot used	
	W	(and Fund if applica				2. ID Nu		
Citizens	For Anthony Piero	ce					537979	
3. Contr	ibutor Informati	ÖÜ	$\square$	Add 🔲 R	emove			
	me, Mailing Address	& Phone	<del></del>	b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)	<del>-</del>						
Anthony				Clinical Research				
	ast Drive	•		c. Employer's Name/	Specific Field			
Haw Riv	er, NC 27258			54		- 101 a séis m	Cours do Dada	
						<u> </u>	Sum to Date	· · ·
			i			\$	1205	
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							\$	
3. Contr	ibutor Info <b>rm</b> atio	on	$\boxtimes$	Add 🔲 R	emove	Tree of the state		
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ıts	
	city, state, & zip)	<u> </u>						
	ills-Wilson			Clinical Research				
1100 Bir	_			c. Employer's Name/S				
Youngsv	ille, NC 27596		1	MMW Clinical C	onsultants	a Flaction	Sum to Date	
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	city, state, & zip)							
Latrina V				Director, STM				•
	et Gun Way		ļ	c. Employer's Name/S	Specific Field			
Mebane,	NC 27302			PPD				
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		ividual contributions						.e::48(46)
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Citizens	For Anthony Piero	ce					537979	
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	e city, state, & zip)			Pastor				
Shannon	ckey Mill Rd			c. Employer's Name/	Specific Field	-		
	, NC 27302			Beyond Measure		†		
111004112,	1,02,202			-0,		e. Election	Sum to Date	
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	city, state, & zip)					1		
Sharhond				Registed Nurse	C. AC. TV IX	-		
	lin Drive , NC 27713			c, Employer's Name/S	Specific Field	1		
Durnam,	NC 27713					e. Election	Sum to Date	
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(include	city, state, & zip)	·						
	e Landes			Actuarial Analyst	<del></del>			
	erry Drive		ļ	c. Employer's Name/S	<del></del>			
Burlingto	on, NC 27215			National General	Ins	Floation	Sum to Date	
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**Contributions from Individuals** 

		m Individuals		P		0.1305 :- 10	Yes	No No
	T. 2. 15 TOTAL	ividual contributions of the contributions of the contribution of		or contributions un	der \$50 II form CR	2. ID Nu	a term for the contract of the	
			DIC)	<u> Aug 16 - Dia manggalan menggalah mil</u>	<u> 1805) G. S. C. (1805) - 1803) S.</u>	2.12.110.		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Citizens	For Anthony Piero	ce		teller i de la	TENERS CO. S. C.	· · · · · · · · · · · · · · · · · · ·	537979	ere <u>la sign</u> terçe <u>e</u> sille
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	ne, Mailing Address	& Phone	•	b. Job Title/Professio	<u>n</u>	d. Commen	ıts	
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Chris Seil	dfather Cr			Sales Manager c. Employer's Name/S	Specific Field			
	ings, NC 27540			Murata			1	
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(include Andre Ri	city, state, & zip)	<del></del>		Law Enforcement	<u>.</u>			
	vood Court			c. Employer's Name/S	<del></del>			
	NC 27302			Orange County S				
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Use this form to report in		over \$5	ia or contributions i		of <u>4</u>	Ye	s No
1. Committee Full Name	(and Fund if applica	able)			2. ID N		
Citizens For Anthony Pier						537979	and the same of th
3. Contributor Informat	ion		Add	Remove		Nama Majara da	
a. Full Name, Mailing Address	& Phone	···	b. Job Title/Profess	A NOTE OF THE PROPERTY OF THE	d. Comm	ents	5124446034 (VI 4.1. VI 4.8
(include city, state, & zip)				<del></del>			
Mary Longhill			Not Employed				
8719 Lindley Mill Rd Mebane, NC 27349			e. Employer's Name	e/Specific Field			
Micualic, INC 27549			Not Employed		- F14'-	- C	
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a. Full Name, Mailing Address	& Phone		b. Job Title/Professi	on	d. Commo	ents	
(include city, state, & zip)							
Rufus L Edmisten 132 S. Sallsbury St			Attorney				
Raleigh, NC 27601			c. Employer's Name Self employed	/Specific Field			
			Sen employed		e Election	Sum to Date	
					\$	100	
F. Prior g. Account Code	h. Form of Payment	i. In-k	Lind Description	j. Date (mm/dd/	yyyy)	k. Amount	
☐ AP2020	Check			03/29/		\$	100
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**Contributions from Individuals** 

## **Aggregated Contributions from Individuals**

Page

1

Amendment Yes 🛛 No :

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

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3. Co	ntributor Info	rmation			<b>电影的基础。</b>	J. P. P.		
a. Ame	1 1/2007 MARKA 12/19/00 1978 9/2/2/20	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy		f. Amount	
$\boxtimes$	Add	AP2020	debit card		01/17/2	กาว	\$ 25	
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	Add Remove	AP2020	debit card		01/21/2	2022	\$ 10	
	Add Remove	AP2020	debit card		01/28/2	2022	\$ 25	
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<u> </u>	Remove				03.07.2		¥ 2°	
	Add Remove	AP2020	debit card		03/23/2	022	\$ 25	
	Add Remove	AP2020	debit card		04/05/2	022	\$ 25	
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	tal of ALL (		ages					
(This	line must be on lin	e 5 of Detailed Su	mmary Page CRO-1100)			\$	195	



## **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 An	thony 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 Citizen For Anthony Pierce	(guarantors):
Period of loan: TBD      Rate of interest of loan: 0%	
Security pledged for loan:	
I, Anthony Pierce, acknowledge (Person lending money to committee) provided is complete, true, and accurate. I further understate that has an outstanding balance to any source.	ge that all of the information and I may not forgive a loan
Athine	5-10-2022
Signature of Lender	Date Signed
All Din	5-16-202
Signature of Treasurer of Committee	Date Signed
CRO-6100 Loan Proceeds Statement	

Amendment Loan Proceeds 1 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 Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone Clinical Research Loan from Cand. (include city, state, & zip) **Anthony Pierce** 2009 Atlas Drive e. Start Date (mm/dd/yyyy) c. Employer's Name/Specific Field Haw River, NC 27258 03/29/2022 Xcovery Holdings, In f. End Date (mm/dd/yyyy) h. Security Pledged i. Account Code j. Form of Payment k. Amount g. Rate 1.000 0 % AP2020 Check m. Loan Number

I. Full Name of Lending Institution Anthony Pierce 01 (The people who guardnee the loan.) 4. Endorsers/Makers a. Full Name, Mailing Address & Phone b. Job Title/Profession c. Employer's Name/Specific Field (include city, state, & zip) e. Amount d. Percentage % a. Full Name, Mailing Address & Phone b. Job Title/Profession c. Employer's Name/Specific Field (include city, state, & zip) d. Percentage e. Amount % c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Percentage e. Amount % a. Full Name, Mailing Address & Phone c. Employer's Name/Specific Field b. Job Title/Profession

\$ 1,000

e. Amount

\$

%

(include city, state, & zip)

5. Total of ALL CRO-1410 Pages

(This line must be on line 9 of Detailed Summary Page (RO-1100)

d. Percentage

Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	ods or s	servi	ces provided to the	e com	mittee or fund.
1. Committee Full Name (and Fund if applicable)				2. II	Number
Citizens For Anthony Pierce					537979
3. Contributor Information Add I	Remove				
a. Full Name, Mailing Address & Phone	1		Contributor	e. Coi	mments
(include city, state, & zip)		Indi	vidual		i i
Anthony Pierce	$\boxtimes$	Can	didate	Ope	rating cost
2009 Atlas Drive		Part		dona	ation
Haw River, NC 27258		PAC			
			erendum	d. Ele	ction Sum to Date
		Othe	er Receipt Source	\$	1205
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Operating Cost Loan			03/29/2022	2	\$ 1000
Filling feee donation			02/28/202	2	\$ 105
					\$
3. Contributor Information Add F	Remove				
a. Full Name, Mailing Address & Phone	b. Typ	e of C	ontributor	с. Соп	nments
(include city, state, & zip)		Indiv	/idual		
			lidate		
		Party			
		PAC			
			rendum	d. Ele	ction Sum to Date
	╽Ш	Othe	r Receipt Source	\$	
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
					\$
					\$
			,		\$
3. Contributor Information Add R	emove	50 JA			
a. Full Name, Mailing Address & Phone	b. Type	of C	ontributor	e. Con	ıments
(include city, state, & zip)	I□	Indiv			
·		Cand			
	l H	Party			
	片	PAC	endum	ă Fla	ction Sum to Date
	片		r Receipt Source	u. Liec	ction Sum to Date
		O tillo	Receipt Source	\$	
e. Description			f. Date (mm/dd/yyy	у)	g. Fair Market Amount
					\$
					\$
					\$
4. Total only this Page	i ann de de La jarrena			\$	1105
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	1105

Pg

of

1

**In-Kind Contributions** 

Amendment

Yes

No

Aggregated	Non-Media	<b>Expenditures</b>
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1 1	Amendment
Page of	☐ Yes ☑ No

O	ptional	form	used	to re	port	NC	Non	-Media	Ext	oenditures	of	\$50	or	less.

1. Commit	tee Full Name (a	nd Fund if applica	2. ID Number							
Citizens F	or Anthony Pier	ce	537979							
3. Payee Information										
	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	04/04/2022	\$ 36.03	ActBlue Fees				
✓ Add  Remove	AP2020	Debit card	K	03/09/2022	\$ 149.90	Zoom meeting subscription				
Add Remove					\$					
☐ Add ☐ Remove	-				\$					
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Add Remove					\$					
Add Remove					\$					
4. Total only this Page \$185.93										
	f ALL CRO-1	315 Pages								
(This line m	ust be on line 14 of D	etailed Summary Page	\$185.93							
6. Purpose Codes (List detailed expenditure code in (d) above)										
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 O* - Donations to Legal Expense Fund										
O* - Other  * Codes require detailed application in required to the field (a)										
* Codes require detailed explanation in required remarks field (g)										