| - | neral report and committee to update information | informat | ion, must be | e signed | and sul | omitted along with | h other de | etailed forms. |
|--|--|------------|----------------------|------------|------------------------|--|--------------------|------------------------------|
| 1. Committee Infor | | | | | | | | |
| a. Full Name | | | | | | | e. I | D Number |
| Citizens For Anthon | y Pierce | | | | | | | 537979 |
| - · · · · · · · · · · · · · · · · · · · | ude City, State and Zip Code) | | | | | | d. E | Pate Filed |
| P O Box 122 Haw River, NC 272 | 58 | | | | Ear M | | | 12-12-2023 |
| ŕ | | | | ne (| 1 = 2 | 899 E73 | e. P | hone Number |
| | | | A | ALAWAN | | | | 919-275-2554 |
| 2. Report Year | 3. Period Start Date (mm/c | ld/yy) | 4. Period (mm/dd/yy) | EHd-Da | feELE(| 5. Treasurer F | ull Nam | |
| 2022 | 10/23/2022 | | 12/3 | 31/2022 | | Anthony Pierce | е | |
| 6. Type of Committe | ee (Check One) | 9. Typ | e of Report | (c | heck on | lly one type of rep | ort from | one category) |
| Candidate Campa | ign Party | Municip | al | | State/C | County | Refe | erendum |
| ☐ PAC | Referendum | | Organizationa | 1 | | Organizational | | Organizational |
| Independent Expenditure Legal Expense Fu | Joint Fundraiser | | Thirty-five day | y | | Quarterly | | Pre-referendum |
| 7. Type of Fund | (if applicable, check one) | | Pre-primary | | П | First | | Final |
| "Booster Fund" | The state of the s | | Pre-election | | П | Second | | Supplemental Final |
| Building Fund | | | Pre-runoff | | | Third | 一百 | Annual |
| | | | Semi-annual | | $\overline{\boxtimes}$ | Fourth | | Special |
| | | | Mid Year | r | | Semi-annual | | |
| Other: | | | Year End | ı | | Mid Year | 10. | Special Report Name |
| | | | Final | | | Year End | | |
| 8. Number of Fundraisers this Report Special | | | | | | Final | | |
| | 0 | | | | | Special | | |
| 11. Account Informa | ition | | | 11. Ac | count l | nformation | ing shirting a bac | |
| a. Financial Institution F | ull Name | | | a. Finan | cial Inst | itution Full Name | | |
| Select Bank &Trust/ | First Bank | | | | | | | |
| b. Purpose | c. Account Code | | | b. Purp | ose | | c. , | Account Code |
| Financial | AP20 | 20 | | | | | | |
| transactions | AFZU | 20 | | | | | | |
| for Campaign | d. Period Begin Balance | | | | | | d. | Period Begin Balance |
| | \$ 209.77 | | | | | | \$ | |
| CERTIFICATION | | | | | | | | |
| I certify that the Com | mittee or Fund is in complia | ance witl | n all applica | ble prov | isions o | of Article 22A, 22 | B, & 22I | O-22M of Chapter 163 of |
| | tes and that no funds are con | | | | | | ds. I furtl | ner certify that this report |
| - | correct and that I have been | trained | by the NC S | tate Boa | ard of | lections. | | |
| Anthony Pier | | | | 4mg | Ter. | | 12-12- | |
| HOD OFFICE HOE OF | Printed Name of Signer | | Sı | gnature of | Appoint | ed Treasurer | | Date |
| FOR OFFICE USE ON | | • | | | | <u>-</u> _ | Dolivo | ry Method |
| Date Received: | 12-14-23 |] | Employee: | | <u>X</u> | 1 | | Normal Mail |
| D-4- D-4 | | , | C1 | | | | | Registered Mail |
| Date Postmarked | : | J | Employee: | | | ************************************** | | Hand Delivered |
| Date Scanned; | 12-14-23 | 1 | Employee: | | 7 | D | | Electronically Filed |
| Date Bedinive. | | | omproyee. | | | | | Signer has not received |
| Date Data Entered | d: |] | Employee: | , | | | 1 | mandatory training |
| Please Note: This | form cannot be used to amo | end com | mittee infor | mation o | uich ac | the committee ad- | dress tre | asurer assistant treasurer |
| _ 10000 110101 11113 | | | | | | information. | v., uv | warvi, aosistani avasaivi, |
| , | You must amend the Staten | | | | | | ittee che | nnec |
| | r on must amend the staten | TOTAL OF C | r ganizativii | (UNU-2 | LIVUM. | от из шаке сони | THE CHAI | igvo. |

Disclosure Report Cover

Amendment

No

Yes Yes

Amendment \boxtimes Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

| Ose uns form to summarize an disclosure reporting forms a | | | |
|--|-----------------------|--------------------------------|---------------------------|
| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | | 3. ID Number |
| Citizens For Anthony Pierce | 2022 4th Qtr | | 537979 |
| Start of Election Cycle: January 1, | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 209.77 | \$ 0 |
| RECEIPES | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 200 | \$ 1992.50 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 575 | \$ 10224.09 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ 500 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 250 | \$ 250 |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ 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 Organization | ons <i>(CRO-1250)</i> | \$ | \$ |
| 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 | , IId and IIe) | \$ 1025 | \$ 13966.59 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 230 | \$ 10229.47 |
| 13b) Contributions to Candidates/Political Committee | tees (CRO-1310) | \$ 108 | \$ 108 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 33.49 | \$ 830.22 |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ | \$ 1935.62 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, | , 16 and 17) | \$ 371.49 | \$ 13103.31 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtr | act line 18) | \$ 863.28 | \$ 863.28 |
| AND DIFFICULTATION AND DIFFERENCE OF THE PROPERTY OF THE PROPE | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns | s) <i>(CRO-1430)</i> | \$ 1000 | |
| 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) | \$ | \$ |

| | | lividual contributions | | The second secon | ınder \$50 if form C | | | | |
|-------------|--------------------------|-------------------------|---------------------------------------|--|----------------------|-------------------------|-------------|-------------|--|
| i. Comi | nittee Full Name | (and Fund if applica | ible) | | | 2. ID Nu | ımber | | |
| Citizens | For Anthony Pier | ce | | | | | 537979 | | |
| 3. Conti | ributor Informat | ion | \boxtimes | Add 🗌 I | Remove | | | | |
| a. Full Na | me, Mailing Address | & Phone | | b. Job Title/Professi | ion | d. Comme | ents | | |
| | e city, state, & zip) | | | Research | | | | | |
| Michael | | | | | 40 40 20 20 | | | | |
| | rose Place , NC 28027 | | | c. Employer's Name Abbvie | /Specific Field | - | | | |
| Concord | , NC 20027 | | | Abovie | | e. Election | Sum to Date | | |
| | | | | | | | | <u> </u> | |
| | , | | ., | | | \$ | 250 | | |
| f, Prior | g. Account Code | h. Form of Payment | i. In- | Kind Description | j. Date (mm/dd/y | уууу) | k. Amount | | |
| | AP2020 | Debit | | | 10/24/ | 2023 | \$ | 250 | |
| | | | | | | | \$ | | |
| | | | | - | | | \$ | | |
| 3. Contr | ibutor Informati | ón | × | Add 🔲 R | Remove | | | | |
| a. Full Nar | ne, Mailing Address | & Phone | | b. Job Title/Profession | on | d. Comme | d. Comments | | |
| | city, state, & zip) | | | Manager | | | | | |
| T.O Kers | - | | | . Employed N | (C | | | | |
| 104 Cam | elot Ln NC 27253 | | | c. Employer's Name. Payment Intergri | - | | | | |
| Oranam, | NC 27233 | | | Tayment mergii | e. Election | e. Election Sum to Date | | | |
| | | | | | | | | | |
| | | | • | <u> </u> | | \$ | 75 | | |
| f. Prior | g. Account Code | h. Form of Payment | i, In-F | Kind Description | j. Date (mm/dd/y | ууу) | k. Amount | | |
| | A2020 | Check | · | | 10/22/2 | 2022 | \$ | 75 | |
| | | | | | | | \$ | | |
| | | | | | | | \$ | | |
| 3. Contri | butor Informati | on | \boxtimes | Add 🔲 R | emove | | | | |
| a. Full Nan | ne, Mailing Address | & Phone | · · · · · · · · · · · · · · · · · · · | b. Job Title/Profession |)n | d. Commer | ıts | 1 1 14 1319 | |
| | city, state, & zip) | | | Barber | | | | | |
| Maurice l | | | | | | 4 | | | |
| | lbrook Drive | | | c. Employer's Name/ Beyond Measure | - | | | | |
| naw Kive | er, NC 27258 | | | Beyond Measure | Darbering | e. Election Sum to Date | | | |
| | | | | | | | | | |
| | F | | | | | \$ | 250 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | Kind Description | j. Date (mm/dd/y | ууу) | k. Amount | | |
| | A2020 | Check | | | 10/22/2 | 2022 | \$ | 250 | |
| | | | | | | | \$ | | |
| | | | | | | <u></u> | \$ | | |
| 4. Total | only this Pag | B | | | | \$ | | 575 | |
| 5. Total | of ALL CRO | -1210 Pages | | | | \$ | - | 575 | |
| (This line | must be on line 6 of | Detailed Summary Page C | RO-1100) | | | | | 313 | |

Contributions from Individuals

Amendment

☐ Yes ⊠

No

| Cantributi | ons from Other Pol | itical Com | mittage | | _ | Amendment | 71 No. |
|---------------------------------------|--|------------|------------------------------|------------------------|-------------------------|------------------|----------------|
| | ons from Other Poles report contributions from ot | | - | Pg <u>1</u> of nittees | 1 | Yes 2 | No No |
| | full Name (and Fund if app | | | | 2. ID | Number | and the second |
| Citizens For Ar | | | | Att was a second of | | 537979 | |
| 3. Contributor | <u>and, who has his housely as his digital life, his a</u> | × | Add 🔲 R | Remove | | | |
| | ing Address & Phone | | b. Type of Committee | | d. Cor | mments | |
| (include city, sta | | | Candidate | PAC | | | |
| The Collective | | | Referendum | | 4 | | |
| 211 L St NW, S | | | c. Level Registered (Speci | | - | | |
| Washington, De | J 20037 | | Federal | County: | e. Election Sum to Date | | |
| | | | State | Municipality: | e. Elec | tion Sum to Date | |
| | | | | | \$ | 250 | |
| f. Account Code | g. Form of Payment | h. In-Kir | nd Description | i. Date (mm/dd/yyyy | r) | j. Amount | |
| A2020 Arch Payment | | | | 11/04/2022 | <u>.</u> | \$ 250 | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| 3. Contributor | Information | | Add 🔲 R | emove | | | |
| a. Full Name, Maili | ng Address & Phone | | b. Type of Committee | | d. Con | nments | |
| (include city, stat | e, & zip) | | Candidate | PAC | | | |
| | | | Referendum | | | | |
| | | | c. Level Registered (Speci | | - | | |
| | | | Federal State | County: | - Flag | tion Sum to Date | |
| | | | State | Municipality: | e. Elec | tion Sum to Date | |
| | | | | | \$ | | |
| f. Account Code | g. Form of Payment | h. In-Kin | d Description | i. Date (mm/dd/yyyy |) | j. Amount | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| 3. Contributor | nformation | | Add | emove | | | |
| a. Full Name, Mailing Address & Phone | | | b. Type of Committee | d. Com | ıments | | |
| (include city, stat | e, & zip) | | Candidate | PAC | | | |
| | | | Referendum | | | | |
| | | | c. Level Registered (Special | | | | |
| | | | Federal | County: | | # 6 t- D.t- | |
| | | | State | Municipality: | i e. Elec | tion Sum to Date | |

CRO-1230

4. Total only this Page

5. Total of ALL CRO-1230 Pages

f. Account Code

g. Form of Payment

(This line must be on line 8 of Detailed Summary Page CRO-1100)

NC State Board of Elections

h. In-Kind Description

April 2007

\$

\$

\$

j. Amount

\$

\$

250

250

i. Date (mm/dd/yyyy)

| Disbursem | onte | | | • | | Amendment | |
|--|--|---------------------------------------|---|---------------------------------------|-------------------------------|--|--|
| | | from the committ | ee for; operating exp | Pg enses. | | 1 Yes No candidate/political | |
| committees and | coordinated party ex | kpenditures. | | | | | |
| | ull Name (and Fun | d if applicable) | | | | 2. ID Number | |
| Citizens For Ar | | | TDO 1210 C | Links | 28.4 | 537979 | |
| 3. Type of Disb Operating E | | · · · · · · · · · · · · · · · · · · · | RO-1310 forms for adidates/Political Commit | | | uent.) ordinated Party Expenditures | |
| 4. Payee Inform | | | Add | | Remove | And Market Control of the Control of | |
| | ing Address & Phone | | b. Coordinated Comn | rittee N | | d. Comments | |
| (include city, state, | & zip) | | | | | | |
| USPS | | | | | | | |
| 115 Hillsboroug | ="" | | c. Level Registered (S | pecify) | | Postage | |
| Haw River, NC | 2/2238 | | Federal State | 片 | County: Municipality: | e. Election Sum to Date | |
| | | | I State | _ | ivitalicipality. | | |
| | | | | | | \$ 60 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyy | y) | j. Amount | k. Required Remarks | |
| AP2020 | Debit | I | 10/25/2022 | | \$60 | Postage | |
| | | | | | \$ | | |
| 4. Payee Inform | ation | | Add | | Remove | | |
| · · · · · · · · · · · · · · · · · · · | ng Address & Phone | | b. Coordinated Comm | ittee Na | me | d. Comments | |
| (include city, state, | & zip) | : | | | | | |
| Jennifer Dibene | | | | | | Catering | |
| 111 Mobile Driv | | | c. Level Registered (Specify) | | | Food truck | |
| Graham, NC 27 | 253 | | Federal State | 片 | County: Municipality: | e. Election Sum to Date | |
| | | | State | . ـ ـ إلـــا | withincipanty. | | |
| | | | | | | \$ 170 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyy | y) | j. Amount | k. Required Remarks | |
| A2020 | Check | 0 | 10/27/2022 | | \$170 | Catering | |
| | | | | | | | |
| | | | | | \$ | | |
| 4. Payee Inform | ation | | Add | | Remove | | |
| a. Full Name, Maili | ng Address & Phone | | b. Coordinated Committee Name | | | d. Comments | |
| (include city, state, | & zip) | | | | | | |
| | | } | - I I D 1/6 | :6.) | | | |
| | | | c. Level Registered (Sp | ecity) | County: | | |
| | | | State | Ħ | Municipality: | e. Election Sum to Date | |
| | | ļ | ~ | | 1 . - 1 | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyy | y) | j. Amount | k. Required Remarks | |
| | | | | | \$ | | |
| | | ···· | | | Ф | | |
| | · | | | | \$ | | |
| 5. Total only this | s Page | | | | | \$ 230 | |
| to be a considered as a considered by the constraint of the constr | CRO-1310 Pages | | | | | | |
| | if Operating Expenses) | m.va. | | \$ 338 | | | |
| | if Contrib to Candidates if Coordinated Party Exp | | | | | | |
| | s (List detailed exp | | | | 1. (A) - A 40 10 1 | | |
| A* - Media | B* - Printing | C* - Fund | raising | · · · · · · · · · · · · · · · · · · · | D - To Anothe | | |
| E - Salaries | F* - Equipment | G - Politica | - | | | Public Office Expenses | |
| I - Postage O* - Other | J - Penalties | K* - Office | E LAPENSES | | A Dobatioi | to Legal Expense Fund | |

| | | | | | par par se un g. 100 e se un minimum de la comp. |
|---|---------------------------------------|---|------------------------------------|-------------------------|--|
| Disbursem | onts | | p_{σ} | ¹ of | Amendment 1 Yes No |
| | | from the committ | Pg tee for; operating expenses, | _ | |
| | coordinated party ex | | | | - |
| 1. Committee F | Full Name (and Fun | | | | 2. ID Number |
| Citizens For An | | | | | 537979 |
| 3. Type of Disb | | <u> </u> | CRO-1310 forms for each t | | |
| Operating E | | | ndidates/Political Committees | | oordinated Party Expenditures |
| 4. Payee Inform | · · · · · · · · · · · · · · · · · · · | | Add | Remove | d. Comments |
| | ling Address & Phone | | D. Coordinated Committee | ame | joint billboard |
| (include city, state, Friends of Ron | | | † | | Joint omoone |
| 2585 Nealwood | | J | c. Level Registered (Specify) | | 1 |
| Graham, NC 27 | | 7 | Federal | County: | - |
| • | | 1 | State | Municipality: | e. Election Sum to Date |
| | | | | | \$ 108 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| AP2020 | Check | О | 11/23/2022 | \$108 | Join billboard |
| | | *************************************** | , | \$ | |
| 4. Payee Inform | nation | | Add | Remove | |
| | ing Address & Phone | <u> </u> | b. Coordinated Committee No | | d. Comments |
| (include city, state, | - | | | | |
| | | | | | |
| | | 1 | c. Level Registered (Specify) | | 1 |
| | | 1 | Federal State | County: | The Atlanta Data |
| | | 1 | State | Municipality: | e. Election Sum to Date |
| | | 1 | 1 | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | 5 | | | \ \s | |
| | | 1 | | 2 | |
| | | | | \$ | |
| 4. Payee Inform | ation | | Add | Remove | |
| | ing Address & Phone | | b. Coordinated Committee Na | | d. Comments |
| (include city, state, | - - | | | | |
| | | | | | 1 |
| | | ļ | c. Level Registered (Specify) | | - |
| | | 1 | Federal State | County: | Track - Come to Date |
| | | ļ | State | Municipality: | e. Election Sum to Date |
| | | ļ | 1 | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| le Account = - | 8.10 | - | | | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only thi | с Рапе | | | | \$ 108 |
| | CRO-1310 Pages | | | | 4 |
| (This line goes in | line 13a of Detailed Sum | | | The Court Not the Court | \$ 338 |
| | | | 0 if Contrib to Candidates/Politic | | \$ 336 |
| | | | 0 if Coordinated Party Expenditu | ıres) | |
| | es (List detailed exp | | | D - To Anothe | O- Hata |
| A* - Media E - Salaries | B* - Printing F* - Equipment | C* - Fund G - Politica | | | er Candidate Public Office Expenses |
| I - Postage | J - Penalties | | ce Expenses | | n to Legal Expense Fund |

I - Postage O* - Other