Disclosure	Report	Cover
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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

I, Committee Infom	mation ()		The state of the s	A TOTAL
a, Full Name Citizens For Anthon	Di			c: ID Number 537979
Citizens For Anthon	y Pierce	RE	CEIVED	331919
b. Mailing Address (incl	d. Date Filed			
PO Box 122 Haw River, NC 272:	£0		in 04 2022	8-02-2022
Haw River, NC 272.	30	ALAM/	ANCE COUNTY	e. Phone Number
		BOARD	OF ELECTIONS	919-275-2554
France M on Jan 1900 and 18	and the salest decrease with the salest decrea	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	919-213-2334
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period En (mm/dd/yy)		ull Name
2022	01-01-2022	04-30-	2022 Anthony Pierce	e
6. Type of Committee	ee (Check One)	9. Type of Report	(check only one type of rep	ont from one category).
Candidate Campa		Municipal	State/County	Referendum
PAC	Referendum	Organizational	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fu			N 2	
7. Type of Fund "Booster Fund"	((flapplicable; check one)	Pre-primary Pre-election	First Second	Final Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
		Mid Year	Semi-annual	
Other:		Year End	Mid Year Year End	10. Special Report Name
8. Number of Fundr	raisers this Report	Final Special	Final	
TOS TAMINDOS OF STATION	angers trip report		Special	
II. Account Inform	ation		L. Account Information	
a. Financial Institution F	restriction of the control of the co	a.	Financial Institution Full Name	
Select Bank & Trust	A PORCAGO DE CARA CERRO DE LA CERCA DE ESCUCIONA	5. 2. 2. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	40 A NEW 200 A STATE OF THE STA	一种企业工作的企业工作,
b. Purpose	c. Account Code	.b	. Purpose	c. Account Code
Financial Needs for	AP20)20		
the campaign	d. Period Begin Balance			d. Period Begin Balance
·	\$ 374.20			\$
	374.20	- 11 - 22 - 14 T. S.		
CERTIFICATION				
I certify that the Com	mittee or Fund is in compli	ance with all applicable	e provisions of Article 22A, 22	2B, & 22D-22M of Chapter 163 of ids. I further certify that this report
is complete, true and	correct and that I have been	trained by the NC Stat	te/Board of/Elections.	dis. I further certify that this report
Anthony Pie			toth heur	<u>8-2-2022</u>
	Printed Name of Signer	Signa	ature of Appointed Treasurer	Date
FOR OFFICE USE O				Delivery Method
Date Received:	8-4-2021	Employee:	· CAY	Normal Mail
Date Postmarked		Employee:		Registered Mail Hand Delivered
Date Scanned:		Employee:		Electronically Filed
			0.243	Signer has not received mandatory training
Date Data Entere	:d:	Employee;	"-748/6 (20); 	
Please Notes This	form cannot be used to an	and asymittee informs	ation such as the committee ad	ldress, treasurer, assistant treasurer,
Please Note: This			ation such as the committee ac n, or account information.	idiess, ireasurer, assistant treasurer,
			CRO-2100A-E) to make comm	nittee changes.

Amendment \boxtimes Yes No

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

11. Committee Full Name (and Fund if applicable) Citizens For Anthony Pierce	2. Type of Report 2022 1st Qtr		3. ID Number 537979
Chizzin 1017 minory 110700	2022 150 Q11		
Start of Election Cycle: January 1,	20	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 374.20	\$ 0
RECEIPES			
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	\$ 1,000
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	ns (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
EXPENDIOURES			
13) Disbursements			***************************************
13a) Operating Expenditures	(CRO-1310)	\$ 149.90	\$ 2293.03
13b) Contributions to Candidates/Political Committee	ees (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	\$ 1,935.62
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 subtra	act line 18)	\$ 2658.27	\$ 2658.27
AND DITTO NATION TO SEE THE SECOND SE			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS
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)	\$	\$

Aggregated Contributions from Individuals

Page

of <u>1</u>

<u>1</u>

Amen	dment	
	Yes	

No

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

			d if applicable)			2. ID	Number
Citiz	537979						
3. Co	ntributor Infor						
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount
\boxtimes	Add	AP2020	debit card		01/17/2	022	\$ 25
	Remove					-	
	Add Remove	AP2020	debit card		01/21/2	022	\$ 10
X	Add	AP2020	debit card		01/28/2	022	\$ 25
	Remove Add	1.70000					
	Remove	AP2020	debit card		02/23/2	022	\$ 25
	Add	AP2020	debit card		02/07/2	000	6 20
	Remove	AF2020	debit card		03/07/2	022	\$ 20
X	Add	AP2020	debit card		03/23/2	122	\$ 25
	Remove				03/23/2		Ψ 23
	Add Remove	AP2020	debit card	İ	04/05/20	022	\$ 25
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	Remove	→ AP2020	cash		03/29/20	022	\$ 40
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	tal of ALL C		ages			\$	195
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		m Individuals lividual contributions	over \$5		Pg <u>1</u> of under \$50 if form CR		Yes	_
		(and Fund if applica				2. ID Nu		
	For Anthony Pier	-	•				537979	
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	city, state, & zip)							
Anthony	Pierce	•		Clinical Researc	:h			
2009 Atl	last Drive			c. Employer's Name	/Specific Field			
Haw Riv	er, NC 27258			54				
						e. Election	Sum to Date	•
						\$	-120\$ /	105
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	AP2020	Check	Loai	n for operat	03/29/2	2022	\$	1000
	AP2020	Check	Filli	ng fee	02/28/2	2022	\$	105
							\$	
3. Contr	ibutor Informati	on		Add	Remove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	· · · · · · · · · · · · · · · · · ·
(include	city, state, & zip)							
	ills-Wilson			Clinical Research	h			
	dsong Ct			c. Employer's Name				
Youngsv	ille, NC 27596			MMW Clinical C	Consultants			
					e. Election	Sum to Date		
<u> </u>						\$	75	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
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	city, state, & zip)							
Latrina V				Director, STM	10 10 11	_		•
	et Gun Way NC 27302			c. Employer's Name/ PPD	Specific Field			
vicualie,	NC 27302			ן דרט		o Floation	Sum to Date	
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Amendment

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(include	city, state, & zip)			Pastor				
Shannon	Long							
	key Mill Rd		<u> </u>	c. Employer's Name/	_	_		
Mebane,	NC 27302			Beyond Measure	Ministries			
						e. Election	Sum to Date	
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	city, state, & zip)							
Sharhone			_	Registed Nurse		_		
203 Kait			⊢	c. Employer's Name/	Specific Field	_		
Durham,	NC 27713			PPD		a Flortian	Fum to Data	
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Katherine				Actuarial Analyst				
	erry Drive on, NC 27215		_	Employer's Name/S	 	-		
Durmigu	on, NC 27213			National General	ins	a Flaction	Sum to Date	
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5. Total of ALL CRO-1210 Pages

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Contributions from Individuals	Pg	3	of	hel		Yes	\boxtimes	No

		ividual contributions	over \$50			f <u>7</u> RO 1205 is a	_	⊠ No
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Citizens	For Anthony Piero	ce					537979	,
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Jonathan				Sr. Clinical Rese		_		
224 Fole	•			c. Employer's Name/	Specific Field	_		
Garner, I	NC 27529			Covance		- Fl4	Sum to Date	
			ĺ				Sum to Date	•
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	city, state, & zip)							
Chris Sei				Sales Manager				
	dfather Cr		-	c. Employer's Name/	Specific Field	_		
Holy Spr	ings, NC 27540			Murata				
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	city, state, & zip)							
Andre Ri			_	Law Enforcement				
	vood Court		L	c. Employer's Name/S	<u> </u>	4		
Mebane,	NC 27302			Orange County Si	heriff's Office	e. Election	Sum to Date	
						\$	100	
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\$

		m Individuals lividual contributions o	ver \$50	P _i		0 1205 is:	Yes	No No
		(and Fund if applicat		or contributions un		2. ID Nu		
	For Anthony Pier	- · · ·		MANA - PERSON S. TERRES S. TERRES S.		2 10 5-51 - 5-5-51 - 5-51	537979	r a resident dest <u>u</u> a
3. Contr	ibutor Informati	on	X	Add Re	move			A STATE OF THE STA
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	city, state, & zip)	, .			<u> </u>			
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	idley Mill Rd NC 27349			c. Employer's Name/S Not Employed	pecific Field	-		
wiebane,	NC 27349			Not Employed		e. Election	Sum to Date	
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	city, state, & zip)							
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	allsbury St			c. Employer's Name/S	pecific Field			
Kaleigii,	NC 27601			Self employed		e Election	Sum to Date	
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	AP2020	Check			03/29/20		\$	100
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	ibutor Informatio	to Manager and the state of the		Add 🔲 Re	move	aladicta (e. s.) Mesmalada (e. s.)		
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Contributions from Individuals

Amendment

Amendment 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 2. ID Number Committee Full Name (and Fund if applicable) 537979 Citizens For Anthony Pierce Remove 3. Lender Information b. Job Titte/Profession d. Comments a. Full Name, Mailing Address & Phone Loan from Cand. Clinical Research (include city, state, & zip) **Anthony Pierce** e. Start Date (mm/dd/yyyy) 2009 Atlas Drive c. Employer's Name/Specific Field Haw River, NC 27258 03/29/2022 Xcovery Holdings, In f. End Date (mm/dd/yyyy) j. Form of Payment k. Amount h. Security Pledged i. Account Code g. Rate AP2020 Check 1,000 % m. Loan Number I. Full Name of Lending Institution Anthony Pierce 01 4. Endorsers Makers The people who gund b. Job Title/Profession c. Employer's Name/Specific Field: a. Full Name, Mailing Address & Phone (include city, state, & zip) e. Amount d. Percentage % c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) d. Percentage e. Amount \$ % c. Employer's Name/Specific Field b. Job Title/Profession g, Full Name, Mailing Address & Phone (include city, state, & zip) e. Amount d. Percentage % c. Employer's Name/Specific Field b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) e. Amount d. Percentage

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CRO-1410

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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 Anti-	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 , acknowledge , provided is complete, true, and accurate. I further understa	ge that all of the information and I may not forgive a loan
that has an outstanding balance to any source.	<u> </u>
Signature of Lender	Date Signed S 16・みの2
Signature of Treasurer of Committee	Date Signed
CPO 6100 Loan Proceeds Statement	

Amendment Yes

No

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

1. Committee J	ull Name (and Fur	id if applicable)#	徐 张。	计算机 2 1	A Alegan	THE THE PARTY OF THE STATE OF	*	2.1D Number
Citizens For Ar	nthony Pierce							537979
3. Type of Disb	ursement <u>(Ple</u>	ase use separate C	RO-1	310 forms f	or each t	vpe of Disbursem	ent.)	
Operating B	xpenses	Contributions to Car	ndidates	/Political Com	ımittees	Co	ordinate	ed Party Expenditures
4. Payee Inform	nation		Add			Remove		Part A
a. Full Name, Mail	ing Address & Phone		b. Co	ordinated Co	mmittee N	ame s dinina	d. Co	omments
(include city, state,	& zip)		4				_	
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55 Almaden Bl			c. Le	vel Registered	(Specify)		1	
San Jose, CA 9	4088			Federal	닏	County:	0.4807622236	
888-799-9666			┝╩┈	State		Municipality:	e, Ele	ection Sum to Date
							\$ 3	149.90
f. Account Code	g. Form of Payment	h. Purpose Code		Date (mm/dd/	/www.	j. Amount	k Ro	equired Remarks
MACCOUNT COUCER.		2 1983 (1 to 1982 - 19 to 19 t			JJJJ J		W 1	m meetings
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(include city, state,	& zip)							
			c. Lev	el Registered	(Specify)	i ilia		
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Aggregated Non-M	Iedia Ex	xpenditures
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. 1 1	Amendment			
Page of	☑ Yes □ No			

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

1. Committee Full Name (and Fund if applicable)				2; ID Number			
Citizens For Anthony Pierce			537979	537979			
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85 (135)	ACT PRODUCTION SUSPENSION	b. Account Code	e. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f.Amount	g. Required Remarks
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<u>6. </u>	6. Purpose Codes (List detailed expenditure code in (d) above) B* - Printing C* - Fundraising D - To Another Candidate						
	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*-Donations to Legal Expense Fund						ffice Expenses
C	O* - Other * Codes require detailed explanation in required remarks field (g)						