

Disclosure Report Cover

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

1. Committee Information	
a. Full Name Citizens For Anthony Pierce	c. ID Number 537979
RECEIVED	
b. Mailing Address (include City, State and Zip Code) PO Box 122 Haw River, NC 27258	d. Date Filed 8-02-2022
AUG 04 2022 ALAMANCE COUNTY BOARD OF ELECTIONS	
e. Phone Number 919-275-2554	

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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Expenditure		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building 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	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

10. Account Information		11. Account Information	
a. Financial Institution Full Name Select Bank & Trust		a. Financial Institution Full Name	
b. Purpose Financial Needs for the campaign	c. Account Code AP2020	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 374.20		d. Period Begin Balance \$

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 of Elections.

Anthony Pierce _____
Printed Name of Signer

Anthony Pierce _____
Signature of Appointed Treasurer

8-2-2022 _____
Date

FOR OFFICE USE ONLY

Date Received: 8-4-2022 Employee: cm

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

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 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 1st Qtr	537979	
Start of Election Cycle:	January 1,	20	
		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 374.20	\$ 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	\$ 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 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	\$ 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 subtract line 18)		\$ 2658.27	\$ 2658.27
ADDITIONAL INFORMATION			
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)		\$	
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

1 of 1

Amendment

 Yes 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	537979

3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/>	Add	AP2020	debit card		01/17/2022	\$ 25
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AP2020	debit card		01/21/2022	\$ 10
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AP2020	debit card		01/28/2022	\$ 25
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AP2020	debit card		02/23/2022	\$ 25
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AP2020	debit card		03/07/2022	\$ 20
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AP2020	debit card		03/23/2022	\$ 25
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AP2020	debit card		04/05/2022	\$ 25
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AP2020	cash		03/29/2022	\$ 40
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
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<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					\$

4. Total only this Page	\$ 195
5. Total of ALL CRO-1205 Pages	\$ 195

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Contributions from Individuals

Pg 1 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	
Anthony Pierce 2009 Atlast Drive Haw River, NC 27258			Clinical Research			
			c. Employer's Name/Specific Field			
			54			
					e. Election Sum to Date	
					\$ 1205 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 operat	03/29/2022		\$ 1000
<input type="checkbox"/>	AP2020	Check	Filling 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 card		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	
Latrina 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					\$ 1,280	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,380	

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	
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		2/28/2022		\$ 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			Actuarial 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		03/05/2022		\$ 250
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 600	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,380 2,380 2,380	

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	
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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ <u>2380</u>	

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		
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. Salisbury 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						\$ 2350	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						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) Anthony Pierce 2009 Atlas Drive Haw River, NC 27258	b. Job Title/Profession Clinical Research		d. Comments Loan from Cand.
	c. Employer's Name/Specific Field Xcovery Holdings, In		e. Start Date (mm/dd/yyyy) 03/29/2022
			f. End Date (mm/dd/yyyy)
g. Rate 0 %	h. Security Pledged	i. Account Code AP2020	j. Form of Payment Check
			k. Amount \$ 1,000
l. Full Name of Lending Institution Anthony Pierce			m. Loan Number 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 \$
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 (This line must be on line 7 of Detailed Summary Page CRO-1410)			\$ 1,000



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

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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					537979
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 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 Card	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
		K		\$	
				\$	
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 (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	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)					

Aggregated Non-Media Expenditures

Amendment
 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

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 checked="" type="checkbox"/> Add	AP2020	Arch draft	O	04/04/2022	\$ 36.03	ActBlue Fees
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
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<input type="checkbox"/> Remove					\$	
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4. Total only this Page	\$ 36.03
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5. Total of ALL CRO-1315 Pages <small>(This line must be on line 14 of Detailed Summary Page CRO-1100)</small>	\$ 36.03
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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)