

Disclosure Report Cover

Amendment

Yes No

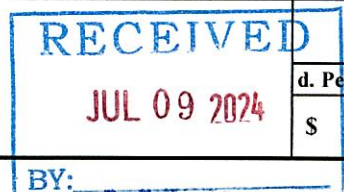
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name	c. ID Number
CITIZENS FOR ANTHONY PIERCE	-537979--
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
P.O. BOX 122 HAW RIVER, NC 27258	07/08/2024
	e. Phone Number
	(919) 656-5363

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2024	02/18/2024	06/30/2024	KATHERINE LANDES

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

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN FUNDS	AP2020		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 3,825.50		\$



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

Katherine S. Landes Katherine Landes 07/08/2024
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7/9/2024 Employee: LOW **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 7-12-24 Employee: [Signature] Registered Mail

Date Data Entered: _____ Employee: _____ 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
 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	2024 Second Quarter	-537979--	
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3,825.50	\$ 2,228.23
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 912.00	\$ 1,272.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,595.00	\$ 7,295.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 788.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100.00	\$ 100.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 4,607.00	\$ 9,455.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,133.91	\$ 3,357.91
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 158.16	\$ 361.89
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 1,000.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 275.00	\$ 1,098.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,567.07	\$ 5,817.80
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,865.43	\$ 5,865.43
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

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 (m/m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		04/17/2024	\$	46.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Check		06/09/2024	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/21/2024	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/08/2024	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/21/2024	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		05/05/2024	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		04/15/2024	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		05/08/2024	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/05/2024	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		04/15/2024	\$	46.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		06/16/2024	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/21/2024	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Check		04/03/2024	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		06/29/2024	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/01/2024	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/21/2024	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		02/27/2024	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/27/2024	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		04/27/2024	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		05/27/2024	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		06/27/2024	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		04/16/2024	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		03/16/2024	\$	20.00
4. Total only this Page					\$	\$642.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$912.00

Aggregated Contributions from Individuals

Page 2 of 2

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 type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		06/07/2024	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		03/06/2024	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		05/24/2024	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Check		06/04/2024	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		06/14/2024	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		05/08/2024	\$ 35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		05/05/2024	\$ 50.00
4. Total only this Page					\$ 270.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 912.00

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TRACY BURNETT 2041 Burnett Church Rd. GRAHAM, NC 27253			Parks and recreation director			
			c. Employer's Name/Specific Field			
			CHATHAM COUNTY			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	AP2020	Credit Card		01/18/2024	\$ 50.00	
<input type="checkbox"/>	AP2020	Credit Card		03/21/2024	\$ 25.00	
<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	
DREAMA CALDWELL 2805 Holmes Rd GREENSBORO, NC 27405			NONPROFIT DIRECTOR			
			c. Employer's Name/Specific Field			
			DOWN HOME NC			
					e. Election Sum to Date	
					\$ 146.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		04/15/2024	\$ 46.00	
<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	
REBECCA CLARK 3844 Heritage Dr Apt 205 BURLINGTON, NC 27215			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 150.00	
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		03/17/2024	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 221.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LYNITA COOKE 1716 crystal creek drive DURHAM, NC 27712			PROGRAM MANAGER			
			c. Employer's Name/Specific Field			
			CISCO			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		03/01/2024	\$ 100.00	
<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	
DONNA CORBETT 801 WHITE DAISIES CT. RALEIGH, NC 27610			PROFESSOR			
			c. Employer's Name/Specific Field			
			WAKE TECH			
					e. Election Sum to Date	
					\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		06/26/2024	\$ 70.00	
<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	
STEPHANIE ENOCH 2236 BASIL HOLT ROAD BURLINGTON, NC 27217			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		04/30/2024	\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		05/22/2024	\$ 60.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 255.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHARLEY FLINT 709 Still Run Lane GRAHAM, NC 27253				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				e. Election Sum to Date			
						\$ 100.00	
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		04/20/2024		\$ 100.00	
<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	
ANDREA GALICIA 110 New Castle Road MEBANE, NC 27243				QA Lead			
				c. Employer's Name/Specific Field			
				Zenergy Technologies			
				e. Election Sum to Date			
						\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		06/10/2024		\$ 70.00	
<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	
DIANE HEATH 3027 Maple Ave. E1 BURLINGTON, NC 27215				CPA			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				e. Election Sum to Date			
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		02/25/2024		\$ 50.00	
<input type="checkbox"/>	AP2020	Credit Card		04/03/2024		\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		04/25/2024		\$ 25.00	
4. Total only this Page						\$ 270.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DIANE HEATH 3027 Maple Ave. E1 BURLINGTON, NC 27215				CPA		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		05/22/2024	\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		06/16/2024	\$ 25.00	
<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
BENITA KEARNEY 627 OAKGROVE DR GRAHAM, NC 27253				NO JOB TITLE OR PROFESSION		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		03/06/2024	\$ 100.00	
<input type="checkbox"/>	AP2020	Credit Card		06/12/2024	\$ 100.00	
<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
TANYA KLINE 1211 Brookview Drive ELON, NC 27244				NO JOB TITLE OR PROFESSION		
				c. Employer's Name/Specific Field		
				NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 315.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		02/27/2024	\$ 100.00	
<input type="checkbox"/>	AP2020	Credit Card		03/22/2024	\$ 60.00	
<input type="checkbox"/>	AP2020	Credit Card		05/03/2024	\$ 60.00	
4. Total only this Page					\$ 470.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
TANYA KLINE 1211 Brookview Drive ELON, NC 27244			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 315.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		06/03/2024	\$ 60.00	
<input type="checkbox"/>	AP2020	Credit Card		06/21/2024	\$ 35.00	
<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	
KATHERINE LANDES 1313 CHERRY DR BURLINGTON, NC 27215			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 96.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		04/15/2024	\$ 46.00	
<input type="checkbox"/>	AP2020	Credit Card		06/03/2024	\$ 50.00	
<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	
JAMES MCCLURE 622 Johnson Ave. GRAHAM, NC 27253			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			Green & McClure Furniture		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		03/01/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 291.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BECKY MOCK 5563 Thom Road MEBANE, NC 27302			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 96.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	AP2020	Credit Card		02/04/2024	\$ 50.00	
<input type="checkbox"/>	AP2020	Credit Card		04/15/2024	\$ 46.00	
<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	
ELIZABETH OSBORNE 2585 NEALWOOD AVE GRAHAM, NC 27253			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		03/21/2024	\$ 10.00	
<input type="checkbox"/>	AP2020	Credit Card		06/20/2024	\$ 100.00	
<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	
ANTHONY PIERCE P O BOX 122 HAW RIVER, NC 27258 (919) 275-2554			SENIOR MANAGER			
			c. Employer's Name/Specific Field			
			ABBVIE		e. Election Sum to Date	
					\$ 500.00	
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		04/15/2024	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 656.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PATSY SIMPSON 1022 GOLD CIRCLE MEBANE, NC 27402			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		03/01/2024	\$ 100.00	
<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	
PATTY TEMPLES 1214 Brookview Drive GIBSONVILLE, NC 27249			SENIOR ACCOUNT EXECUTIVE			
			c. Employer's Name/Specific Field			
			OLD REPUBLIC HOME PROTECTION		e. Election Sum to Date	
					\$ 146.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	AP2020	Credit Card		01/08/2024	\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		03/04/2024	\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		03/08/2024	\$ 50.00	
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	
PATTY TEMPLES 1214 Brookview Drive GIBSONVILLE, NC 27249			SENIOR ACCOUNT EXECUTIVE			
			c. Employer's Name/Specific Field			
			OLD REPUBLIC HOME PROTECTION		e. Election Sum to Date	
					\$ 146.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		04/15/2024	\$ 46.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 221.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253				CHEF		
				c. Employer's Name/Specific Field PRESS COFFEE		
				e. Election Sum to Date		
				\$		310.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	In-Kind	SUBSCRIPTION FEE - CONSTANT CONTACT	02/18/2024	\$	55.00
<input type="checkbox"/>	AP2020	In-Kind	SOFTWARE EXPENSE - CONSTANT CONTACT	03/18/2024	\$	55.00
<input type="checkbox"/>	AP2020	In-Kind	SOFTWARE EXPENSE - CONSTANT CONTACT	04/18/2024	\$	55.00
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
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253				CHEF		
				c. Employer's Name/Specific Field PRESS COFFEE		
				e. Election Sum to Date		
				\$		310.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	In-Kind	SOFTWARE EXPENSE - CONSTANT CONTACT	05/18/2024	\$	55.00
<input type="checkbox"/>	AP2020	In-Kind	SOFTWARE EXPENSE - CONSTANT CONTACT	06/18/2024	\$	55.00
<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
WILLIAM TRAYNOR 5768 Church Rd GRAHAM, NC 27253				MANAGER		
				c. Employer's Name/Specific Field TRUSTED SPACE PARTNERS		
				e. Election Sum to Date		
				\$		350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		03/08/2024	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	375.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	3,595.00

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 type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVE VANPELT 2700 Jamestown Court BURLINGTON, NC 27215			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 500.00	
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		04/25/2024	\$ 500.00	
<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	
EDITH WARD 813 TRAIL ONE BURLINGTON, NC 27215			MENTAL HEALTH			
			c. Employer's Name/Specific Field			
			NEW POSSIBILITIES HOME FOR CHILDREN		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Credit Card		04/05/2024	\$ 200.00	
<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	
ERNESTINE WARD 331 E MOREHEAD ST BURLINGTON, NC 27215			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 66.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AP2020	Cash		03/16/2024	\$ 20.00	
<input type="checkbox"/>	AP2020	Credit Card		04/16/2024	\$ 46.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 766.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,595.00	

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 type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
OMEGA WILSON PO BOX 661 MEBANE, NC 27243			NO JOB TITLE OR PROFESSION		
			c. Employer's Name/Specific Field NOT EMPLOYED		
					e. Election Sum to Date
					\$ 170.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AP2020	Credit Card		06/12/2024	\$ 70.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 70.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 3,595.00

Contributions from Other Political Committees Pg 1 of 1 Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
CITIZENS FOR ANTHONY PIERCE			-537979--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
COMMITTEE TO ELECT DEJUANA BIGELOW 1710 HANFORD HILLS GRAHAM, NC 27253		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date
		Burlington		\$ 100.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
AP2020	Debit Card		03/24/2024	\$ 100.00
				\$
				\$
4. Total only this Page				\$ 100.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 100.00

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)						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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
5TH AND WASHINGTON 103 S. FIFTH STREET MEBANE, NC 27302							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 140.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	04/05/2024	\$ 140.00	EVENT SPACE		
				\$			
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	
AMAZON 410 TERRY AVEN SEATTLE, WA 98109							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 170.79	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	03/13/2024	\$ 170.79	PRINT MEDIA		
				\$			
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	
JUNCTION ON 70 107 E CENTER ST MEBANE, NC 27302							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 52.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	03/22/2024	\$ 52.61	MEAL		
				\$			
5. Total only this Page						\$ 363.40	
6. Total of ALL CRO-1310 Pages						\$ 2,133.91	
(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)							
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)							

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 (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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) META FACEBOOK 1 META WAY MENLO PARK, CA 94025				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$ 74.47	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020		Debit Card	A	04/15/2024	\$ 20.00	INTERNET ADS	
AP2020		Debit Card	A	04/16/2024	\$ 10.00	INTERNET ADS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) META FACEBOOK 1 META WAY MENLO PARK, CA 94025				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$ 74.47	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020		Debit Card	A	04/29/2024	\$ 14.47	INTERNET ADS	
AP2020		Debit Card	A	05/20/2024	\$ 15.00	INTERNET ADS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) META FACEBOOK 1 META WAY MENLO PARK, CA 94025				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$ 74.47	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020		Debit Card	AO	05/22/2024	\$ 15.00	INTERNET ADS	
					\$		
5. Total only this Page						\$ 74.47	
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)						\$ 2,133.91	
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)							

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)						2. ID Number	
CITIZENS FOR ANTHONY PIERCE						-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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253							
				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:			
						\$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Check	O	03/01/2024	\$ 250.00	SALARY		
AP2020	Check	O	04/25/2024	\$ 500.00	SALARY		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253							
				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:			
						\$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Check	O	06/20/2024	\$ 250.00	SALARY		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
USPS 105 ROXBORO ST HAW RIVER, NC 27258							
				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:			
						\$ 336.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	02/26/2024	\$ 170.00	PO BOX RENTAL		
				\$			
5. Total only this Page						\$ 1,170.00	
6. Total of ALL CRO-1310 Pages						\$ 2,133.91	
<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>							
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)							

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)						2. ID Number	
CITIZENS FOR ANTHONY PIERCE						-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 type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
VISTA PRINT 275 WYMAN STREET WALTHAM, MA 02451				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:			
						\$ 185.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	03/01/2024	\$ 75.76	PRINT MEDIA		
AP2020	Debit Card	O	04/26/2024	\$ 109.38	PRINT MEDIA		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WIX 500 TERRY A FRANCOIS BLVD 6TH FLOOR SAN FRANCISCO, CA 94158				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:			
						\$ 664.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	05/28/2024	\$ 340.90	WEBSITE EXPENSE		
				\$			
5. Total only this Page						\$ 526.04	
6. Total of ALL CRO-1310 Pages						\$ 2,133.91	
<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>							
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) CITIZENS FOR ANTHONY PIERCE	2. ID Number -537979--
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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 type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	02/28/2024	\$ 0.75	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	02/29/2024	\$ 1.58	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/05/2024	\$ 5.25	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/06/2024	\$ 0.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/07/2024	\$ 0.75	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/08/2024	\$ 2.10	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/12/2024	\$ 3.00	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/25/2024	\$ 1.59	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/26/2024	\$ 0.90	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/27/2024	\$ 1.50	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/29/2024	\$ 0.08	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/05/2024	\$ 0.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/09/2024	\$ 3.00	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/17/2024	\$ 3.83	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/18/2024	\$ 1.07	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/19/2024	\$ 0.69	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/29/2024	\$ 0.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/01/2024	\$ 0.08	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/02/2024	\$ 0.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/07/2024	\$ 0.90	PAYMENT PROCESSING FEE

4. Total only this Page	\$ 28.59
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5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 158.16
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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	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund
O* - Other			

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable) CITIZENS FOR ANTHONY PIERCE	2. ID Number -537979--
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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 type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/08/2024	\$ 1.28	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/10/2024	\$ 1.28	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/24/2024	\$ 1.28	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/29/2024	\$ 0.75	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/30/2024	\$ 0.08	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/05/2024	\$ 1.65	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/11/2024	\$ 0.30	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/12/2024	\$ 1.05	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/14/2024	\$ 2.55	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/18/2024	\$ 0.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/20/2024	\$ 0.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/24/2024	\$ 1.50	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/25/2024	\$ 0.53	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/28/2024	\$ 1.05	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	02/24/2024	\$ 40.00	MEAL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	02/28/2024	\$ 1.33	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	02/29/2024	\$ 2.77	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/05/2024	\$ 8.62	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/06/2024	\$ 0.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/07/2024	\$ 1.33	PAYMENT PROCESSING FEE

4. Total only this Page	\$ 68.89
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5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>	\$ 158.16
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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	G - Political Party	Q* - Donations to Legal Expense Fund
O* - Other	K* - Office Expenses		

* Codes require detailed explanation in required remarks field (g)

Aggregated Non-Media Expenditures

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 type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/08/2024	\$ 3.54	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/12/2024	\$ 5.09	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/25/2024	\$ 3.69	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/26/2024	\$ 1.55	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/27/2024	\$ 2.43	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	03/29/2024	\$ 0.34	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/05/2024	\$ 0.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/09/2024	\$ 4.63	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/17/2024	\$ 6.98	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/18/2024	\$ 2.02	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/19/2024	\$ 1.24	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	04/29/2024	\$ 0.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/01/2024	\$ 0.34	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/02/2024	\$ 0.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/07/2024	\$ 1.55	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/08/2024	\$ 2.33	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/10/2024	\$ 2.33	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/24/2024	\$ 2.33	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/29/2024	\$ 1.33	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	05/30/2024	\$ 0.34	PAYMENT PROCESSING FEE
4. Total only this Page					\$	44.40
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	158.16
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		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other		K* - Office Expenses		Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

Aggregated Non-Media Expenditures

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 type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/05/2024	\$ 2.88	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/11/2024	\$ 0.67	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/12/2024	\$ 1.77	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/14/2024	\$ 4.20	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/18/2024	\$ 0.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/20/2024	\$ 0.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/24/2024	\$ 2.43	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/25/2024	\$ 1.00	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	06/28/2024	\$ 1.77	PAYMENT PROCESSING FEE
4. Total only this Page					\$	16.28
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	158.16
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		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other				K* - Office Expenses		
				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CITIZENS FOR ANTHONY PIERCE		-537979--	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	310.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SUBSCRIPTION FEE - CONSTANT CONTACT		02/18/2024	\$ 55.00
SOFTWARE EXPENSE - CONSTANT CONTACT		03/18/2024	\$ 55.00
SOFTWARE EXPENSE - CONSTANT CONTACT		04/18/2024	\$ 55.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	310.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SOFTWARE EXPENSE - CONSTANT CONTACT		05/18/2024	\$ 55.00
SOFTWARE EXPENSE - CONSTANT CONTACT		06/18/2024	\$ 55.00
			\$
4. Total only this Page		\$	275.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	275.00