

# Statement of Organization - Candidate Committee

Is this statement:	
<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Citizens for Anthony Pierce		537979	
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 122, Haw River, NC 27258		12-12-2023	
c. Committee Website (Optional)		f. Phone Number	
		919-275-2554	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Anthony Pierce		Democrat	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
2009 Atlas Drive, Haw River, NC 27258		Alamance County Board of County Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
919-275-2554	pierceforalamance@gmail.com	2024	Alamance County
<input type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Katherine S. Landes			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
1313 Cherry Dr. Burlington, NC 27215			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336-212-1573	klandes@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		First Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
		AP2020	
c. Phone Number	d. Email Address	c. Type	
		ALAMANCE COUNTY BOARD OF ELECTIONS Business Checking	
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p> <p> <u>Katherine S. Landes</u>      <u>Katherine S. Landes</u>      <u>1-16-24</u>                      Printed Name of Treasurer      Signature of Appointed Treasurer      Date                 </p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p> <u>Anthony Pierce</u>      <u>Anthony Pierce</u>      <u>1-16-24</u>                      Printed Name of Candidate      Signature of Candidate      Date                 </p>			

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JAN 16 2024