

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.

RECEIVED
 OCT 28 2024
 BY: _____

1. Committee Information	
a. Full Name CITIZENS FOR ANTHONY PIERCE	c. ID Number -537979--
b. Mailing Address (include City, State and Zip Code) P.O. BOX 122 HAW RIVER, NC 27258	d. Date Filed 10/27/2024
	e. Phone Number (919) 656-5363

2. Report Year 2024	3. Period Start Date (mm/dd/yy) 07/01/2024	4. Period End Date (mm/dd/yy) 10/19/2024	5. Treasurer Full Name KATHERINE LANDES
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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	Municipal		State/County
<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 type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" 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	10. Special Report Name
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1				

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIRST BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code AP2020	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 5,865.43		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

Katherine S. Landes Katherine S. Landes 10/28/2024
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 10-28-24 Employee: JI **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ 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 Third Quarter	-537979--	
Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,865.43	\$ 2,228.23
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,170.00	\$ 2,442.00
6) Contributions from Individuals	(CRO-1210)	\$ 5,445.00	\$ 12,740.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,424.14	\$ 2,212.14
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 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)		\$ 8,039.14	\$ 17,494.14
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 8,724.38	\$ 12,082.29
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)	\$ 366.83	\$ 728.72
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)	\$ 1,294.14	\$ 2,392.14
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 10,385.35	\$ 16,203.15
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,519.22	\$ 3,519.22
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 (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Check		08/27/2024	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		10/17/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		10/17/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		07/28/2024	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		09/19/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/07/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/15/2024	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Check		10/17/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/28/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		09/29/2024	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/27/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/28/2024	\$ 15.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/09/2024	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/27/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/26/2024	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/13/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		07/28/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/24/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/09/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		07/28/2024	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/27/2024	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/28/2024	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		08/27/2024	\$ 5.00	
4. Total only this Page					\$ 860.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,170.00	

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		09/27/2024	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/28/2024	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/11/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		10/17/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Cash		10/17/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/28/2024	\$ 35.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Check		10/17/2024	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/27/2024	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Credit Card		07/09/2024	\$ 25.00	
4. Total only this Page					\$ 310.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,170.00	

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	
HOMER ASHBY 3844 HERITAGE DR., APT 304 BURLINGTON, NC 27215			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					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	Check		06/09/2024	\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		07/23/2024	\$ 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	
MAURICE BASS 2440 MILLBROOK DR HAW RIVER, NC 27258			BARBER			
			c. Employer's Name/Specific Field BEYOND MEASURES MINISTRY			
					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	Check		08/01/2024	\$ 250.00	
<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	
KEISHA BLUFORD 1565 Grace Landing Drive MEBANE, NC 27302			LAWYER			
			c. Employer's Name/Specific Field THE LAWW OFFICES OF KEISHA D. BLUFORD			
					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		09/27/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,445.00	

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	
ANNE BROWN 2967 BISCAYNE DR MEBANE, NC 27302				BUSINESS SYSTEMS ANALYST			
				c. Employer's Name/Specific Field UNC SYSTEM OFFICE			
						e. Election Sum to Date	
						\$ 185.00	
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		03/08/2024	\$ 50.00		
<input type="checkbox"/>	AP2020	Credit Card		07/17/2024	\$ 35.00		
<input type="checkbox"/>	AP2020	Credit Card		07/28/2024	\$ 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	
ANNE BROWN 2967 BISCAYNE DR MEBANE, NC 27302				BUSINESS SYSTEMS ANALYST			
				c. Employer's Name/Specific Field UNC SYSTEM OFFICE			
						e. Election Sum to Date	
						\$ 185.00	
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		09/21/2024	\$ 50.00		
<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	
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	
						\$ 125.00	
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		09/15/2024	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 185.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,445.00	

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	
ROBERT BYRD 2826 Charlotte Lane BURLINGTON, NC 27215			NO JOB TITLE OR PROFESSION			
			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		07/15/2024	\$ 250.00	
<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	
TERRENCE CALDWELL 903 Avalon Drive MEBANE, NC 27302			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	Credit Card		07/23/2024	\$ 150.00	
<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	
CATHY CHAPMAN PO Box 147 EFLAND, NC 27243			RN			
			c. Employer's Name/Specific Field CONE HEALTH			
					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		07/28/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,445.00	

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	
DANA COURTNEY 2521 Rogers Rd GRAHAM, NC 27253			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 checked="" type="checkbox"/>	AP2020	Credit Card		04/15/2024	\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		07/03/2024	\$ 35.00	
<input type="checkbox"/>	AP2020	Credit Card		10/04/2024	\$ 25.00	
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	
MARIA CROWN 1110 Battery Drive MEBANE, NC 27302			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		07/28/2024	\$ 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	
ANTHONY FORRIEST 2211 Quail Dr GRAHAM, NC 27253			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 300.00	
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		07/28/2024	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 460.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,445.00	

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	
KENNETH FREEMAN 703 S Sellars Mill Rd BURLINGTON, NC 27217				DOCTOR			
				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	Money Order		07/20/2024		\$ 150.00	
<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	
CURTIS GATEWOOD 2512 NOTTOWAY TERRACE BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 450.00	
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		03/05/2024		\$ 50.00	
<input type="checkbox"/>	AP2020	In-Kind	SOUND EQUIPMENT FOR EVENT	07/28/2024		\$ 400.00	
<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	
DIANE HEATH 3027 Maple Ave. E1 BURLINGTON, NC 27215				CPA			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 335.00	
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		07/23/2024		\$ 35.00	
<input type="checkbox"/>	AP2020	Credit Card		08/25/2024		\$ 25.00	
<input type="checkbox"/>	AP2020	Credit Card		10/04/2024		\$ 25.00	
4. Total only this Page						\$ 635.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,445.00	

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	
EDITH JONES 605 WASHINGTON ST GRAHAM, NC 27253			HEALTHCARE			
			c. Employer's Name/Specific Field BRIGHT SPRING MEDICAL			
					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		07/24/2024	\$ 85.00	
<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	
ELIZABETH KENNETT 324 w Willowbrook dr BURLINGTON, NC 27215			CLERGY			
			c. Employer's Name/Specific Field WFUBMC			
					e. Election Sum to Date	
					\$ 115.00	
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		07/22/2024	\$ 85.00	
<input type="checkbox"/>	AP2020	Credit Card		07/28/2024	\$ 30.00	
<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	
					\$ 555.00	
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		07/03/2024	\$ 60.00	
<input type="checkbox"/>	AP2020	Credit Card		08/03/2024	\$ 60.00	
<input type="checkbox"/>	AP2020	Credit Card		09/03/2024	\$ 60.00	
4. Total only this Page					\$ 380.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,445.00	

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	
					\$ 555.00	
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		10/03/2024	\$ 60.00	
<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	
MARY LONGHILL 8719 Lindley Mill Road SNOW CAMP, NC 27349			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		08/01/2024	\$ 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	
ANNE MCLANE 3018 Black Elk Ct. BURLINGTON, NC 27215			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		08/18/2024	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 360.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,445.00	

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	
KIRK MONTGOMERY 1096 Falkirk Drive BURLINGTON, NC 27215				IT DIRECTOR			
				c. Employer's Name/Specific Field			
				CITY OF MEBANE		e. Election Sum to Date	
						\$ 300.00	
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		10/05/2024		\$ 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	
DALPHIA MURPHY 1112 Battery Dr MEBANE, NC 27302				Child Care Director			
				c. Employer's Name/Specific Field			
				LITTLE PEOPLE DAYCARE		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		07/28/2024		\$ 250.00	
<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	
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	
						\$ 120.00	
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		07/28/2024		\$ 10.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 360.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,445.00	

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	
MICHAEL PIERCE 1195 Janrose Ct. NW CONCORD, NC 28027				Research			
				c. Employer's Name/Specific Field			
				Abbvie		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		07/13/2024	\$ 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	
FELICIA RUFFIN 700 AVALON DR MEBANE, NC 27302				Research Program Leader			
				c. Employer's Name/Specific Field			
				DUKE		e. Election Sum to Date	
				\$ 60.00			
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		07/13/2024	\$ 35.00		
<input type="checkbox"/>	AP2020	Credit Card		09/15/2024	\$ 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	
MARYANNE SHANAHAN 1618 ABBERLY PLACE 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 checked="" type="checkbox"/>	AP2020	Credit Card		06/07/2024	\$ 20.00		
<input type="checkbox"/>	AP2020	Credit Card		07/07/2024	\$ 20.00		
<input type="checkbox"/>	AP2020	Credit Card		08/07/2024	\$ 20.00		
4. Total only this Page						\$ 170.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,445.00	

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	
MARYANNE SHANAHAN 1618 ABBERLY PLACE 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	Credit Card		09/07/2024	\$ 20.00		
<input type="checkbox"/>	AP2020	Credit Card		10/07/2024	\$ 20.00		
<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	
LOUISE SHULACK 409 Doral Court MEBANE, NC 27302				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 90.00	
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		03/06/2024	\$ 40.00		
<input type="checkbox"/>	AP2020	Credit Card		09/15/2024	\$ 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	
KAREN SLADE 1208 N MEBANE ST BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 60.00	
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		07/24/2024	\$ 35.00		
<input type="checkbox"/>	AP2020	Credit Card		07/28/2024	\$ 25.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5,445.00	

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	
CHARLES SNEED 201 E Center St. Apt 280 MEBANE, NC 27302			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	Credit Card		07/19/2024	\$ 50.00	
<input type="checkbox"/>	AP2020	Credit Card		08/27/2024	\$ 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	
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	
					\$ 196.00	
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		07/22/2024	\$ 50.00	
<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	
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253			CHEF			
			c. Employer's Name/Specific Field			
			PRESS COFFEE		e. Election Sum to Date	
					\$ 530.00	
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	07/18/2024	\$ 55.00	
<input type="checkbox"/>	AP2020	In-Kind	SOFTWARE EXPENSE - CONSTANT CONTACT	08/18/2024	\$ 55.00	
<input type="checkbox"/>	AP2020	In-Kind	SOFTWARE EXPENSE - CONSTANT CONTACT	09/18/2024	\$ 55.00	
4. Total only this Page					\$ 365.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,445.00	

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	
				\$ 530.00		
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	10/18/2024	\$ 55.00	
<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	
WILLIAM TRAYNOR 5768 Church Rd GRAHAM, NC 27253			MANAGER			
			c. Employer's Name/Specific Field			
			TRUSTED SPACE PARTNERS		e. Election Sum to Date	
				\$ 450.00		
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		09/26/2024	\$ 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	
SANDRA VINCENT 811 SCOTT STREET BURLINGTON, NC 27215			Beauty Consultant			
			c. Employer's Name/Specific Field			
			MARY KAY COSMETICS		e. Election Sum to Date	
				\$ 55.00		
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		07/27/2024	\$ 55.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,445.00	

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	
BYRON WHITE 2701 Delaney Dr BURLINGTON, NC 27215			CEO			
			c. Employer's Name/Specific Field			
			TRIANGLE COMMUNITY INTERVENTIONS		e. Election Sum to Date	
					\$ 120.00	
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		07/28/2024	\$ 20.00	
<input type="checkbox"/>	AP2020	Credit Card		07/30/2024	\$ 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	
KELLY WHITE PO BOX 283 BURLINGTON, NC 27216			LAW ENFORCEMENT			
			c. Employer's Name/Specific Field			
			Winston-Salem State University		e. Election Sum to Date	
					\$ 1,000.00	
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		09/20/2024	\$ 1,000.00	
<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	
MICAH WHITE 132 Steamboat Lane BURLINGTON, NC 27217			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		07/28/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,220.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,445.00	

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		
			NOT EMPLOYED		e. Election Sum to Date
					\$ 220.00
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		07/24/2024	\$ 50.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 50.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,445.00

Contributions from Political Party Committees

Pg 1 of 1

Amendment

Yes No

Use this form to report contributions from a political party

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. Comments	
ALAMANCE COUNTY DEMOCRATIC PARTY 122 N MAIN STREET BURLINGTON, NC 27217					
				c. Election Sum to Date	
				\$ 1,024.14	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
AP2020	In-Kind	PRINT MEDIA AD	10/01/2024	\$ 7.14	
AP2020	Check		10/01/2024	\$ 350.00	
AP2020	In-Kind	MATCHING FUNDS FOR AN AD SPOT ON DIGITAL BOARD FOR A.	10/09/2024	\$ 667.00	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
DEMOCRATIC WOMEN OF ALAMANCE COUNTY PO BOX 1815 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
AP2020	Check		08/24/2024	\$ 400.00	
				\$	
				\$	
4. Total only this Page				\$ 1,424.14	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 1,424.14	

Disbursements

Amendment

Pg 1 of 5 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 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
5TH AND WASHINGTON 103 S. FIFTH STREET MEBANE, NC 27302				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:		
						\$ 655.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020	Debit Card	O	07/22/2024	\$ 515.00	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
A LEVEL UP CATERING LLC BURLINGTON, NC 27215				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:		
						\$ 1,750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020	Check	O	07/28/2024	\$ 1,750.00	EVENT FOOD AND BEVERAGES	
				\$		
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
ALAMANCE COUNTY DEMOCRATIC PARTY 122 N MAIN STREET BURLINGTON, NC 27217				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				Alamance		\$ 667.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020	Debit Card	O	09/09/2024	\$ 500.00	PRINT MEDIA	
AP2020	Debit Card	O	09/13/2024	\$ 167.00	PRINT MEDIA	
5. Total only this Page						\$ 2,932.00
6. Total of ALL CRO-1310 Pages						\$ 8,724.38
<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

Amendment

Pg 2 of 5 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 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ALAMANCE MEDIA PARTNERS 422 Huffman Mill Rd Suite 208 BURLINGTON, NC 27215							
				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	
						\$ 806.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	10/17/2024	\$ 806.00	RADIO		
				\$			
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 AVE N 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	
						\$ 394.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	08/22/2024	\$ 224.16	YARD SIGN STAKES		
				\$			
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	
BENBASSAT DIGITAL 1852 BANKING STREET GREENSBORO, NC 27408							
				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	
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	09/17/2024	\$ 200.00	PRINT MEDIA		
				\$			
5. Total only this Page						\$ 1,230.16	
6. Total of ALL CRO-1310 Pages						\$ 8,724.38	
<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

Amendment

Pg 3 of 5 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 Full Name (and Fund if applicable)						2. ID Number
CITIZENS FOR ANTHONY PIERCE						-337979--
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
CLAY STREET PRINTING 124 W CLAY 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
						\$ 1,012.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020	Debit Card	Q	07/12/2024	\$ 228.45	PRINT MEDIA	
AP2020	Debit Card	O	07/26/2024	\$ 85.40	EVENT SUPPLIES	
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
CLAY STREET PRINTING 124 W CLAY 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
						\$ 1,012.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
AP2020	Debit Card	O	09/27/2024	\$ 462.23	PRINT MEDIA	
AP2020	Debit Card	O	10/08/2024	\$ 235.92	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
ELEVATED EVENT AND COORDINATING SERVICES 2701 DELANEY DR BURLINGTON, NC 27215						
				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
						\$ 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	07/28/2024	\$ 500.00	EVENT SUPPLIES	
				\$		
5. Total only this Page						\$ 1,512.00
6. Total of ALL CRO-1310 Pages <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>						\$ 8,724.38
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

Amendment

Pg 4 of 5 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 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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CURTIS GATEWOOD 2512 NOTTOWAY TERRACE BURLINGTON, NC 27215				c. Level Registered (Specify)		e. Election Sum to Date	
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Check	O	07/28/2024	\$ 100.00	AUDIO EQUIPMENT		
				\$			
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	
GODADDY 14455 N HAYDEN ROAD STE 226 SCOTTSDALE, AZ 85260				c. Level Registered (Specify)		e. Election Sum to Date	
						\$ 102.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	08/28/2024	\$ 70.32	WEBSITE EXPENSE		
				\$			
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	
NAACP - BURLINGTON BRANCH PO BOX 1557 BURLINGTON, NC 27216				c. Level Registered (Specify)		e. Election Sum to Date	
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Check	O	10/07/2024	\$ 100.00	PRINT MEDIA		
				\$			
5. Total only this Page						\$ 270.32	
6. Total of ALL CRO-1310 Pages						\$ 8,724.38	
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STRIPE 510 TOWNSEND STREET SAN FRANCISCO, CA 94103							
				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	
						\$ 286.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Electric Funds Tran	O	07/31/2024	\$ 64.45	PAYMENT PROCESSING		
				\$	FEE		
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	
JEAN-MYCHAL THORPE 1010 Lorraine Dr GRAHAM, NC 27253							
				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	
						\$ 2,250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Check	O	07/24/2024	\$ 250.00	SALARY		
AP2020	Check	O	09/30/2024	\$ 500.00	SALARY		
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	
VISTA PRINT 275 WYMAN STREET WALTHAM, MA 02451							
				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	
						\$ 2,150.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AP2020	Debit Card	O	08/22/2024	\$ 1,186.20	PRINT MEDIA		
AP2020	Debit Card	O	10/07/2024	\$ 779.25	PRINT MEDIA		
5. Total only this Page						\$ 2,779.90	
6. Total of ALL CRO-1310 Pages						\$ 8,724.38	
<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

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	07/01/2024	\$ 0.08	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	07/03/2024	\$ 0.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	07/31/2024	\$ 37.28	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	08/31/2024	\$ 7.66	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	09/30/2024	\$ 22.66	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	10/19/2024	\$ 3.46	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/07/2024	\$ 35.00	MEAL
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/01/2024	\$ 15.00	INTERNET AD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/02/2024	\$ 15.00	INTERNET AD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/03/2024	\$ 15.00	INTERNET AD
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/04/2024	\$ 15.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/04/2024	\$ 15.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/06/2024	\$ 15.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/10/2024	\$ 15.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/11/2024	\$ 15.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/12/2024	\$ 15.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/13/2024	\$ 17.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/15/2024	\$ 21.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	10/19/2024	\$ 19.00	INTERNET ADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	07/01/2024	\$ 0.34	PAYMENT PROCESSING FEE

4. Total only this Page	\$ 298.86
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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>	\$ 366.83
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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)					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	07/03/2024	\$ 0.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	08/31/2024	\$ 12.16	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	09/30/2024	\$ 36.42	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Electric Funds Tran	O	10/19/2024	\$ 6.21	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	AP2020	Debit Card	O	07/28/2024	\$ 12.40	EVENT FOOD AND BEVERAGES
4. Total only this Page					\$ 67.97	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 366.83	
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)						

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
ALAMANCE COUNTY DEMOCRATIC PARTY 122 N MAIN STREET BURLINGTON, NC 27217		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	1,024.14
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINT MEDIA AD		10/01/2024	\$ 7.14
MATCHING FUNDS FOR AN AD SPOT ON DIGITAL BOARD FOR A. PIERCE AND MATACHING FUNDS FOR COST OF ONE SHARED AD SPOT ON		10/09/2024	\$ 667.00
			\$
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
CURTIS GATEWOOD 2512 NOTTOWAY TERRACE BURLINGTON, NC 27215		<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	
		\$	450.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SOUND EQUIPMENT FOR EVENT		07/28/2024	\$ 400.00
			\$
			\$
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	
		\$	530.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SOFTWARE EXPENSE - CONSTANT CONTACT		07/18/2024	\$ 55.00
SOFTWARE EXPENSE - CONSTANT CONTACT		08/18/2024	\$ 55.00
SOFTWARE EXPENSE - CONSTANT CONTACT		09/18/2024	\$ 55.00
4. Total only this Page			\$ 1,239.14
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 1,294.14

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	
		\$ 530.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SOFTWARE EXPENSE - CONSTANT CONTACT		10/18/2024	\$ 55.00
			\$
			\$
4. Total only this Page		\$ 55.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 1,294.14	