Disclosure Report Cover 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.

Do not use this i		e information.						
1. Committee In	formation				OCT	28 2026		
a. Full Name						LULY		c. ID Number
CITIZENS FOR	ANTHONY	PIERCE		BY:	. 17			-537979
b. Mailing Addre	ss (include Cit	ty, State and Zip	Code)					d. Date Filed
P.O. BOX 122 HAW RIVER, N	NC 27258							10/27/2024
,								e. Phone Number
								(919) 656-5363
2. Report Year	3. Period Star	t Date (mm/dd/y	y) 4.	. Period	End Dat	e (mm/dd/yy)	5. Treasu	irer Full Name
2024	0′	7/01/2024			10/19/2	024	KATHEI	RINE LANDES
6. Type of Comm	ittee (Check C	One)	9. Type o	of Repor	t (ch	eck only on	e type of re	port from one category)
X Candidate Cam			Municipa			State/County		Referendum
Joint Fundraise	r 🔲 PA	C		rganizatio	nal	☐ Organizat	ional	Organizational
☐ Referendum		gal Expense Fund	-	hirty-five		Quarterly		☐ Pre-referendum
7. Type of Fund	Andrew College	le, check one)	□ P₁	re-primar	у	First		☐ Final
"Booster Fund"	•		□ P ₁	re-electio	n	☐ Secon	ıd	☐ Supplemental Final
Building Fund			□ P ₁	re-runoff		Third	l	☐ Annual
	ection Year Can		Se	emi-annua	.1	☐ Fourt	h	☐ Special
■ NC Public Cam	paign Financing	g Fund		Mid Ye	ear	Semi-annu	ıal	
				Year E	nd	☐ Mid Y	l'ear	10. Special Report Name
Other:			 ,	inal	l	Year	End	
8. Number of Fu	ndraisers this	Report	☐ Sp	pecial	l	☐ Final		
	1					☐ Special		
3. Account Infor	mation				3. Acco	ount Informa	ition	
a. Financial Insti		me				ncial Institut		me
FIRST BANK								
b. Purpose		c. Account Cod	e		b. Purp	ose		c. Account Code
CAMPAIGN FU	JNDS	AP	2020					
		d. Period Begin	Balance					d. Period Begin Balance
		\$		865.43				\$
Chapter 163 of funds. I further	The NC Gener or certify that the Control of States of St	al Statutes and this report is con.	that no fi	unds are ue and c	commin orrect an	igled with pr	ohibited or e been trair Landes	22A, 22B & 22D-22M of other non-disclosed ned by the NC State Board 10/28/2024 Date
FOR OFFICE US	SEONLY			(
Date Receive	d: <u>(</u>	2-38-34		Emplo	yee: _	JI	— <u>D</u>	elivery Method Normal Mail
Date Postman	rked:			Emplo	yee: _		_ [Registered Mail Hand Delivered
Date Scanned	d:			Emplo	yee:		_	Electronically Filed
Date Data En	tered:		_	Emplo	yee: _			Signer has not received mandatory training
Please Note		annot be used t nt treasurer, cus						nittee address, treasurer, ion.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment ☐ Yes 🖾 No

Detailed Summary
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 Re	port	3. ID Number			
CITIZENS FOR ANTHONY PIERCE	2024 Third (Quarter		-53 7 979 		
Start of Election Cycle: January 1, 2023		Total this Reporting Peri-	od	Total this Election Cycle		
4) Cash on Hand at Start		\$ 5,865.	43 5			
RECEIPTS			•			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,170.	00 \$	2,442.00		
6) Contributions from Individuals	(CRO-1210)	\$ 5,445.	00 5	12,740.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 1,424.	14 9	2,212.14		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00 \$	100.00		
9) Loan Proceeds	(CRO-1410)	\$ 0.	00 \$	0.00		
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00 \$	0.00		
1) 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,	IId and IIe)	\$ 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)	\$ 0.0	00 \$	0.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 \$	0.00		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 366.5	33 \$	728.72		
15) Loan Repayments	(CRO-1420)	\$ 0.0	00 \$	1,000.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	00 \$	0.00		
17) In-Kind Contributions	(CRO-1510)	\$ 1,294.	4 \$	2,392.14		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 10,385.3	35 \$	16,203.15		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 3,519.2	22 \$	3,519.22		
ADDITIONAL INFORMATION	ı		Lesson			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	00			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	00			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	0			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	00			
25) Administrative Support	(CRO-1710)	\$ 0.0	00 \$	0.00		
26) Forgiven Loans	(CRO-1440)	\$ 0.0	00 \$	0.00		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	00 \$	0.00		
28) Contributions to be Refunded CRO-1100 NC State Board	(CRO-1215)	\$ 0.0	0 \$	0.00 August 2008		

Amendment

Aggregated Contributions from Individuals Page 1 of

X No

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

		Fund if applicable)	From mulviduals of \$		Number	
	FOR ANTHONY				-537979	
		- 				
3. Contribut	or Information b. Account Code	a Form of Bourna-4	d In Vind Denovinting	Doto (m = /33/	16 Amount	
a. Amend	AP2020	c. Form of Payment Check	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
Remove	Ar2020	Спеск		08/27/2024	\$	25.00
☐ Add ☐ Remove	AP2020	Cash		10/17/2024	\$	50.00
☐ Add ☐ Remove	AP2020	Cash		10/17/2024	\$	50.00
☐ Adđ ☐ Remove	AP2020	Cash		07/28/2024	\$	35.00
☐ Add ☐ Remove	AP2020	Credit Card		09/19/2024	\$	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/07/2024	\$	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/15/2024	\$	35.00
☐ Add ☐ Remove	AP2020	Check		10/17/2024	\$	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/28/2024	\$	50.00
☐ Add ☐ Remove	AP2020	Cash		09/29/2024	\$	25.00
☐ Add ☐ Remove	AP2020	Credit Card		07/27/2024	\$	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/28/2024	\$	15.00
☐ Add ☐ Remove	AP2020	Credit Card		07/09/2024	\$:	35.00
☐ Add ☐ Remove	AP2020	Credit Card		07/27/2024	\$:	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/26/2024	\$ 3	35.00
☐ Add ☐ Remove	AP2020	Credit Card		07/13/2024	\$:	50.00
Add Remove	AP2020	Cash		07/28/2024	\$	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/24/2024	\$:	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/09/2024	\$:	50.00
☐ Add ☐ Remove	AP2020	Cash		07/28/2024	\$ 3	35.00
☐ Add ☐ Remove	AP2020	Credit Card		07/27/2024	\$	5.00
☐ Add ☐ Remove	AP2020	Credit Card		07/28/2024	\$	0.00
☐ Add ☐ Remove	AP2020	Credit Card		08/27/2024	\$	5.00
4. Total on	ly this Page			\$	\$86	50.00
	ALL CRO-120	•	TO 1100	\$	\$1,17	70.00
(This line mi	ust be on line 5 of De	tailed Summary Page C	(RO-1100) State Board of Elections			il 2007

A	m	e	n	d	m	e	n	t	
---	---	---	---	---	---	---	---	---	--

Aggregated Contributions from Individuals Page 2 of 2 Yes No

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

1. Committe	e Full Name (and	Fund if applicable)			2. ID N	iumber	
CITIZENS I	FOR ANTHONY	PIERCE				-5379	79
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/	уууу)	f. Amou	nt
☐ Add ☐ Remove	AP2020	Credit Card		09/27/202	4	\$	5.00
☐ Add ☐ Remove	AP2020	Credit Card		07/28/202	4	\$	20.00
☐ Add ☐ Remove	AP2020	Credit Card		07/11/202	4	\$	50.00
☐ Add☐ Remove	AP2020	Cash		10/17/202	4	\$	50.00
☐ Add ☐ Remove	AP2020	Cash		10/17/202	4	\$	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/28/202	4	\$	35.00
☐ Add ☐ Remove	AP2020	Check		10/17/202	4	\$	25.00
Add Remove	AP2020	Credit Card		07/27/202	4	\$	50.00
☐ Add ☐ Remove	AP2020	Credit Card		07/09/202	4	\$	25.00
4. Total or	ly this Page				\$		\$310.00
	ALL CRO-12 ust be on line 5 of D	05 Pages etailed Summary Page (CRO-1100)		\$		\$1,170.00
CRO-1205		X.T.	C State Board of Elections			•	April 2007

CRO-1205

NC State Board of Elections

April 2007

Amendment _14_ No No

Contributions from Individuals

Pg 1 of 14 Pes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number
CITIZE	ENS FOR ANTH			-537979			
3. Cont	ributor Informati	on		Add 🔲 Re	move		
a. Full N	lame, Mailing Ad	dress & Phone		b. Job Title/Pi	ofession	d. (Comments
(inclu	de city, state, & z	ip)		NO JOB TIT	LE OR		
HOME	R ASHBY			PROFESSIO]	
	ERITAGE DR.,			c. Employer's	Name/Specific Field	1	
APT 30				NOT EMPL	OYED	<u> </u>	
BURLI	NGTON, NC 27	7215				e. I	Dection Sum to Date
						\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
X	AP2020	Check			06/09/2024		\$ 25.00
	AP2020	Credit Card			07/23/2024		\$ 50.00
							\$
3. Conti	ributor Informati	on		Add 🗌 Re	move		*
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		BARBER			
MAURICE BASS 2440 MILLBROOK DR c. Employer's Name/Specific Field							
	RIVER, NC 2725			BEYOND M		1	
1171 44 1	aver, ne 272.	76		MINSTRY	LASUKES	e. J	Dection Sum to Date
				MINOTHI		T-	250.00
						\$	250.00
f. Prior	-	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Check			08/01/2024		\$ 250.00
							\$
							\$
3. Contr	ibutor Informati	o n		Add 🔲 Rei	move		
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (Comments
	de city, state, & z	ip)		LAWYER			
	A BLUFORD race Landing Dri	ve		c. Employer's l	Name/Specific Field		
	NE, NC 27302			THE LAWW	OFFICES OF	L	
				KEISHA D. I	BLUFORD	e. E	Dection Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card			09/27/2024		\$ 100.00
							\$
				·			\$
4. Tota	ıl only this Pa	ge				\$	400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							5,445.00
(i nis ti	ne must de on line	o oj Detauea Summary P	age CKO-1100)				·

Pg 2 of 14 Amendment Ves No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not t	Jse t	e this	form to	report individual	contributions	over \$50 c	or contributions	under \$5	50 if form C	CRO 1205	is not u	sec
--	-------	--------	---------	-------------------	---------------	-------------	------------------	-----------	--------------	----------	----------	-----

		e (and Fund if applicabl	le)			2.	ID Number
CITIZE	ENS FOR ANTHO			-537979			
	ributor Informati	emove	<u> </u>				
a. Full N	Name, Mailing Add	dress & Phone		Add Reb. Job Title/P		<u>d.</u> (Comments
	ude city, state, & zi	ip)		BUSINESS :	SYSTEMS		
	BROWN			ANALYST		_	
	BISCAYNE DR				s Name/Specific Field	1	
MEBA	NE, NC 27302			UNC SYST	EM OFFICE	-	Dection Sum to Date
			I				
			I			\$	185.00
f. Prior	·	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	<u>;</u>	k. Amount
X	AP2020	Credit Card			03/08/2024		\$ 50.00
	AP2020	Credit Card			07/17/2024		\$ 35.00
	AP2020	Credit Card			07/28/2024		\$ 50.00
	ributor Informatio			Add □ Re	emove	_	
	Name, Mailing Add			b. Job Title/Pi	rofession	d. C	Comments
	ıde city, state, & zi	ip)		BUSINESS S	SYSTEMS	Γ	
	BROWN		!	ANALYST	'0 .10 .T' .13	1	
	SISCAYNE DR		!	<u> </u>	Name/Specific Field	1	
MEBA	NE, NC 27302		1	UNC SYSTE	EM OFFICE	a. T	Election Sum to Date
ĺ			1		!		
						\$	185.00
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card			09/21/2024		\$ 50.00
							\$
							\$
	ributor Informatio			,	emove	_	
l.	Name, Mailing Add		- H	b. Job Title/Pr		d. C	Comments
	ide city, state, & zi	(p)		Parks and rec	creation director	1	I
ł	Y BURNETT Jurnett Church Rd.	ı		c. Employer's	Name/Specific Field		I
	AM, NC 27253	•	ļ	CHATHAM	•		I
J	1171, 110 = . = .		1	CHATTLE		e. F	Dection Sum to Date
						\$	125.00
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card			09/15/2024		\$ 50.00
							\$
							\$
4. Tota	al only this Pag	ge				\$	185.00
	al of ALL CRC		\$	5,445.00			
(~		7 0 J D 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	age One III.			i	

Amendment

4	Can	tribu	tions	from	Indi	widna	la
4			11111111	Train	Inn	VIALIS	-

				Amendm	. 18 6
Pg	3	of	14	☐ Yes	X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name		2. ID Number				
	ENS FOR ANTH			-537979			
	ributor Informati			Add 🔲 Re	emove		
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pr	rofession	d. (Comments
	ide city, state, & zi	ip)		NO JOB TITLE OR			
•	RT BYRD		1	PROFESSIO	N IS FELLA	1	
	Charlotte Lane		1		Name/Specific Field	-	
BUKLi	INGTON, NC 27	/215	1	NOT EMPLO	OYED	 	Election Sum to Date
			1	1	!		
	·				· · · · · · · · · · · · · · · · · · ·	\$	250.00
			i. In-Kind Desc	cription	j. Date (mm/dd/yyyy))	k. Amount
	AP2020	Credit Card			07/15/2024		\$ 250.00
							\$
							\$
	ributor Informatio				emove	_	
Ť	Name, Mailing Add			b. Job Title/Pr		d. C	Comments
	ide city, state, & zi			NO JOB TIT			1
	ENCE CALDWEI	LL		PROFESSIO	N N	4	!
903 Avalon Drive c. Employer's Name/Specific Field							
MEDA 	NE, NC 27302			NOT EMPLO	JYED ₁	e. I	Dection Sum to Date
				ĺ	1	\vdash	
					!	\$	150.00
		·	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	'	k. Amount
	AP2020	Credit Card			07/23/2024		\$ 150.00
							\$
							\$
	ributor Informatio	·			move	_	
	lame, Mailing Add		.	b. Job Title/Pr	ofession	d. C	Comments
	de city, state, & zi	·p)		RN	!	1	
CATHY PO Box	Y CHAPMAN x 147			c. Employer's	Name/Specific Field		
	ND, NC 27243		1	CONE HEAL		1	
-	, , , , o = . = .			l CONDITION		e. F	Dection Sum to Date
						\$	100.00
f. Prior	g. Account Code		i. In-Kind Desc	ription:	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Check			07/28/2024		\$ 100.00
						\Box	\$
							\$
4. Tota	al only this Pag	ge				\$	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
		-	o-				

Pg 4 of 14 Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)				2.	ID Number
CITIZI	ENS FOR ANTH	ONY PIERCE						-537979
3. Cont	ributor Informati	ion		Add [Rei	move	<u></u>	
	Name, Mailing Add			b. Job Ti	tle/Pr	ofession	d. (Comments
(inclu	ude city, state, & z	ip)		NO JOB	TIT	LE OR	\Box	
DANA	COURTNEY			PROFES]	
2521 R	Rogers Rd			c. Employ	yer's l	Name/Specific Field]	
GRAH	IAM, NC 27253			NOT E	MPLO	OYED	<u> </u>	
							e. F	Dection Sum to Date
							\$	85.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount
X	AP2020	Credit Card				04/15/2024		\$ 25.00
	AP2020	Credit Card				07/03/2024		\$ 35.00
	AP2020	Credit Card				10/04/2024		\$ 25.00
3. Cont	ributor Informati	on		Add [Rer	move		
	Name, Mailing Add			b. Job Tit			d. C	Comments
(inclu	ıde city, state, & z	ip)		NO JOB	TITI	LE OR		
MARI/	A CROWN			PROFES	SSION	V]	
	Battery Drive		1	c. Employ	yer's l	Name/Specific Field]	
MEBA	NE, NC 27302		•	NOT E	MPLC	OYED	Ļ	= · · · · · · · · · · · · · · · · · · ·
			1]			e. E	Dection Sum to Date
	y						\$	100.00
f. Prior	i -	h. Form of Payment	i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card				07/28/2024		\$ 100.00
								\$
								\$
	ributor Informati			Add [Rer	move		
	Name, Mailing Add			b. Job Tit	le/Pro	ofession	d. C	Comments
(inclu	ide city, state, & zi	ip)		NO JOB				
	ONY FORRIEST		!	PROFES	SION	1	1	
2211 Q			!			Name/Specific Field	1	
GRAH	AM, NC 27253		!	NOT EN	ИPLC	OYED		Dection Sum to Date
							\$	300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)	L_	k. Amount
	AP2020	Check				07/28/2024		\$ 300.00
								\$
				-				\$
4. Tota	al only this Pa	ge					\$	460.00
	al of ALL CRO	<u>~</u>					1	
		6 of Detailed Summary P	Page CRO-1100)				\$	5,445.00

Amendment No.

Contributions from Individuals

Pg 5 of 14 Pes 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
CITIZI	CITIZENS FOR ANTHONY PIERCE						-537979-	-
3. Contributor Information					move			
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	ide city, state, & z	ip)		DOCTOR				
KENN	ETH FREEMAN	I				1		
1	Sellars Mill Rd			c. Employer's Name/Specific Field				
BURL	INGTON, NC 27	7217		NOT EMPLO	OYED		Dection Sum to	. Dota
·						e. 1	section Sum to	Date
						\$		150.00
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	AP2020	Money Order			07/20/2024		\$	150.00
							\$	
							\$	
	ributor Informati			Add ☐ Re				
a. Full Name, Mailing Address & Phone			b. Job Title/Pr		d. C	Comments		
	ide city, state, & z	<u></u>		NO JOB TITLE OR				
CURTIS GATEWOOD			PROFESSIO	Name/Specific Field	ł			
2512 NOTTOWAY TERRACE BURLINGTON, NC 27215					1			
BURLINGTON, NC 27213				NOT EMPLO	JYED	e. I	Dection Sum to	Date
						广		450.00
						\$		450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
X	AP2020	Credit Card			03/05/2024		\$	50.00
	AP2020	In-Kind	SOUND EQUI EVENT	IPMENT FOR	07/28/2024		\$	400.00
							\$	
	ributor Informati				move	,		
	lame, Mailing Add			b. Job Title/Profession			d. Comments	
	de city, state, & z	ip)		CPA				
	E HEATH			c Employer's	Name/Specific Field			
	Iaple Ave. E1 INGTON, NC 27	7215		c. Employer's Name/Specific Field				
DUKLI	indion, NC 27	213		NOT EMPLOYED		e. Election Sum to Date		
						\$		335.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	AP2020	Credit Card			07/23/2024		\$	35.00
	AP2020	Credit Card			08/25/2024		\$	25.00
	AP2020	Credit Card			10/04/2024		\$	25.00
4. Tota	al only this Pa	ge				\$,	635.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$	5,	445.00

Amendment No No

Contributions from Individuals

Peg 6 of 14 Pes 1

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		e (and Fund if applicabl	le)				2.	ID Numl	ber
CITIZI	ENS FOR ANTH	ONY PIERCE						-53	7979
3. Cont	tributor Informati	ion		Add [☐ Re	emove			•••
a. Full N	Name, Mailing Add	dress & Phone				rofession	d. (Commen	ıts
	ude city, state, & z	cip)		HEALT	ГНСА	RE			
1	I JONES			L]		
	ASHINGTON ST	Γ				Name/Specific Field	1		
GRAH	IAM, NC 27253			BRIGH	IT SP	RING MEDICAL		Ta estion	Sum to Date
İ				ļ			 		
							\$		85.00
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Des	eription		j. Date (mm/dd/yyyy)		k. Amo	unt
	AP2020	Credit Card				07/24/2024		\$	85.00
								\$	
								\$	
	ributor Informati			Add [move			
	Name, Mailing Add			_		ofession	d. Comments		
	ude city, state, & z			CLERG	Ϋ́				
	BETH KENNET	T	1	Fanle		" " :: En Field	1		
1	Willowbrook dr					Name/Specific Field	-		
BURLINGTON, NC 27215			WFUBI	MC	1	e. J	Nection !	Sum to Date	
						1		20000	
				l		!	\$		115.00
f. Prior	g. Account Code	<u> </u>	i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)		k. Amou	unt
	AP2020	Credit Card				07/22/2024	_	\$	85.00
	AP2020	Credit Card				07/28/2024		\$	30.00
								\$	
	ributor Informatio			Add [move	_		
	Name, Mailing Add			b. Job Title/Profession			d. C	Commen	ts
	ide city, state, & zi	ip)		NO JOB			1		
	A KLINE		!	PROFESSION			1		
	Brookview Drive		1	c. Employer's Name/Specific Field		1			
ELUM,	, NC 27244			NOT EMPLOYED		e. Election Sum to Date			
							\$		555.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)		k. Amou	ant
	AP2020	Credit Card				07/03/2024		\$	60.00
	AP2020	Credit Card				08/03/2024		\$	60.00
	AP2020	Credit Card				09/03/2024		\$	60.00
4. Tota	al only this Pag	ge					\$		380.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO_1100)				\$		5,445.00
(* ***** **	Me must be be seen.	o of Detailed Sammary	age CAO-1100,			j	1		

Pg 7 of 14 Amendment Yes X No

Use this form to report individual contribu	tions over \$50 or cor	ntributions under \$50 i	f form CRO 1205 is not used
---	------------------------	--------------------------	-----------------------------

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
CITIZI	CITIZENS FOR ANTHONY PIERCE						-53797	79
3. Cont	ributor Informati	on		Add 🔲 Re	emove	_		
1	Name, Mailing Add			b. Job Title/P	 	d. C	Comments	
(inclu	ide city, state, & z	ip)		NO JOB TIT	LE OR	T		•
TANY	A KLINE			PROFESSIO	-			
	rookview Drive			c. Employer's	Name/Specific Field	1		
	NC 27244			NOT EMPL	OYED	1		
	,					e. I	Dection Sun	ı to Date
1						\$		555.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	,	k. Amount	
	AP2020	Credit Card			10/03/2024		\$	60.00
							\$	
							\$	
3. Cont	ributor Informati	on ·		Add □ Re	emove			
	Name, Mailing Add			b. Job Title/P		d. Comments		
	ide city, state, & z			NO JOB TITLE OR		T		
MARY LONGHILL			PROFESSION					
8719 Lindley Mill Road				c. Employer's	Name/Specific Field	1		
SNOW CAMP, NC 27349			NOT EMPL	OYED	L			
						e. I	Dection Sum	to Date
						\$		100.00
		T	1	<u> </u>	- -	<u> </u>	т	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	AP2020	Credit Card			08/01/2024		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	emove			
	lame, Mailing Ado			b. Job Title/Pi	rofession	d. (Comments	
(inclu	de city, state, & z	ip)		NO JOB TIT	LE OR	П		
ANNE	MCLANE			PROFESSIO				
3018 B	lack Elk Ct.			c. Employer's Name/Specific Field		1		
BURL	NGTON, NC 27	215		NOT EMPLOYED				
						e. H	Dection Sum	to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	AP2020	Credit Card			08/18/2024		\$	200.00
							\$	
							\$	
4. Tot	al only this Pa	ge			<u> </u>	\$	1	360.00
5. Tota	al of ALL CR	×	Page (*PO 1100)			\$		5,445.00
(Ints)	me musi ve on tine	o oj Dewwed Summary I	"" " " " " " " " " " " " " " " " " " "	•		1		

Pg 8 of 14 Amendment Yes X No

Use this form to report individual	ial 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
CITIZI	CITIZENS FOR ANTHONY PIERCE						-537979
	ributor Informati			Add 🔲 R	emove	_	•
	Name, Mailing Ado			b. Job Title/P	rofession	d. (Comments
	ide city, state, & z			IT DIRECTO	OR		
	MONTGOMERY alkirk Drive			c. Employer's	Name/Specific Field	1	
BURL	INGTON, NC 27	7215		CITY OF M	EBANE	_	
						e. 1	Election Sum to Date
						\$	300.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	AP2020	Credit Card			10/05/2024		\$ 100.00
							\$
							\$
	ributor Informati				emove		
	Name, Mailing Add			b. Job Title/P		d. C	Comments
	de city, state, & z	ip)		Child Care D	irector		
DALPHIA MURPHY 1112 Battery Dr			c. Employer's	Name/Specific Field	1		
MEBANE, NC 27302			LITTLE PE	OPLE DAYCARE			
						e. I	Dection Sum to Date
						\$	250.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card			07/28/2024		\$ 250.00
							\$
							\$
	ributor Informatio				move		
	lame, Mailing Add de city, state, & zi			b. Job Title/P		d. C	Comments
	BETH OSBORN			NO JOB TIT PROFESSIO			
	EALWOOD AV			c. Employer's Name/Specific Field			
	AM, NC 27253			NOT EMPLOYED			
						e. E	Dection Sum to Date
						\$	120.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount
	AP2020	Credit Card			07/28/2024		\$ 10.00
						•	\$
							\$
4. Tota	al only this Pa	ge				\$	360.00
	al of ALL CRO	D-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	5,445.00

Amendment X No

Contributions from Individuals

Pg 9 of 14 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 76 S Contributor Information	.00 .00	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL PIERCE 1195 Janrose Ct. NW CONCORD, NC 28027 6. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card J.	.00	
Research	.00	
MICHAEL PIERCE 1195 Janrose Ct. NW CONCORD, NC 28027 C. Employer's Name/Specific Field Abbvie c. Election Sum to Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 70 AP2020 Credit Card 07/13/2024 \$ 70 S. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) FELICIA RUFFIN 700 AVALON DR MEBANE, NC 27302 MEBANE, NC 27302 AP2020 Credit Card 1. In-Kind Description j. Date (mm/dd/yyyy) k. Amount C. Employer's Name/Specific Field DUKE e. Election Sum to Description j. Date (mm/dd/yyyy) k. Amount O7/13/2024 \$ 335	.00	
CONCORD, NC 28027 Same/Specific Field Abbvie	.00	
Abbvie CONCORD, NC 28027	.00	
e. Election Sum to Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 76 S Contributor Information	.00	
S 70 S Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 76 S Contributor Information		
□ AP2020 Credit Card 07/13/2024 \$ 70 □ S \$ \$ \$ \$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) B. Job Title/Profession d. Comments Add Remove Add Add Remove Add Add Remove Add Ad	.00	
3. Contributor Information Substitute Profession Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) FELICIA RUFFIN 700 AVALON DR MEBANE, NC 27302 MEBANE, NC 27302 6. Employer's Name/Specific Field DUKE C. Employer's Name/Specific Field DUKE C. Employer's Name/Specific Field DUKE AP2020 Credit Card O7/13/2024 \$ 35	.00	
3. Contributor Information		
3. Contributor Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Research Program Leader FELICIA RUFFIN 700 AVALON DR MEBANE, NC 27302 DUKE c. Employer's Name/Specific Field DUKE e. Election Sum to Da \$ 60 f. Prior g. Account Code h. Form of Payment h. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card O7/13/2024 \$ 35		
(include city, state, & zip) Research Program Leader FELICIA RUFFIN 700 AVALON DR MEBANE, NC 27302 DUKE e. Election Sum to Da \$ 60 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card O7/13/2024 \$ 35		
FELICIA RUFFIN 700 AVALON DR MEBANE, NC 27302 DUKE c. Employer's Name/Specific Field DUKE e. Election Sum to Da f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 35		
Too AVALON DR	l	
MEBANE, NC 27302 DUKE e. Election Sum to Da c. Election Sum to Da		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 35		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 35	-	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AP2020 Credit Card 07/13/2024 \$ 35	. L	
□ AP2020 Credit Card 07/13/2024 \$ 35	.00	
0//13/2024 \$ 35		
	.00	
□ AP2020 Credit Card 09/15/2024 \$ 25	.00	
□ s		
3. Contributor Information		
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments		
(include city, state, & zip) NO JOB TITLE OR		
MARYANNE SHANAHAN PROFESSION		
1618 ABBERLY PLACE c. Employer's Name/Specific Field		
GRAHAM, NC 27253 NOT EMPLOYED	e. Dection Sum to Date	
e. Acction Sum to Da	.e	
\$ 100	.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount		
X AP2020 Credit Card 06/07/2024 \$ 20	.00	
□ AP2020 Credit Card 07/07/2024 \$ 20	.00	
□ AP2020 Credit Card 08/07/2024 \$ 20		
4. Total only this Page \$ 170	.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 5,445		

Amendment No.

Contributions from Individuals

Pg 10 of 14 \square Yes

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	r
CITIZI	ENS FOR ANTH	ONY PIERCE					-5379	779
	ributor Informati			Add 🔲 Re	emove	-		
	Name, Mailing Ado			b. Job Title/Pr	rofession	d. (Comments	,
(inclv	ude city, state, & z	ip)		NO JOB TIT	LE OR			
	YANNE SHANAI			PROFESSIO]		
	ABBERLY PLAC	E		c. Employer's Name/Specific Field		1		
GRAH	IAM, NC 27253			NOT EMPLO	OYED	\vdash		- 10-45
					!	е. 1	Dection Su	m to Date
				<u> </u>	· · · · · · · · · · · · · · · · · · ·	\$,	100.00
		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amoun	it
	AP2020	Credit Card			09/07/2024		\$	20.00
	AP2020	Credit Card			10/07/2024		\$	20.00
							\$	
3. Cont	ributor Informatio	on		Add 🔲 Re	move		1	
	Name, Mailing Add			b. Job Title/Pr		d. Comments		
	ıde city, state, & zi	ip)		NO JOB TITLE OR				
	SE SHULACK	_		PROFESSION c. Employer's Name/Specific Field				
409 Doral Court		,	 		1			
MEBANE, NC 27302			1	NOT EMPLO		<u></u>	4' c= Cu	- Note
			1		1	e. r	Dection Sur	m to Date
		T	To a series		T	\$	1 = ,	90.00
		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	'	k. Amount	<u>t</u>
X	AP2020	Credit Card			03/06/2024		\$	40.00
	AP2020	Credit Card			09/15/2024		\$	50.00
							\$	
	ributor Informatio				move	_		
	Name, Mailing Add		ŧ	b. Job Title/Profession d. Comments				
	ide city, state, & zi	ip)		NO JOB TITLE OR				
	N SLADE			PROFESSION				
	I MEBANE ST			c. Employer's Name/Specific Field		1		
BUKLi	INGTON, NC 27	215		NOT EMPLOYED		e. F	e. Election Sum to Date	
						\$	Tettion	60.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	AP2020	Credit Card			07/24/2024		\$	35.00
	AP2020	Credit Card			07/28/2024		\$	25.00
							\$	
4. Tota	al only this Pag	ge				\$		150.00
i	al of ALL CRO	O-1210 Pages 6 of Detailed Summary Po	CPO-1100)			\$		5,445.00
(4116)	Me musi oc on une i	o oj vetutica summuty 1	age Chu-1100)			i		

Amendment No No

Contributions from Individuals

Pg 11 of 14 Ves

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number
CITIZI	ENS FOR ANTH	ONY PIERCE					-537979
3. Cont	ributor Informati	on		Add 🔲 Re	move		
a. Full !	Name, Mailing Ad	dress & Phone		b. Job Title/Pi	rofession	d. 0	Comments
(inclu	ıde city, state, & z	ip)		NO JOB TITLE OR		Т	
CHAR	LES SNEED			PROFESSIO		ļ	
201 E	Center St. Apt 28	0		c. Employer's Name/Specific Field			
MEBA	NE, NC 27302			NOT EMPL	OYED	\bot	
						e. I	Dection Sum to Date
						\$	150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1	k. Amount
	AP2020	Credit Card			07/19/2024		\$ 50.00
	AP2020	Credit Card		08/27/2024			\$ 100.00
							\$
3. Cont	ributor Informati	on		Add □ Re	move		
	Name, Mailing Add		······································	b. Job Title/Pr		d. (Comments
(inclu	ıde city, state, & z	ip)		SENIOR AC	COUNT		
PATTY TEMPLES				EXECUTIVE			
1214 Brookview Drive			c. Employer's	Name/Specific Field]		
GIBSONVILLE, NC 27249			OLD REPUB	BLIC HOME	L		
				PROTECTION	ON	e. I	Dection Sum to Date
				\$	196.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card			07/22/2024		\$ 50.00
							\$
							\$
3. Cont	ributor Informati	on		Add 🔲 Re	move		
a. Full N	lame, Mailing Ado	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		CHEF			
JEAN-	MYCHAL THOR	RPE					
	orraine Dr			c. Employer's Name/Specific Field			
GRAH	AM, NC 27253			PRESS COFFEE		e. Election Sum to Date	
						e. c	Dection Sum to Date
						\$	530.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	In-Kind	SOFTWARE E	-	07/18/2024		Φ 55.00
			CONSTANT C		07/16/2024		\$ 55.00
	AP2020	In-Kind	SOFTWARE E		08/18/2024		\$ 55.00
	AP2020	In-Kind	SOFTWARE E	EXPENSE -	09/18/2024		\$ 55.00
4. Tota	al only this Pa	ge			-	\$	365.00
	al of ALL CR						
		6 of Detailed Summary F	Page CRO-1100)			\$	5,445.00

Pg 12 of 14 Amendment Yes X No

Jse this form to report individ	ual contributions	over \$50 or contributions	under \$50 if form CRO	1205 is not used
---------------------------------	-------------------	----------------------------	------------------------	------------------

1. Committee Full Name (and Fund if applicable)							D Number
CITIZENS FOR ANTHONY PIERCE							-537979
3. Cont	Contributor Information						
a. Full N	lame, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments
(inclu	de city, state, & z	ip)		CHEF			
JEAN-	MYCHAL THO	RPE					
1010 L	orraine Dr			c. Employer's Name/Specific Field			
GRAH	AM, NC 27253			PRESS COF	FEE		
						e. E	lection Sum to Date
						\$	530.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	In-Kind	SOFTWARE I		10/18/2024		\$ 55.00
							\$
							\$
3. Conti	ri but or Informati	on		Add Re	move		
a. Full Name, Mailing Address & Phone				b. Job Title/Pr	ofession	d. Comments	
(inclu	de city, state, & z	ip)		MANAGER			
WILLI.	AM TRAYNOR						
5768 Church Rd				 	Name/Specific Field		
GRAHAM, NC 27253			TRUSTED SPACE PARTNERS			lection Sum to Date	
						е. в	rection Sum to Date
						\$	450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card			09/26/2024		\$ 100.00
					07/20/2021		
							\$
						ŀ	\$
3. Conti	ributor Informati	on		Add 🔲 Rei	move		• •
a. Full N	ame, Mailing Ado	lress & Phone		b. Job Title/Pr			omments
	de city, state, & z	ip)		Beauty Consu	ltant		
	RA VINCENT OTT STREET			c. Employer's Name/Specific Field			
	NGTON, NC 27	215		MARY KAY	COSMETICS		
						e. D	lection Sum to Date
						\$	55.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount
	AP2020	Credit Card			07/27/2024		\$ 55.00
							\$
							\$
4. Tota	al only this Pa	ge				\$	210.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary F	Page CRO_1100\			\$	5,445.00
(IIII)	me musi ve un une	о ој Бенинеи Зиттигу г	"SE CAU-1100)		ì		

Pg 13 of 14 Amendment No

	Use this form to report individual	contributions over \$50	or contributions under	\$50 if form CRO 1205 is not used
--	------------------------------------	-------------------------	------------------------	-----------------------------------

		(and Fund if applicabl	e)			2. 1	ID Number				
CITIZENS FOR ANTHONY PIERCE -537979											
3. Cont	ributor Informati	on		Add 🔲 Rei	move						
	Name, Mailing Ado		i	b. Job Title/Pr	ofession	d. C	Comments				
(inclu	ide city, state, & z	ip)		CEO							
	N WHITE		!	L		1					
	Delaney Dr		!		Name/Specific Field	-					
BURLI	INGTON, NC 27	215	!		COMMUNITY		Dection Sum to Date				
			!	INTERVENT	ΓIONS	e. 1	Jection Sum to Date				
			!	1		\$	120.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount				
	AP2020	Cash			07/28/2024		\$ 20.00				
	AP2020	Credit Card			07/30/2024		\$ 100.00				
							\$				
3. Contr	ributor Informatio	on		Add □ Rer	move						
	Name, Mailing Add		<u></u>	b. Job Title/Pro		d. C	Comments				
(inclu	ide city, state, & zi	ip)		LAW ENFOR	RCEMENT						
KELLY	Y WHITE]					
PO BO			1		Name/Specific Field						
BURLI	INGTON, NC 27	216	ļ	Winston-Sale	em State University	<u> </u>	Total Communication Date				
	e. Election Sum to Date										
			1			\$	1,000.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount				
	AP2020	Credit Card			09/20/2024		\$ 1,000.00				
					07/20/2021						
						-	\$				
	<u> </u>			<u>.</u>			\$				
	ributor Informatio			Add 🔲 Ren	move						
	ame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments				
	de city, state, & zi	(p)		NO JOB TITI							
	H WHITE			PROFESSION							
	eamboat Lane	10.1 5			Name/Specific Field						
BUKLI	NGTON, NC 27	217	J	NOT EMPLO	DYED	e. E	lection Sum to Date				
			1			 					
				<u> </u>		\$	100.00				
f. Prior	g. Account Code		i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount				
	AP2020	Credit Card			07/28/2024		\$ 100.00				
							\$				
		-					\$				
4. Tota	al only this Pag	ge				\$	1,220.00				
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary Po	lage CRO 1100)	:		\$	5,445.00				
(11110 11	me musi or on line (r of Decuneu Summury P	uge CRO-1100)			į					

C_0	ntribu	tions	from	Indiv	idna k	4
vv	HUIVU	LUUHS	HOIL	THUIY	luuais	į

Amendment No No

Contributions from Individuals

Pg 14 of 14 Pes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	nittee Full Name	(and Fund if applicabl	le)			2.	D Numb	ber
CITIZE	ENS FOR ANTH	ONY PIERCE					-53	7979
3. Cont	ributor Informati	on		Add □ Re	move			
a. Full N	ame, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. C	Commen	its
(inclu	de city, state, & z	ip)		NO JOB TIT	LE OR			
OMEG	A WILSON			PROFESSIO	N			i
РО ВО	X 661			c. Employer's	Name/Specific Field			
MEBA	NE, NC 27243			NOT EMPLO	OYED			
						e. I	dection !	Sum to Date
						\$		220.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoi	unt
	AP2020	Credit Card			07/24/2024		\$	50.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		50.00
		O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$		5,445.00
CRO-12	210		NC State Bo	ard of Elections				April 2007

Amendment Contributions from Political Party Committees Pg 1 of 1 No No ☐ Yes 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--☐ Add ☐ 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) 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 10/09/2024 \$ 667.00 SPOT ON DIGITAL BOARD FOR A. □ Add □ 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Comments (include city, state, & zip) 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 \$

CRO-1220 NC State Board of Elections April 2007

4. Total only this Page

5. Total of ALL CRO-1220 Pages

(This line must be on line 7 of Detailed Summary Page CRO-1100)

\$

\$

\$

1,424.14

1,424.14

					Amendm	ent
Disbursements	Pg	1	of	5_	☐ Yes	X No
Jse this form to report expenditures from the committee for operating ecommittees and coordinated party expenditures	xpenses,	contri	butior	is to ca	ndidate/po	litical
. Committee Full Name (and Fund if applicable)				2.	ID Numbe	r

1. Committee Fu	ıll Name (and Fund	if applicable)						2. ID Num	
CITIZENS FOI	R ANTHONY PIEF	RCE						-53797)
3. Type of Disbu		use separate CRO				e of Disbu	rseme	<u>nt.)</u>	
Operating Exp	enses	ributions to Candida	tes/Polit	ical Committees		Coc	ordinat	ed Party Exp	enditures
4. Payee Inform	ation			Add 🔲	Ren	nove	•		-
a. Fuli Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	ame	d. Comme	nts
(include city, sta									
5TH AND WAS				c. Level Regis	4	1 (C == o:f=)			
103 S. FIFTH S				Federal	teret	County:			
MEBANE, NC	27302			State		☐ Municip		e. Dection	Sum to Date
					•	<u> </u>		\$	655.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i, A	mount	k. Re	quired Ren	arks
AP2020	Debit Card	0		7/22/2024	\$	515.00		NT SPACI	
12 2020	Doon card	<u> </u>	-	772272024	\$	212.00	BVD	111 01710	
4 D I. C	- 4*	<u> </u>		A 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ц				
4. Payee Inform	ation ailing Address & Ph	0.70		Add b. Coordinates		nove	me	d. Comme	ı te
(include city, sta	_	one		b. Coordinate	uco	minital iva	IMIC	d. Comme	113
	CATERING LLC			1					
BURLINGTON				c. Level Regist	tered	d (Specify)			
	,1,0 2,210			Federal	-	County:			
				State		Municip	ality:	e. Dection	Sum to Date
								\$	1,750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	mount	k. Re	quired Rem	arks
AP2020	Check	0	0	7/28/2024	\$	1,750.00	EVE	NT FOOD	AND
					\$		BEV	ERAGES	
4. Payee Inform	ation	,		Add 🔲	Ren	nove			
a. Full Name, Ma	iling Address & Ph	one		b. Coordinate	d Co	mmittee Na	me	d. Comme	ıts
(include city, sta									
ALAMANCE C	OUNTY DEMOCI	RATIC PARTY							
122 N MAIN S'				c. Level Regist		(Specify) County:			
BURLINGTON	, NC 27217			State				e Flection	Sum to Date
				Alamance			<u></u>		
								\$	667.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	mount	k. Re	quired Rem	arks
AP2020	Debit Card	О	09	9/09/2024	\$	500.00	PRIN	IT MEDIA	
AP2020	Debit Card	О	09	9/13/2024	\$	167.00	PRIN	IT MEDIA	
5. Total only this	s Page		•					\$	2,932.00
6. Total of ALL	CRO-1310 Pages	•							
(This line goes it	n line 13a of Detailed	Summary Page CRO	-1100 if	Operating Expen	nses)			\$	8,724.38
	n line 13b of Detailed		-				omm)	Ψ	0,724.50
(This line goes in	n line 13c of Detailed.	Summary Page CRO	-1100 if	Coordinated Par	rty Ex	ependitures)			
	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printii	~		undraising				ner Candida	
E - Salaries	F* - Equipm			litical Party			_		ice Expenses
I - Postage O* Other	J - Penaltie	es	K* - U	office Expenses	5	Q* - Do	onatio	n to Legal	Expense Fund
	e detailed explanation	on in required ren	narks fi	ield (k)					

					Amendme	ent
Disbursements	Pg	2_	of	5	☐ Yes	X No

1. Committee Fu	ull Name (and Fund	if applicable)						2. ID Nun	
CITIZENS FOI	R ANTHONY PIER	CE						-53797	9
3. Type of Disbu		use separate CRC				Disbu	rseme	nt.)	
X Operating Exp		ributions to Candidat	tes/Polit	ical Committees		Coc	rdinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Remove	2			
	ailing Address & Ph	one		b. Coordinate	d Comm	ittee N	ame	d. Comme	nts
(include city, sta	ite, & zip)								
ALAMANCE M	MEDIA PARTNERS	3	_						
	fill Rd Suite 208			c. Level Regist					
BURLINGTON	I, NC 27215			☐ Federal		County:		F9 45	0 1 D-4-
				State		Municip	anty:	e. Election	Sum to Date
			_					\$	806.00
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	nt	k. Re	quired Rer	narks
AP2020	Debit Card	0	16	0/17/2024	<u> </u>	06.00	RAD	OIO	
					\$				
4. Payee Inform	ation			Add 🔲	Remove	3			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinated	d Commi	ittee Na	me	d. Comme	n ts
(include city, sta	te, & zip)								
AMAZON									
410 TERRY AV				c. Level Regist					
SEATTLE, WA	98109			Federal State	_	County:		Flootion	C 4- Data
				☐ State		Municip	ality:	e. Election	Sum to Date
								\$	394.95
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	n t	k. Re	quired Ren	narks
AP2020	Debit Card	0	08	8/22/2024		24.16	YAR	D SIGN S	TAKES
		<u> </u>			\$				
4. Payee Informa	ation			Add 🔲	Remove				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinated	d Commi	ttee Na	m e	d. Comme	nts
(include city, sta	te, & zip)								
BENBASSAT I			;						
1852 BANKING			ļ	c. Level Regist					
GREENSBORC), NC 27408		!	Federal		County:		M-ation	C t- Data
ı İ				State	السا	Municip	anty:	e. Bection	Sum to Date
								\$	200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	n t	k. Re	quired Ren	narks
AP2020	Debit Card	0	 			00.00	PRIN	T MEDIA	\
						-		1	
					\$				
5. Total only this	s Page							\$	1,230.16
6. Total of ALL	CRO-1310 Pages		_	<u> </u>	_		-		
_	n line 13a of Detailed S		-					\$	8,724.38
	n line 13b of Detailed S		_				omm)	Ð	0,727.50
(This line goes in	n line 13c of Detailed S	Summary Page CRO-	-1100 if	Coordinated Par	пу Ехрепа	ditures)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.) a	above)					
A* - Media	B* - Printin	ıg	C* - F	undraising	ļ	D - To	Anoth	er Candid	ate
E - Salaries	F* - Equipm	ent	G - Po	litical Party	J	H* - H	olding	Public Of	fice Expenses
I - Postage	J - Penaltie	:S	K* - 0	Office Expenses	ş (Q* - D	onatio	n to Legal	Expense Fund
O* Other									
* Codes require	e detailed explanatio	n in required ren	ıarks fi	ield (k)					

					Amendm	ent
ishursements	Do	3	~ 6	5	□ v _{aa}	17

1. Committee Fu	ull Name (and Fund	if applicable)					2. ID Nu	
	R ANTHONY PIER						-5379	79
3. Type of Disbu		use separate CR(•				
X Operating Exp		ributions to Candidat	es/Polit	ical Committees		oordinat	ted Party Ex	penditures
4. Payee Inform				_	Remove			
	ailing Address & Ph	one		b. Coordinate	d Committee	Vame	d. Comm	ents
(include city, sta	te, & zip)							
CLAY STREET				- 1 D	4 J (C:E		-	
124 W CLAY S				c. Level Regis Federal	Count		-	
MEBANE, NC	27302			State		•	e. Dectio	n Sum to Date
						· · · · · · · · ·	\$	1,012.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	 (mm/dd/vyyy)	j. Amount	k. Re	quired Re	marks
AP2020	Debit Card	Q	•	7/12/2024	\$ 228.45	 	NT MEDI	
AP2020	Debit Card	0	0	7/26/2024	\$ 85.40	EVE	NT SUPP	LIES
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee	Vame	d. Comme	ents
(include city, sta	te, & zip)							
CLAY STREET								
124 W CLAY S				c. Level Regist	Count		{	
MEBANE, NC	27302			State		•	a Flaction	n Sum to Date
				State		ъранту.	C. EZCCIIOI	I Sum to Date
<u> </u>							\$	1,012.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
AP2020	Debit Card	0	09	9/27/2024	\$ 462.23	PRII	NT MEDI	Α
AP2020	Debit Card	0	10	0/08/2024	\$ 235.92	PRIN	NT MEDIA	Ą
4. Payee Inform				Add 🔲	Remove			• .
	iling Address & Pho	one		b. Coordinate	d Committee 1	Vam e	d. Comme	nts
(include city, sta	•						}	
	ENT AND COORI	DINATING SER	VICES	n Lavel Begies	tanad (Emanifu		<u> </u>	
2701 DELANE				c. Level Regist	Count		1	
BURLINGTON	, NC 27215			State	=		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. Re	quired Rei	marks
AP2020	Check	O	00	7/28/2024	\$ 500.00	EVE	NT SUPP	LIES
					\$	1		
5. Total only this	s Page						\$	1,512.00
6. Total of ALL	CRO-1310 Pages							
	n line 13a of Detailed S	ummary Page CRO	-1100 if	Operating Expe	nses)		•	0.704.00
-	n line 13b of Detailed S				· · · · · · · · · · · · · · · · · · ·	Comm)	\$	8,724.38
(This line goes it	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Pai	rty Expenditure:)	1	
7. Purpose Co	des (List detailed	expenditure code	in (h.) :	above)		•		
A* - Media	B* - Printin	g	C* - F	undraising	D - Te	Anot	her Candid	late
E - Salaries	F* - Equipme			litical Party				ffice Expenses
I - Postage	J - Penaltie	S	K* - O	ffice Expenses	Q* -]	Oonatio	on to Legal	Expense Fund
O* Other	. 4_4_91_4		,					
* Codes require	detailed explanation	n in required rem	arks fi	ield (k)				

								Amendm	ent
Disbursements				Pg	4	of	5	☐ Yes	2
	 _								

1. Committee Fo	ull Name (and Func	if applicable)					2. ID Nun	
CITIZENS FO	R ANTHONY PIE	RCE			_		-53797	79
3. Type of Disbu	rsement (<u>Please</u>	use separate CR(<i>D-1310</i>	forms for each	h type of Disb	urseme	nt.)	·
X Operating Exp	enses Con	tributions to Candida	tes/Polit	ical Committees	☐ Co	ordinat	ed Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & P	none		b. Coordinate	d Committee N	iame	d. Comme	nts
(include city, sta	te, & zip)							
CURTIS GATE	EWOOD							
	AY TERRACE				tered (Specify)			
BURLINGTON	I, NC 27215			Federal State	☐ County ☐ Munic		a Flaction	Sum to Date
				State		ipainty.	e. Methol	Sum to Date
							\$	100.00
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rer	narks
AP2020	Check	0		7/28/2024	\$ 100.00	AUI	DIO EQUI	PMENT
					\$			ı
4. Payee Inform	ation			Add □	Remove			
a. Full Name, Ma	ailing Address & Pl	none		b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, sta	te, & zip)							
GODADDY								
14455 N HAYE	EN ROAD				tered (Specify)			
STE 226				Federal State	County County		- D	C 4- D-4-
SCOTTSDALE	, AZ 85260			LI State	☐ Munici	ранту:	e. Mection	Sum to Date
							\$	102.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Ren	narks
AP2020	Debit Card	0	08	8/28/2024	\$ 70.32	WE	SSITE EX	PENSE
	•				\$			
4. Payee Inform	ation			Add □	Remove			
a. Full Name, Ma	ailing Address & Pl	none		b. Coordinated	d Committee N	ame	d. Comme	nts
(include city, sta	te, & zip)							
NAACP - BUR	LINGTON BRANG	CH						
PO BOX 1557				c. Level Regist				
BURLINGTON	I, NC 27216			☐ Federal ☐ State	County Municipal		a Flaction	Sum to Date
				L. State	LI WIGHTE	panty.	e. Mection	Sum to Date
							\$	100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Ren	narks
AP2020	Check	0	1(0/07/2024	\$ 100.00	PRIN	NT MEDIA	\
					\$	 		
			1		Ψ	1		
5. Total only this							\$	270.32
6. Total of ALL	CRO-1310 Pages							
-	n line 13a of Detailed		_		•		\$	8,724.38
, ,	n line 13b of Detailed		-			′		-,
·	n line 13c of Detailed				ty Expenditures,			
	des (List detailed					٠		
A* - Media	B* - Printi	~		undraising			ner Candid	
E - Salaries	F* - Equipa			litical Party		_		fice Expenses
I - Postage	J - Penalti	es	K* - 0	office Expenses	Q* - I	Onatio	n to Legal	Expense Fund
O* Other * Codes require	e detailed explanati	on in required re-	arks f	ald (k)				
Cours require	- сесапси схрханан	on in required ten	iai KS II	cia (K)				•

X No

Disbursements	Pα

				Amename			
Pg	5	of	5	☐ Yes	X No		

1. Committee F	ull Name (and Fund	if applicable)						2. ID Num	
CITIZENS FO	R ANTHONY PIER	CE						-537979)
3. Type of Disbu	irsement (Please	use separate CRO	D-1310	forms for eac	h ty	pe of Disbu	rseme	nt.)	
X Operating Exp	oenses	ributions to Candidat	tes/Polit	ical Committees		Coc	ordinat	ed Party Exp	enditures
4. Payee Inform	ation			Add 🔲	Re	move			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d C	ommittee Na	ame	d. Comme	nts
(include city, sta	ite, & zip)								
STRIPE				1 10	4 .	1/0 10)			
510 TOWNSEN				c. Level Registered (Specify) Federal County:					
SAN FRANCIS	SCO, CA 94103			State		☐ Municip		e. Flection	Sum to Date
*		L D C.d.	l. n.	(111)	ī.		l. D.	\$	286.50
	g. Form of Payment		†		1			quired Rem	
AP2020	Electric Funds Tran	0	0	7/31/2024	\$	64.45			OCESSING
					\$		FEE		
4. Payee Inform				Add 🔲		move			
· ·	ailing Address & Pho	one		b. Coordinate	d C	ommittee Na	ıme	d. Commer	ıts
(include city, sta	•								
JEAN-MYCHA				c. Level Regis	tere	d (Specify)			
1010 Lorraine I				Federal		County:			
GRAHAM, NC	21233			State		☐ Municip		e. Election	Sum to Date
								\$	2,250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m /dd/yyyy)	j. /	Amount	k. Re	quired Rem	arks
AP2020	Check	0	01	7/24/2024	\$	250.00	SAL	ARY	
AP2020	Check	О	09	9/30/2024	\$	500.00	SAL	ARY	-
4. Payee Inform	ation			Add 🔲	Re	move			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d C	ommittee Na	me	d. Commer	ts
(include city, sta	te, & zip)								
VISTA PRINT				- I I D. s.'s.	4	1 (C 'E-)			
275 WYMAN S				c. Level Registered (Specify) Federal County:					
WALTHAM, M	1A 02451			State	Municipality:		e. Dection	Sum to Date	
								\$	2,150.59
		<u> </u>							<u> </u>
		h. Purpose Code	· · · · · · · · · · · · · · · · · · ·		1			quired Rem	
AP2020	Debit Card	0	08	3/22/2024	\$	1,186.20	PRIN	NT MEDIA	
AP2020	Debit Card	0	10	0/07/2024	\$	779.25	PRIN	IT MEDIA	
5. Total only thi	s Page					·		\$	2,779.90
6. Total of ALL	CRO-1310 Pages								
_	n line 13a of Detailed S		-					\$	8,724.38
	n line 13b of Detailed S		-				omm)		,
	in line 13c of Detailed S				ny I	expenaitures)			
	odes (List detailed	-				р т-	A m = 41	ner Candida	
A* - Media E - Salaries	B* - Printin	_		undraising litical Party					ite fice Expenses
· ·				office Expenses			_		Expense Fund
O* Other	J Tenantic	<u>.</u>	0	The Expenses		ζ - υ	·	w Lagai	min senseque
	e detailed explanatio	n in required ren	narks fi	ield (k)					

Aggregated Non-Media Expenditures

Page 1 of 2 Amendment Yes ☑ No

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

1. (Committe	e Full Name (and	l Fund if applicable)	ger ar ang ar ang ar ar ar ar ar ar ar ar ar ar ar ar ar		2. ID Number	residenti perdinak kontra elektrik Kana elektrika
CI	TIZENS	FOR ANTHON'	Y PIERCE				-537979
3. 1	Payee Inf	ormation					
a. A	mend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
	Add Remove	AP2020	Electric Funds Tran	О	07/01/2024	\$ 0.08	PAYMENT PROCESSING FEE
	Add Remove	AP2020	Electric Funds Tran	0	07/03/2024	\$ 0.38	PAYMENT PROCESSING FEE
	Add Remove	AP2020	Electric Funds Tran	0	07/31/2024	\$ 37.28	PAYMENT PROCESSING FEE
	Add Remove	AP2020	Electric Funds Tran	О	08/31/2024	\$ 7.66	PAYMENT PROCESSING FEE
	Add Remove	AP2020	Electric Funds Tran	0	09/30/2024	\$ 22.66	PAYMENT PROCESSING FEE
	Add Remove	AP2020	Electric Funds Tran	0	10/19/2024	\$ 3.46	PAYMENT PROCESSING FEE
	Add Remove	AP2020	Debit Card	О	10/07/2024	\$ 35.00	MEAL
	Add Remove	AP2020	Debit Card	0	10/01/2024	\$ 15.00	INTERNET AD
	Add Remove	AP2020	Debit Card	0	10/02/2024	\$ 15.00	INTERNET AD
	Add Remove	AP2020	Debit Card	.0	10/03/2024	\$ 15.00	INTERNET AD
	Add Remove	AP2020	Debit Card	0	10/04/2024	\$ 15.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	0	10/04/2024	\$ 15.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	0	10/06/2024	\$ 15.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	0	10/10/2024	\$ 15.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	0	10/11/2024	\$ 15.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	0	10/12/2024	\$ 15.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	0	10/13/2024	\$ 17.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	O	10/15/2024	\$ 21.00	INTERNET ADS
	Add Remove	AP2020	Debit Card	O	10/19/2024	\$ 19.00	INTERNET ADS
	Add Remove	AP2020	Electric Funds Tran	0	07/01/2024	\$ 0.34	PAYMENT PROCESSING FEE
4.	Total o	nly this Page				\$	298.86
		f ALL CRO-1	315 Pages Detailed Summary Pa	ge CRO-1100)		\$	366.83
_			letailed expenditu		hove)		
	e de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de La companya de la Co	B*	- Printing - Equipment	C* - Fundr	aising D - 1	To Another Car	
engris a	E - Salar - Posta		- Equipment Penalties	G - Political K*-Office	and the second second of the second section is the second	and control and compared the state of the st	lic Office Expenses Legal Expense Fund
*)* - Ot	the second of th		Zertalia dipaster dan international			278m Dapense Fund
*	Codes	require detai	led explanation i				
$\overline{c}p$	0-1315		NC St	te Board of Election	25		December 2009

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

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

l. Committe	e Full Name (an	d Fund if applicable)			2. ID Number	
CITIZENS	FOR ANTHON	Y PIERCE				-537979
. Payee Inf						
. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove	AP2020	Electric Funds Tran	0	07/03/2024	\$ 0.78	PAYMENT PROCESSING FEE
Add Remove	AP2020	Electric Funds Tran	О	08/31/2024	\$ 12.16	PAYMENT PROCESSING FEE
Add Remove	AP2020	Electric Funds Tran	0	09/30/2024	\$ 36.42	PAYMENT PROCESSING FEE
Add Remove	AP2020	Electric Funds Tran	О	10/19/2024	\$ 6.21	PAYMENT PROCESSING FEE
Add Remove	AP2020	Debit Card	O	07/28/2024	\$ 12.40	EVENT FOOD AND BEVERAGES
. Total o	nly this Page				\$	67.9
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$	366.83
. Purpos		detailed expenditur			APPENDED TO STATE	
		- Printing	G* - Fündr	The state of the s	Γο Another Ca	you fin distributed a least through the best of a probability on the period and a period array after the first through
E - Salar I - Posta		- Equipment ≤ Penalties	G - Political K*-Office	THE WARRENCE THE PROPERTY OF THE PROPERTY OF THE PARTY OF	and the second section and section in the second section and section in the	lic Office Expenses
O* - Otl	The second of the second of the	i Chanos		expenses V" -	Donations to	Legal Expense Fur
		led explanation i	n required ren	narks field (g)		

CRO-1315

NC State Board of Elections

December 2009

					Amendm	ent
In-Kind Contributions	Pg	1	of	2	☐ Yes	X No
Jse this form to report non-monetary contributions, donations,	oods or service	es pre	ovided	to the co	mmittee or fi	ınd.

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 I	Number	
CITIZENS FOR ANTHONY PIERCE			-5379	79	
3. Contributor Information	Add 🔲 Re	move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Comments		
(include city, state, & zip)	Individual				
ALAMANCE COUNTY DEMOCRATIC PARTY	Candidate		i		
122 N MAIN STREET	X Party				
BURLINGTON, NC 27217	PAC Referendum		1.5		
	Other Rece		d. Hec	tion Sum to Date	
	Other Rece	•	\$	1,024.14	
e. Description		f. Date (mm/dd	/уууу)	g. Fair Market Amount	
PRINT MEDIA AD		10/01/202	24	\$ 7.14	
MATCHING FUNDS FOR AN AD SPOT ON DIGITAL BOARD I AND MATACHING FUNDS FOR COST OF ONE SHARED AD S		10/09/202	24	\$ 667.00	
				\$	
3. Contributor Information		nove			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	M Individual				
CURTIS GATEWOOD	Candidate				
2512 NOTTOWAY TERRACE	☐ Party ☐ PAC				
BURLINGTON, NC 27215	Referendum		d. Election Sum to Date		
	Other Recei		d. Dection Sum to Date		
		pr source	\$	450.00	
e. Description		f. Date (mm/dd	/уууу)	g. Fair Market Amount	
SOUND EQUIPMENT FOR EVENT		07/28/202	24	\$ 400.00	
				\$	
				\$	
3. Contributor Information	Add 🔲 Rer	nove			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual				
JEAN-MYCHAL THORPE	☐ Candidate				
1010 Lorraine Dr	Party				
GRAHAM, NC 27253	PAC Referendum		4 171 4	ion Sum to Date	
	Other Recei	nt Source	d. Meci	ion sum to Date	
	Other Recei	pr source	\$	530.00	
e. Description		f. Date (mm/dd/	уууу)	g. Fair Market Amount	
SOFTWARE EXPENSE - CONSTANT CONTACT		07/18/202	:4	\$ 55.00	
SOFTWARE EXPENSE - CONSTANT CONTACT		08/18/202	:4	\$ 55.00	
SOFTWARE EXPENSE - CONSTANT CONTACT		09/18/202	4	\$ 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	P	g 2 of	2	Amendm	ient No
Use this form to report non-monetary contributions, Use CRO-1215 if In-Kind Contributions were or	donations, goods or se	rvices provided			_
. Committee Full Name (and Fund if applicable			2. ID i	Number	
CITIZENS FOR ANTHONY PIERCE			-5379	79	
3. Contributor Information	☐ Add ☐ Re	emove			
. Full Name, Mailing Address & Phone	b. Type of Co	n tri butor	c. Con	ments	
(include city, state, & zip)	M Individual				
JEAN-MYCHAL THORPE	☐ Candidate				
1010 Lorraine Dr	☐ Party				
GRAHAM, NC 27253	□ PAC				
	Referendu	n	d. Hec	tion Sum	to Date
	Other Rec	eipt Source	\$		530.00
. Description		f. Date (mm/d	ld/yyyy)	g. Fair M	arket Amount
SOFTWARE EXPENSE - CONSTANT CONTACT		10/18/20	024	\$	55.00
•				\$	

CRO-1510 NC State Board of Elections December 2007

4. Total only this Page

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

\$

\$

55.00

1,294.14