

Disclosure Report Cover

Amendment
 Yes No

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

1. Committee Information	
a. Full Name 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 12-13-2023
	c. Phone Number 919-275-2554

RECEIVED
 DEC 16 2023
 ALAMANCE COUNTY BOARD OF ELECTIONS

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 01/01/2023	4. Period End Date (mm/dd/yy) 06/30/2023	5. Treasurer Full Name Anthony Pierce
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input checked="" type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
0			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Select Bank & Trust/ First Bank		a. Financial Institution Full Name	
b. Purpose Financial transactions for Campaign	c. Account Code AP2020	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 863.28		d. Period Begin Balance \$

CERTIFICATION
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Anthony Pierce _____ 12-13-2023
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 12-14-23 Employee: AK Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Date Data Entered: _____ Employee: _____

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		2023 Mid Yr Simi Ann		537979	
Start of Election Cycle: January 1,		23		Total this Reporting Period	
4) Cash on Hand at Start		\$ 863.28		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 1992.50	
6) Contributions from Individuals (CRO-1210)		\$		\$ 10224.09	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$ 500	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$ 250	
9) Loan Proceeds (CRO-1410)		\$		\$ 1000	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 1,000		\$ 1000	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1,000		\$ 14966.59	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 490		\$ 10719.47	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$ 108	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$ 830.22	
15) Loan Repayments (CRO-1420)		\$ 1000		\$ 1000	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$ 1935.62	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1490		\$ 14593.31	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 373.28		\$ 373.28	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) Citizens For Anthony Pierce					2. ID Number 537979
3. Type of Disbursement <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 checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wix 2601 Mission St San Francisco, CA 94110		b. Coordinated Committee Name		d. Comments Website renewal	
		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 \$ 324	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AP2020	Debit	O	05/19/2023	\$324	Website renewal
				\$	
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS		b. Coordinated Committee Name		d. Comments PO Box Renewal	
		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 \$ 166	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A2020	Debit	K	03/03/2023	\$166	PO Box renewal
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 490
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>					\$ 490
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Loan Repayments

Use this form to report payments on an existing loan.

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

1. Committee Full Name (and Fund if applicable) Citizens For Anthony Pierce				2. ID Number 537979
3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anthony Pierce 2009 Atlas Drive Haw River, NC 27258				b. Comments Repayment
				c. Original Loan Date 3/29/2022
				d. Original Loan Amount \$ 1000
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 600	A2020	Debit	06/12/2023	\$ 400
\$ 0	A2020	Debit	06/20/2023	\$ 600
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments
				c. Original Loan Date
				d. Original Loan Amount \$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments
				c. Original Loan Date
				d. Original Loan Amount \$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
4. Total only this Page				\$ 1000
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 1000