Amendment

Do not use this form to update information. IAN 08 2025

1. Committee In	nformation					"		
a. Full Name		46				ALAMANCE C		c. ID Number
CITIZENS FO					В	OARD OF ELE	ECTIONS	-537979
b. Mailing Addre	ess (include Ci	ity, State and Zi	p Code)					d. Date Filed
P.O. BOX 122 HAW RIVER,	NC 27258							01/03/2025
								e. Phone Number
								(919) 656-5363
2. Report Year	3. Period Sta	rt Date (mm/dd/	yy)	4. Period	End Dat	te (mm/dd/yy)	5. Treasur	er Full Name
2024	. 1	0/20/2024			12/31/2	024	KATHER	INE LANDES
6. Type of Comr	nittee (Check			e of Repor	t (ch		type of rep	ort from one category)
X Candidate Can		rty	Munic			State/County		Referendum
☐ Joint Fundrais				Organizatio	- 1	Organizatio	nal	Organizational
☐ Referendum		gal Expense Fund		Thirty-five	day	Quarterly		☐ Pre-referendum
7. Type of Fund		le, check one)		Pre-primar	у	First		☐ Final
☐ "Booster Fund	"			Pre-election	n	☐ Second		■ Supplemental Final
Building Fund				Pre-runoff		☐ Third		Annual
	lection Year Car			Semi-annua	1	Fourth		☐ Special
□ NC Public Can	npaign Financin	g Fund		Mid Ye	ear	Semi-annual		
				Year E	nd	☐ Mid Ye	ar	10. Special Report Name
Other:				Final	1	Year Er	nd	
8. Number of Fu	ndraisers this	s Report		Special	l	☐ Final		
7.	0					☐ Special		
3. Account Information 3. Account Information								
a. Financial Insti	a. Financial Institution Full Name a. Financial Institution Full Name						e	
FIRST BANK								
b. Purpose	100 m	c. Account Cod	e		b. Purp	ose		c. Account Code
CAMPAIGN FU	JNDS	AF	2020					
		d. Period Begin	Balan	ce				d. Period Begin Balance
		\$		3,519.22				\$
CERTIFICATIO								
I certify that the	ne Committee o	or Fund is in co	mplianc	e with all a	pplicab	le provisions o	of Article 22	2A, 22B & 22D-22M of
Chapter 163 of	the NC Gener	ral Statutes and	that no	funds are	commin	gled with proh	ibited or of	ther non-disclosed
funds. J furthe	er certify that t	this report is con	mplete,	true and co	orre⁄ct ar	nd that I have I	been traine	d by the NC State Board
-1/18	<	1		X	/ 1	1 1	10	
Tather	me o.	Lande	_	1	sell	cene D	force	01/03/2025
	inted Name of S	igner		-Sign:	ature of A	Appointed Treas	urer	Date
FOR OFFICE US	SEONLY							
Date Receive	ed:	18/2025	 -	Employ	yee: _	XON	No. of the last of	<u>very Method</u> Normal Mail
Date Postman	rked:			Employ	/ee: _			Registered Mail Hand Delivered
Date Scanned	d:	38	_	Employ	/ee: _			Electronically Filed
Date Data En	tered:		_	Employ	/ee: _			Signer has not received mandatory training
Please Note	: This form ca	annot be used t	o amen	d committe	e inforn	nation such as	the commit	tee address, treasurer,
V		nt treasurer, cus						n.

Detailed Summary

Amendment ☐ Yes X 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 Fourth Quarter -537979--Total this Total this 2023 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start \$ 3,519.22 \$ 2,228.23 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 0.00 \$ 2,442.00 (CRO-1210) 6) Contributions from Individuals \$ 65.00 \$ 12,805.00 7) Contributions from Political Party Committees (CRO-1220) \$ 0.00 2.212.14 8) Contributions from Other Political Committees (CRO-1230) \$ 0.00 100.00 (CRO-1410) | \$ 9) Loan Proceeds 0.00 \$ 0.00 0) Refunds/Reimbursements to the Committee (CRO-1240) 0.00 \$ 0.00 1) Other Receipt Sources (CRO-1250) 11a) Interest on Bank Accounts 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 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 65.00 17,559.14 EXPENDITURES 3) Disbursements 13a) Operating Expenditures (CRO-1310) 2,520.00 \$ 14,602.29 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ 169.09 \$ 897.81 15) Loan Repayments (CRO-1420) \$ \$ 0.00 1,000.00 6) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 0.00 0.00 (CRO-1510) 7) In-Kind Contributions \$ 0.00 2,392.14 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 2,689.09 18,892.24 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 895.13 895.13 ADDITIONAL INFORMATION (CRO-1330) 20) Non-Monetary Gifts Given to Other Committees \$ 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 (CRO-1720) 24) Account Transfers Within the Committee \$ 0.00 (CRO-1710) 25) Administrative Support \$ 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

\$

Contributions from Individuals

			Amenda	nent
Pg	<u>l</u> of	2	☐ Yes	No 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	e)			2. ID Number			
CITIZI	ENS FOR ANTH	ONY PIERCE				-537979			
3. Cont	ributor Informati	on		Add □ R	emove				
a. Full I	Name, Mailing Add	dress & Phone		b. Job Title/F	rofession	d. (Comments		
(incl	ide city, state, & z	ip)		NO JOB TI	TLE OR				
TANY	A KLINE			PROFESSIO					
	rookview Drive			c. Employer's	s Name/Specific Field	ļ			
ELON,	NC 27244			NOT EMPI	LOYED	<u></u>			
				ŀ		e. I	lection Su	m to Date	
						\$		615.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	<u>l</u> scription	j. Date (mm/dd/yyyy)		k. Amoun	t	
	AP2020	Credit Card			11/03/2024		\$	60.00	
							\$		
							\$		
3. Cont	ributor Informati	on ·		Add □ R	emove				
a. Full Name, Mailing Address & Phone				b. Job Title/P	rofession	d. Comments			
(inclu	de city, state, & z	ip)		NO JOB TI	ΓLE OR				
RON OSBORNE				PROFESSIO	ON				
	EALWOOD AV	E			Name/Specific Field	ļ			
GRAH	AM, NC 27253			NOT EMPL	OYED	. E	lection Su	m to Data	
						E. E	zection su	iii to Date	
						\$		55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	t	
X	AP2020	Credit Card			02/27/2024		\$	5.00	
X	AP2020	Credit Card			03/27/2024		\$	5.00	
X	AP2020	Credit Card			04/27/2024		\$	5.00	
3. Conti	ributor Informatio	on		Add 🔲 R	emove				
	ame, Mailing Add			b. Job Title/Profession d. Comments					
	de city, state, & zi	(p)		NO JOB TIT					
	SBORNE			PROFESSIO	N (C I F FI I I				
	EALWOOD AVI	Ê			Name/Specific Field				
GKAH	AM, NC 27253			NOT EMPL	OYED	e F	lection Su	m to Date	
							zection Sui		
						\$		55.00	
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	!	
X	AP2020	Credit Card			05/27/2024		\$	5.00	
X	AP2020	Credit Card			06/27/2024		\$	5.00	
X	AP2020	Credit Card			07/27/2024	i	\$	5.00	
4. Tota	l only this Pag	ge				\$		60.00	
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary Po	ane CPO 1100)			\$		65.00	
(A III O	me masi ve on une (i oj Deianea Summary P	uge CAO-1100)		·				

C_0	ntri	butions	from	Inc	divi	auhi	le
Uυ	HULL	DUUOU	i irom	LIN	UIV	luua	.13

			Amendme	ent
Pg	 of	2	☐ 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	nittee Full Name		2. ID Number						
CITIZE	ENS FOR ANTH	ONY PIERCE					-5379	79	
3. Cont	ributor Informati	on		Add 🔲 I	Remove				
	lame, Mailing Add			b. Job Title/	Profession	d. Comments			
(inclu	de city, state, & z	ip)		NO JOB TITLE OR					
i e	SBORNE			PROFESSION					
	EALWOOD AV	E		c. Employer's Name/Specific Field					
GRAH	AM, NC 27253			NOT EMP	LOYED		Dection Su	m to Doto	
						e. x	zection Su	iii to Date	
						\$		55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
X	AP2020	Credit Card		•	07/28/2024		\$	10.00	
X	AP2020	Credit Card			08/27/2024		\$	5.00	
X	AP2020	Credit Card			09/27/2024		\$	5.00	
3. Conti	3. Contributor Information								
	lame, Mailing Ado			b. Job Title/Profession d. Com			Comments		
(inclu	de city, state, & z	ip)		NO JOB TITLE OR					
	SBORNE			PROFESSION FOR THE PROFESSION					
	EALWOOD AV	Ē		c. Employer's Name/Specific Field					
GRAH.	AM, NC 27253			NOT EMPLOYED			e. Election 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			10/27/2024		\$	5.00	
							\$		
							\$		
4. Total only this Page						\$		5.00	
5. Total of ALL CRO-1210 Pages						s		65.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								05.00	

1119	thu	rce	me	nts

				Amendme	e n t	
Pg	1_	of	2_	☐ Yes	X	No

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

1. Committee F	ull Name (and Fund i	if applicable)					2. ID Nun	
CITIZENS FO	R ANTHONY PIER	CE					-53797	9
3. Type of Disbu	irsement <i>(Please</i>)	use separate CRO	<u> </u>	forms for each	h type of Disbu	rseme	nt.)	
Operating Exp	penses Conta	ributions to Candida	tes/Polit	ical Committees	☐ Co	ordinat	ed Party Exp	en dit ures
4. Payee Inform	ation			Add 🗖	Remove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, sta	ite, & zip)	***************************************						
TAYLOR PIER	RCE							
2009 ATLAS D				c. Level Regis	tered (Specify)			
HAW RIVER,	NC 27258			State	☐ County ☐ Municip		o Florier	Sum to Date
				State	withint	anty.	e. Mechon	Sum to Date
							\$	300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Ren	ıarks
AP2020	Check	0	1	1/21/2024	\$ 150.00	PRIN	NT MEDIA	
					\$			
4. Payee Inform	ation			Add 🔲	Remove		• • • •	
a. Full Name, Ma	ailing Address & Pho	one	····	b. Coordinate	d Committee Na	ame	d. Comme	nts
(include city, sta	te, & zip)							
JEAN-MYCHA	L THORPE							
1010 Lorraine I			c. Level Registered (Specify)					
GRAHAM, NC 27253				Federal	County:		171 - 41	0 1 10 1
				☐ State	☐ Municip	anty:	e. Election	Sum to Date
L							\$	2,950.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
AP2020	Check	0	1	1/21/2024	\$ 700.00	SAL	ARY	
					\$			
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinated	d Committee Na	ıme	d. Comme	ıts
(include city, sta	te, & zip)							
USPS								
105 ROXBORO				c. Level Regist	tered (Specify)			
HAW RIVER, 1	NC 27258			State	☐ County:		o Flortion	Sum to Date
			:	State	C. Istanicip	anty.	e. Mection	Sum to Date
			i				\$	1,456.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
AP2020	Draft	O	10	0/24/2024	\$ 1,120.00	GOT	V - POSTA	AGE
					\$			
5. Total only this	. Daga						Φ.	1.070.00
							\$	1,970.00
	CRO-1310 Pages							
_	n line 13a of Detailed S		-				\$	2,520.00
	n line 13b of Detailed S n line 13c of Detailed Si	- ~	•			omm)		
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)				
A* - Media	B* - Printing			undraising	D - To	Anoth	er Candida	ite
E - Salaries	F* - Equipme			litical Party				ice Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund								
O* Other				-			-	
* Codes require	e detailed explanation	in required rem	arks fi	eld (k)				

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

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

TOTALINE COOR ALTO	i doordinated party e	Aponditures							
1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	
CITIZENS FO	R ANTHONY PIER	CE						-5379	79
3. Type of Disb		<u>use separate Cl</u>							
X Operating Ex	penses	ributions to Candi	dates/Politi	ical Committee	s	☐ Co	ordinat	ed Party Ex	penditures
4. Payee Inforn	nation			Add 🔲	Ren	nove			
a. Full Name, M	lailing Address & Ph	one		b. Coordinate	ed Co	mmittee N	ame	d. Comm	ents
(include city, st	ate, & zip)								
WBAG				i					
POST OFFICE		c. Level Regi	ste re d						
1745 BURCH BRIDGE ROAD				☐ Federal		County			
BURLINGTO	N, NC 27216			☐ State		Municip	ality:	e. Election	n Sum to Date
<u> </u> 								\$	550.00
f. Account Code	g. Form of Payment	h. Purpose Cod	e i. Date	(mm/dd/yyyy)) j. Aı	nount	k. Re	quired Re	marks
AP2020	Check	0	10)/21/2024	\$	550.00	ADV	ERTISIN	IG - RADIO
					\$				
5. Total only thi	is Page	<u>'</u>			'			\$	550.00
6. Total of ALL	CRO-1310 Pages								
1	in line 13a of Detailed S	Summary Page CR	O_1100 if	On <i>oratina</i> Evn	ancac)				
	in line 13b of Detailed 3	, ,	•		,	s/Political C	(mm)	\$	2,520.00
· -	in line 13c of Detailed S		-				······		i
7. Purpose C	odes (List detailed	expenditure cod	le in (h.) a	ibove)					
A* - Media	B* - Printin	g	C* - F	undraising		D - To	Anoth	er Candic	late
E - Salaries	F* - Equipm	ent	G - Pol	itical Party		H* - H	olding	Public O	ffice Expenses
I - Postage	J - Penaltie	s	K* - O	ffice Expense	s				Expense Fund
O* Other								_	
* Codes requir	e detailed explanatio	n in required re	marks fi	eld (k)					
CRO-1310		NC	State Boa	rd of Elections					December 2009

Aggregated	Non-Media	Expenditures
11651 v5 m tv u	TIOH IVECUMA	LAPCHUITUICS

	Amendm		
Page <u>l</u> of <u>l</u>	☐ Yes	X	No

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

opinional form and to report the first wheder Expenditures of \$50 of 1655.										
12 Committee Full Name (and Fund if applicable)						2: ID Number				
CITIZENS FOR ANTHONY PIERCE					-537979					
3. Payee Information										
	mend		c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
	Add	AP2020	Electric Funds Tran	0	10/30/2024	\$ 0.08	PAYMENT			
쁜	Remove.				- Marin	0.00	PROCESSING FEE			
	Remove	AP2020	Electric Funds Tran	0	11/06/2024	\$ 0.90	PAYMENT PROCESSING FEE			
	Add Remove	AP2020	Debit Card	0	10/21/2024	\$ 28.42	OFFICE SUPPLIES			
	Add Remove	AP2020	Debit Card	0	10/25/2024	\$ 24.00	INTERNET ADS			
	Add Remove	AP2020	Debit Card	0	10/28/2024	\$ 43.49	INTERNET ADS			
	Add Remove	AP2020	Debit Card	0	10/29/2024	\$ 30.00	INTERNET ADS			
	Add Remove	AP2020	Debit Card	0	10/31/2024	\$ 33.00	INTERNET ADS			
	Add Remove	AP2020	Debit Card	0	11/29/2024	\$ 7.31	INTERNET ADS			
	Add Remove	AP2020	Electric Funds Tran	0	10/30/2024	\$ 0.34	PAYMENT PROCESSING FEE			
	Add Remove	AP2020	Electric Funds Tran	0	11/06/2024	\$ 1.55	PAYMENT PROCESSING FEE			
4. Total only this Page					\$	169.09				
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 169.09					
6. Purpose Codes (List detailed expenditure code in (d) above)										
R* - Printing C* Fundraising D To Another Condidate										
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 and proting in a point detailed and a point detailed and proting in a point detailed and a point detailed and a point det										
* Codes require detailed explanation in required remarks field (g)										

CRO-1315

NC State Board of Elections

December 2009