

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			c. ID Number		
PIERCE FOR SHERIFF					
b. Mailing Address (include City, State and Zip Code)			d. Date Filed		
PO BOX 10528 GOLDSBORO, NC 27532			01/20/2026		
			e. Phone Number		
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name		
2025	07/01/2025	12/31/2025	BRANDON GRAY		
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"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special			
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special			
7. Type of Fund (if applicable, check one)		10. Special Report Name			
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:					
8. Number of Fundraisers this Report					
0					
3. Account Information		3. Account Information			
a. Financial Institution Full Name		a. Financial Institution Full Name			
TUIST BANK					
b. Purpose	c. Account Code				b. Purpose
TO RECEIVE CONTRINUTIONS AND PAY RELATED EXPENSES	001				
	d. Period Begin Balance				d. Period Begin Balance
	\$ 2,155.56				
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					
 Printed Name of Signer		 Signature of Appointed Treasurer		01/20/2026 Date	
FOR OFFICE USE ONLY					
Date Received:	_____	Employee:	_____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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	
PIERCE FOR SHERIFF	2025 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2,155.56	\$ 4,698.43
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100.00	\$ 100.00
6) Contributions from Individuals	(CRO-1210)	\$ 40,288.57	\$ 43,493.29
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
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)		\$ 40,388.57	\$ 43,593.29
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5,990.26	\$ 8,514.13
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)	\$ 97.20	\$ 222.20
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 32,788.57	\$ 35,993.29
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 38,876.03	\$ 44,729.62
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,668.10	\$ 3,562.10
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 4,000.00	
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

Page 1 of 1

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	
PIERCE FOR SHERIFF					
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	001	Electric Funds Tran		10/16/2025	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	001	Cash		12/16/2025	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1205 Pages					\$ 100.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

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	
PIERCE FOR SHERIFF							
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	
THOMAS BEST 151 INDIAN CREEK RD SEVEN SPRINGS, NC 28578				BEST SAND AND GRAVEL			
				c. Employer's Name/Specific Field BEST SAND AND GRAVEL			
				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"/>	001	Check		12/09/2025	\$ 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	
THOMAS GARNER PO BOX 114 PINE LEVEL, NC 27568				RETIRED			
				c. Employer's Name/Specific Field HWY PATROL-RETIRED			
				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"/>	001	Check		11/06/2025	\$ 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	
REX HATCH 229 HATCHS HILL LANE MOUNT OLIVE, NC 28365				LAW ENFORCEMENT			
				c. Employer's Name/Specific Field COUNTY OF WAYNE			
				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"/>	001	Electric Funds Tran		10/14/2025	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 40,288.57	

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	
PIERCE FOR SHERIFF							
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	
JOHN C HINE PO DRAWER 916 GOLDSBORO, NC 27533				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 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"/>	001	Check		10/13/2025	\$ 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	
NEIL HINE 118 PINERIDGE LN GOLDSBORO, NC 27534				CONTRACTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				HINE SITEWORK		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Electric Funds Tran		11/05/2025	\$ 500.00		
<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	
KEN JONES 6825 HWY 70 E PRINCETON, NC 27569				AUTO DEALER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 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"/>	001	Check		11/11/2025	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 40,288.57	

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	
PIERCE FOR SHERIFF							
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	
RICHARD LEWIS 300 BIG DADDYS RD PIKEVILLE, NC 27863				RETIRED DEPUTY			
				c. Employer's Name/Specific Field			
				WCSO-RETIRED		e. Election Sum to Date	
						\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	001	Check		11/04/2025		\$ 400.00	
<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	
JOHN L JR OLD BLACK CREEK EUREKA, NC 27830				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		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"/>	001	Electric Funds Tran		12/04/2025		\$ 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	
SHELBY LYNCH 472 BUCK SWAMP RD GOLDSBORO, NC 27530				HOMEMAKER			
				c. Employer's Name/Specific Field			
				HOMEMAKER		e. Election Sum to Date	
						\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	001	Check		11/10/2025		\$ 400.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 40,288.57	

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	
PIERCE FOR SHERIFF							
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 MORRISON 2212 N NC 581 HWY PIKEVILLE, NC 27863				RETIRED DEPUTY			
				c. Employer's Name/Specific Field			
				WAYNE COUNTY-RETIRED			
				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"/>	001	Check		10/04/2025	\$ 200.00		
<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	
SCOTT PEELE 275 SELAH CH, RD GOLDSBORO, NC 27530				DETENTION OFFICER			
				c. Employer's Name/Specific Field			
				WAYNE COUNTY DETENTION CENTER			
				e. Election Sum to Date			
				\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		09/14/2025	\$ 500.00		
<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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530				SHERIFF			
				c. Employer's Name/Specific Field			
				WAYNE COUNTY			
				e. Election Sum to Date			
				\$		35,993.29	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	In-Kind	LOCAL MEDIA OUTDOOR-BILLBOARD	07/23/2025	\$ 1,150.00		
<input type="checkbox"/>	001	In-Kind	LAMAR ADVERTISING-BILLBOAR	08/06/2025	\$ 3,849.00		
<input type="checkbox"/>	001	In-Kind	ACCUCOPY-MAGNETS	08/08/2025	\$ 412.52		
4. Total only this Page						\$ 6,111.52	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 40,288.57	

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	
PIERCE FOR SHERIFF							
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530				SHERIFF			
				c. Employer's Name/Specific Field			
				WAYNE COUNTY		e. Election Sum to Date	
						\$ 35,993.29	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	In-Kind	LAMAR ADVERTISING-BILLBOAR	08/14/2025	\$ 3,396.00		
<input type="checkbox"/>	001	In-Kind	LAMAR ADVERTISING-BILLBOAR	08/27/2025	\$ 11,339.00		
<input type="checkbox"/>	001	In-Kind	SIGNS FROM THE FARM-SIGNS	09/01/2025	\$ 4,270.00		
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530				SHERIFF			
				c. Employer's Name/Specific Field			
				WAYNE COUNTY		e. Election Sum to Date	
						\$ 35,993.29	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	In-Kind	LAMAR ADVERTISING-BILLBOAR	09/04/2025	\$ 1,200.00		
<input type="checkbox"/>	001	In-Kind	CAPITAL ADVERTISING-BILLBOAR	09/10/2025	\$ 1,250.00		
<input type="checkbox"/>	001	In-Kind	SIGNS FROM THE FARM-SIGNS	10/01/2025	\$ 3,309.25		
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530				SHERIFF			
				c. Employer's Name/Specific Field			
				WAYNE COUNTY		e. Election Sum to Date	
						\$ 35,993.29	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	In-Kind	CLIFTON BROADHURST-CAMPAIG	10/25/2025	\$ 500.00		
<input type="checkbox"/>	001	In-Kind	SIGNS FROM THE FARM-SIGNS	10/25/2025	\$ 998.11		
<input type="checkbox"/>	001	In-Kind	ALL PROMOS-EMERY BOARDS	11/05/2025	\$ 581.79		
4. Total only this Page						\$ 26,844.15	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 40,288.57	

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
PIERCE FOR SHERIFF						
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530			SHERIFF			
			c. Employer's Name/Specific Field WAYNE COUNTY			
					e. Election Sum to Date	
					\$ 35,993.29	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	001	In-Kind	WOOD FOR SIGNS	11/08/2025	\$ 532.90	
<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	
MIKE PRICE P0 BOX 1019 MT OLIVE, NC 28365			RETIRED			
			c. Employer's Name/Specific Field MCGEE OIL CO-RETIRED			
					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"/>	001	Check		09/18/2025	\$ 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	
WILLIAM NEIL PRICE 5559 US HWY 117 ALT MOUNT OLIVE, NC 28365			RETIRED			
			c. Employer's Name/Specific Field MCGEE OIL CO-RETIRED			
					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"/>	001	Check		09/18/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 732.90	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 40,288.57	

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	
PIERCE FOR SHERIFF							
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	
CLYDE REEVES 112 QUAIL DR DUDLEY, NC 28333				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		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"/>	001	Check		11/10/2025	\$ 200.00		
<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	
DAN SHACKLEFORD PO BOX 7185 WILSON, NC 27895				FUNERAL DIRECTOR			
				c. Employer's Name/Specific Field			
				WILSON MEMORIAL SERVICE		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"/>	001	Check		08/28/2025	\$ 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	
LEMUEL RAY SMITH 185 YORK DR GOLDSBORO, NC 27534				RETIRED			
				c. Employer's Name/Specific Field			
				WCSO-RETIRED		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"/>	001	Check		09/19/2025	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 650.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 40,288.57	

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	
PIERCE FOR SHERIFF					
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
MIKE SMITH 1281 HOOD SWAMP RD GOLDSBORO, NC 27534			RETIRED SHERIFF		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			WCSO-RETIRED		
					\$ 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"/>	001	Check		11/10/2025	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 40,288.57

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
PIERCE FOR SHERIFF						
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
ACCUCOPY 322 N JOHN ST GOLDSBORO, NC 27530						
				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
						\$ 240.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	B	12/11/2025	\$ 240.19	DISPLAY CARDS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
EASTERN OUTDOOR DEVELOPMENT PO BOX 1416 KINSTON, NC 28503						
				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
						\$ 1,390.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	B	12/22/2025	\$ 1,390.00	LARGE SIGN	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
JPS EMBROIDERY AND CUSTOM DESIGNS 512 HWY 581 S GOLDSBORO, NC 27530						
				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
						\$ 576.45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	B	10/08/2025	\$ 576.45	T-SHIRTS	
				\$		
5. Total only this Page						\$ 2,206.64
6. Total of ALL CRO-1310 Pages						\$ 5,990.26
<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 <i>(List detailed expenditure code in (h.) above)</i>						
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
PIERCE FOR SHERIFF						
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
SIGNS FROM THE FARM 373 VANN SMITH RD SEVEN SPRINGS, NC 28578 (919) 658-6190				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
						\$ 2,748.82
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	B	10/08/2025	\$ 1,120.88	SIGNS	
001	Check	B	11/05/2025	\$ 1,120.88	SIGNS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
SIGNS FROM THE FARM 373 VANN SMITH RD SEVEN SPRINGS, NC 28578 (919) 658-6190				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
						\$ 2,748.82
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	B	12/18/2025	\$ 507.06	SIGNS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments
WAYNE COUNTY BOARD OF ELECTIONS 309 EAST CHESTNUT ST GOLDSBORO, NC 27530 (919) 731-1411				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
						\$ 1,034.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
001	Check	O	12/01/2025	\$ 1,034.80	CANDIDACY FEE	
				\$		
5. Total only this Page						\$ 3,783.62
6. Total of ALL CRO-1310 Pages						\$ 5,990.26
<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 <i>(List detailed expenditure code in (h.) above)</i>						
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.

PIERCE FOR SHERIFF

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	001	Draft	O	10/31/2025	\$ 42.60	OCTOBER ANEDOT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	11/30/2025	\$ 20.30	NOVEMBER ANEDOT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	12/31/2025	\$ 4.30	DECEMBER ANEDOT FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	07/21/2025	\$ 5.00	SERVICE CHARGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	08/21/2025	\$ 5.00	SERVICE CHARGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	09/22/2025	\$ 5.00	SERVICE CHARGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	10/21/2025	\$ 5.00	SERVICE CHARGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	11/21/2025	\$ 5.00	SERVICE CHARGES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Draft	O	12/22/2025	\$ 5.00	SERVICE CHARGES

4. Total only this Page \$ 97.20

5. Total of ALL CRO-1315 Pages \$ 97.20
(This line must be on line 14 of Detailed Summary Page CRO-1100)

B* - Printing	D - To Another Candidate
E - Salaries	G - Political Party
J - Penalties	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	
PIERCE FOR SHERIFF			
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 35,993.29	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LOCAL MEDIA OUTDOOR-BILLBOARD		07/23/2025	\$ 1,150.00
LAMAR ADVERTISING-BILLBOARD		08/06/2025	\$ 3,849.00
ACCUCOPY-MAGNETS		08/08/2025	\$ 412.52
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 35,993.29	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LAMAR ADVERTISING-BILLBOARD		08/14/2025	\$ 3,396.00
LAMAR ADVERTISING-BILLBOARDS		08/27/2025	\$ 11,339.00
SIGNS FROM THE FARM-SIGNS		09/01/2025	\$ 4,270.00
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 35,993.29	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LAMAR ADVERTISING-BILLBOARD		09/04/2025	\$ 1,200.00
CAPITAL ADVERTISING-BILLBOARD		09/10/2025	\$ 1,250.00
SIGNS FROM THE FARM-SIGNS		10/01/2025	\$ 3,309.25
4. Total only this Page			\$ 30,175.77
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 32,788.57

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	
PIERCE FOR SHERIFF			
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530	<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	
		\$ 35,993.29	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
CLIFTON BROADHURST-CAMPAIGN ASSISTANCE	10/25/2025	\$ 500.00	
SIGNS FROM THE FARM-SIGNS	10/25/2025	\$ 998.11	
ALL PROMOS-EMERY BOARDS	11/05/2025	\$ 581.79	
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	
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530	<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	
		\$ 35,993.29	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
WOOD FOR SIGNS	11/08/2025	\$ 532.90	
		\$	
		\$	
4. Total only this Page		\$ 2,612.80	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 32,788.57	

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
PIERCE FOR SHERIFF			
3. Lender 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
LAWRENCE PIERCE 101 LIVINGSTON DR GOLDSBORO, NC 27530		SHERIFF	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		WAYNE COUNTY	07/30/2021
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 4,000.00	\$ 4,000.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 4,000.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 4,000.00