	Ame	ndment		
Disclosure Report Cover		Yes	\boxtimes	No
Use this form for general report and committee information, must be signed and submitted along with	other	detailed forms	2	

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 undate information

Do not use this form	to update information						
1. Committee Infor	mation						
a. Full Name					c. ID Number		
Anthony Tyre							
b. Mailing Address (incl	lude City, State and Zip Code)		DEO		d. Date Filed		
151 W. Main Street Washngton NC 278				EIVED	07/21/2023		
			0013	0 2023	e. Phone Number		
				COUNTY NC	252-481-1007		
2. Report Year	3. Period Start Date (mm/c	(dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name		
2023	07/23/2023	10/.	24/2023	Anthony Tyre			
6. Type of Committ		9. Type of Report		ly one type of report j			
Candidate Campa		Municipal	State/C		Referendum		
PAC	Referendum	Organizationa	al C	Organizational	Organizational		
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five da	ay	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual		Fourth	Special		
		Mid Yea	ar S	Semi-annual			
Other:		Year En	d 🔲	Mid Year	10. Special Report Name		
		Final		Year End			
8. Number of Fund	raisers this Report	Special		Final			
	0	1		Special			
11. Account Inform			11. Account I				
a. Financial Institution I				itution Full Name			
First Citizens Bank			a. I ima.	Ittuon Fun Funes			
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
Checking act	-	Agencia de la companya de la company	b. i di poo		C Account Code		
for campaign							
funds	d. Period Begin Balance	e			d. Period Begin Balance		
	\$ 100.00		1		\$		
CERTIFICATION							
I certify that the Con the NC General State	nmittee or Fund is in compli utes and that no funds are co I correct and that I have beer	ommingled with prol	hibited or other i	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report		
	Printed Name of Signer	U	Signature of Appoint	ted Treasurer	Date		
FOR OFFICE USE O	NLY		1/0				
Date Received:	10/30/23	Employee:			Delivery Method Normal Mail		
Date Postmarked	d: <u>N/A</u>	Employee:	NA		Registered Mail Hand Delivered		
Date Scanned:	10/30/23	Employee:	38		Electronically Filed Signer has not received		
Date Data Enter	ed:	Employee:			mandatory training		
Please Note: Thi	is form cannot be used to am custodia You must amend the State	an of books informat	tion, or account	information.	ss, treasurer, assistant treasurer,		
	You must amend the State	ment of Circanization	n ((R()_/)()() A_	HI to make committe	e changes		

CRO-1000

Amendment Yes \boxtimes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	ype of Report	THE RESIDENCE OF THE PARTY OF T	3. ID Number
Anthony Tyre for Office			
Start of Election Cycle: January 1,	2023	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 268.06	\$ 268.06
6) Contributions from Individuals	(CRO-1210)	\$ 2372.03	\$ 2372.03
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
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, 11c)	d and 11e)	\$ 2640.09	\$ 2640.09
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2388.84	\$ 2388.84
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$ 251.25	\$ 251.25
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)	\$	\$
SOUR SECTIONS OF SECTIONS SECTION AND SECTION SECTION SECTIONS.			
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Amendment

Yes 🖂

No

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

	ony Tyre For O	2. 11.	Number			
3. Con	tributor Info	rmation				
a. Amei	nd	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove	1	Draft		10/15/2023	\$ 50.00
	Add Remove	1	Draft		10/02/2023	\$ 48.06
	Add Remove	1	Draft		09/29/2023	\$ 50.00
	Add Remove	1	Draft		09/29/2023	\$ 50.00
	Add Remove	1	Draft		07/23/2023	\$ 10.00
	Add	$\frac{1}{1}$	Draft		07/23/2023	\$ 10.00
	Remove Add	1	Draft		07/23/2023	\$ 50.00
	Remove Add					\$
	Remove					J
Ц_	Add	_				\$
H	Remove					
ឣ	Add	_				\$
\dashv	Remove					
౼	Add Remove	-				\$
+	Add					
\dashv	Remove	_				\$
+	Add		<u> </u>			
H	Remove	-				\$
H	Add					-
Ħ	Remove					\$
	Add					\$
	Remove					Φ
П	Add					\$
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<u> </u>	Add					\$
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H	Remove	-			1	\$
	Add					
	Remove					\$
	Add					\$
Д_	Remove					Ψ
 	Add Remove	-				\$
4. To	tal only this	Page			\$	268.06
5. To	tal of ALL	\$	268.06			

		n Individuals		Pg		of <u>4</u>	Amendmen Yes	t No
THE RESERVE AND PARTY AND PERSONS NAMED IN	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	vidual contributions o		or contributions un	der \$50 if for			
1. Comm	ittee Full Name (and Fund if applical	ole)			2. ID Nu	mber	
	Tyre For Office							
	butor Informatio				emove	T = -		
A Valley and a local and the control of the	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comme	nts	
Hope Alb	city, state, & zip)			Anesthesiologist				
PO Box 9								
Chocowii								
27817	27817			c. Employer's Name/S Hospital	specific Field			
				Hospitai	e. Election	Sum to Date		
				0		\$	485.06	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (m	m/dd/yyyy)	k. Amount	
	1	Draft			1	0/04/2023	\$	485.06
							\$	
							\$	1
3. Contri	ibutor Informatio	on			emove			
a. Full Name, Mailing Address & Phone			b. Job Title/Professio	n	d. Comme	ents		
	(include city, state, & zip)			IT- Easter Seals			×	
Taurean 223 Wint	10.75			c. Employer's Name/	Specific Field			
Dunn NC								
					e. Election			
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (m	m/dd/yyyy)	k. Amount	
	1	Draft			1	0/01/2023	\$	200.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗌 R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comm	ents	
	city, state, & zip)			Transportation S	apervisor			
Toye Tay				c. Employer's Name/	Specific Field			
19 Deert	MA 02780			c. Employer s Name/	Specific Field			
Taunton,	1411 02700					e. Election	n Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (m	m/dd/yyyy)	k. Amount	
	1	Draft				9/26/2023	\$	200.00
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

\$

\$

\$

885.06

2372.03

CRO-1210

NC State Board of Elections

April 2007

		n Individuals vidual contributions of	over \$50	or contrib	Pg utions unde	_2 of er \$50 if form CR	<u>4</u> O 1205 is n	Amendment Yes ot used	No No	
NAME OF STREET		and Fund if applical	STATE OF TAXABLE PARTY.				2. ID Number			
Anthony	Tyre For Office									
	butor Informatio		\boxtimes	Add [nove				
	ne, Mailing Address &	& Phone			e/Profession		d. Commen	its		
	city, state, & zip) Ainsworth			Doctor						
10 Old Ba				c. Employe	er's Name/Sp	ecific Field				
Washingt	on NC 27889			Washington Pediatrics						
							e. Election	Sum to Date		
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	ion	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Draft				09/24/20	023	\$	100.00	
								\$		
								\$		
3. Contri	butor Informatio	on		Add [Ren	nove				
	ne, Mailing Address &	& Phone					d. Commen	its		
	city, state, & zip)			IT						
Connie Cipriano 902 Park Drive			c. Employe	er's Name/Sp	ecific Field					
Washington NC 27889										
						e. Election	ection Sum to Date			
							\$	96.62		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descript	ion	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Draft				09/19/2	023	\$	96.62	
								\$		
								\$		
3. Contri	butor Informatio	on		Add [Ren	nove				
	ne, Mailing Address &	& Phone			e/Profession		d. Commen	its		
(include Michael (city, state, & zip)			Team Le	eader					
	owwood Way			c. Employe	er's Name/Sp	ecific Field				
	rille, SC 29485									
				e		e. Election	Sum to Date			
							\$	96.62		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	tion	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Draft		****	***********************	09/18/2	023	\$	96.62	
								\$		
				*				\$		
4. Total	only this Pag	e					\$		293.24	

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2372.03

\$

		m Individuals ividual contributions of	war \$50	P ₁		4_ O 1205 is no	Amendment Yes	No No
_	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	(and Fund if applical	-	or contributions un	der \$30 ir form CK	2. ID Nun		
	Tyre For Office							
3. Contr	ibutor Informatio	on		Add 🗌 Re	emove			
	ne, Mailing Address	& Phone		b. Job Title/Professio	d. Comment	ts		
-	city, state, & zip) awn Marbury			Retired US Army				
	ester Lane			c. Employer's Name/S	Specific Field			
Bel Air,	MD 21014							
						e. Election S	Sum to Date	
						\$	193.73	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
П	1	Draft			08/21/2	.023	\$	193.73
	-		+					
		-					\$	
							\$	
3. Contributor Information					T			
	a. Full Name, Mailing Address & Phone		b. Job Title/Professio	n	d. Comment	ts		
(include city, state, & zip) Michael Strelow		Retired						
conduct disc	ver Meteor Court			c. Employer's Name/S	Specific Field			
	s Park, VA 20111							
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Draft			07/23/2	2023	\$	100.00
							\$	
	8						\$	
3. Contr	ibutor Informatio	on		Add 🔲 Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comment	ts	
(include	city, state, & zip)							
				c. Employer's Name/S	Specific Field			
				C Employer S Names	opecine riciu			
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2372.03

293.73

\$

\$

		n Individuals		Pg			Yes	≥ No
NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	vidual contributions o	Maria Control of the last of t	or contributions und	ler \$50 if form CF		THE RESERVE THE PERSON NAMED IN COLUMN 1	
1. Comm	ittee Full Name (and Fund if applical	ole)			2. ID Nur	mber	
Anthony	Tyre For Office							
3. Contri	butor Informatio	n		Add Re	move			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Barber				
Erskine N	doore bleys Bridge Rd			c. Employer's Name/S	pecific Field			
	nd NC 27837			Barbershop	pecine Field	-		
Griniosia	na 110 27037			Janosisnop	e. Election	Sum to Date		
						\$	400.00	
f Dulan	a Assault Code	L Four of Poursont	: I. I	Kind Description	i Data (mm/dd/s		k. Amount	
f. Prior	g. Account Code	h. Form of Payment	I. III-E	And Description	j. Date (mm/dd/y			100.00
	1	Check			09/28/	2023	\$	400.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add 🗌 Re	move			
a. Full Name, Mailing Address & Phone			b. Job Title/Profession d. Comments			nts		
	(include city, state, & zip)			Retired				
	Edwin Booth							
1122 Van Norden St.		c. Employer's Name/S	pecific Field					
Washington, NC 27889				e Election	Sum to Date			
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	уууу)	k. Amount	
	1	Check			09/01/	2023	\$	500.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Re	move			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	nts	
(include	city, state, & zip)							
				E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'6 F' 11			
				c. Employer's Name/S	pecific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	уууу)	k. Amount	
							\$	
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							\$	
4. Total	only this Pag	e				\$		900.00
5. Total	5. Total of ALL CRO-1210 Pages					S		2372.03

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Disbursements	
Dispuiscinches	- 1

			Amo	endment		
Pg	1	of <u>2</u>		Yes	\boxtimes	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	d if applicable)			2. ID Number		
Anthony Tyre fo	or Office						
3. Type of Disbi	ursement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)		
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures		
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
Office Depot	oc zip)		1				
470 Pamlico Pla	170		c. Level Registered (Specify)				
			Federal	County:			
Washington, NO	21009				e. Election Sum to Date		
252-975-6000			State 🖂	Municipality:	e. Election Sum to Date		
					\$		
6.4	F	h. Purpose Code	: Date ((11/)	: A	Is Deguised Demonts		
f. Account Code	g. Form of Payment	n. r ur pose Coue	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Debit Card	В	7/25/2023	\$242.86	Custom Flyers		
				\$			
4. Payee Inform	ation		Add	Remove			
a. Full Name, Mailing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments			
(include city, state,							
Moore Savvy So	olutions Global						
111 Trinity Dr			c. Level Registered (Specify)				
New Bern NC 28560		Federal	County:				
252-671-3823	252-671-3823		State 🖂	Municipality:	e. Election Sum to Date		
20000000000000000000000000000000000000					•		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
		_			Custom T-shirts		
	Debit Card	0	9/18/2023	\$157.13			
			1	\$			
4. Payee Inform	ation		Add	Remove			
	ng Address & Phone		b. Coordinated Committee Name		d. Comments		
			Di Cool dillinee Collimitee : 1				
(include city, state, Acculink	& Z1p)		1				
1055 Greenville	DI. J CW		. I I Demistered (Specific)				
Total and the same named to the board			c. Level Registered (Specify)	Country			
Greenville, NC	27834		Federal	County:	TI C C 1 D.		
800-948-4110			State 🖂	Municipality:	e. Election Sum to Date		
					\$		
	I			T			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	Credit Card	В	9/11/2023	\$1298.66	Yard Signs		
	Crean cara		3,11,202	41270100	& Stakes		
				\$			
] *			
5. Total only th	is Page				\$ 1,698.65		
printer a series and a series of the series	CRO-1310 Pages						
1			00 if Operating Expenses)		\$ 2,388.84		
			00 if Contrib to Candidates/Politic		2,500.01		
(This line goes in	(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Cod	es (List detailed ex						
A* - Media	B* - Printing	C* - Fun		D - To Anoth			
E - Salaries	F* - Equipment				Public Office Expenses		
I - Postage	J - Penalties	K* - Offi	ce Expenses	n to Legal Expense Fund			
O* - Other	1.4.11.1	•					
" Codes requir	e detailed explanat	ion in required r	emarks neid (k)				

				Amendment						
Disbursements	Pg	2	of	2		Yes	\boxtimes	No		
Use this form to report expenditures from the committee for; operating	evnenses	contrib	untions to	cand	idate/polit	tical				

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

Expenditures Is Sum to Date		
ts		
ts		
um to Date		
um to Date		
um to Date		
Remarks		
Door Hangers Rack Cards		
d. Comments		
Sum to Date		
Remarks		
Custom Flyers		
d. Comments		
Sum to Date		
k. Required Remarks		
0.19		
perating Expenses) Intrib to Candidates/Political Comm) ordinated Party Expenditures) \$ 2,388.84		