Disclosure Report Cover

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 Anthony Tyre for Office RECFIVED b. Mailing Address (include City, State and Zip Code) d. Date Filed 151 W Main St, 202 OCT 27 2025 Washington, NC 27889 e. Phone Number BEAUFORT COUNTY NO BOARD OF ELECTIONS 4. Period End Date 2. Report Year 3. Period Start Date (mm/dd/yv) 5. Treasurer Full Name (mm/dd/vv) Anthony Tyre 2025 10/20/2025 10/01/2025 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Municipal State/County Referendum Candidate Campaign Party Organizational Organizational PAC Referendum Organizational Independent Pre-referendum Joint Fundraiser Thirty-five day Quarterly Expenditure Legal Expense Fund 7. Type of Fund (if applicable, check one) Pre-primary First Final Pre-election Supplemental Final "Booster Fund" Second Pre-runoff Third Annual **Building Fund** Special Semi-annual Fourth Mid Year Semi-annual 10. Special Report Name Other: Year End Mid Year Final Year End 8. Number of Fundraisers this Report Final Special Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name First Citizens Bank c. Account Code b. Purpose c. Account Code b. Purpose Candidate 001 Account d. Period Begin Balance d. Period Begin Balance 0 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 Tyre Signature of Appointed Treasurer Printed Name of Signer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received mandatory training 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.

CRO-1000 NC State Board of Elections August 2008

Amendment No

Detailed SummaryUse 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						
Anthony Tyre for Office	2025 Pre-Election					
Start of Election Cycle: January 1,	2024		tal this		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$	0	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 100	.00	\$	100.00	
6) Contributions from Individuals	(CRO-1210)	\$ 250	.00	\$	2342.80	
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 Organizati	ons (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, 11	lc, 11d and 11e)	\$ 350	.00	\$	2442.80	
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$		\$		
13b) Contributions to Candidates/Political Commi	ttees (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)	\$		\$	2192.80	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 0		\$	0	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	btract line 18)	\$ 350	.00	\$	250.00	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	ns) (CRO-1430)	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	all collections and the collection of the collec			
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)	\$		\$	VII - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
28) Contributions to be Refunded	(CRO-1215)	\$		\$		
				-	The second secon	

Aggregated Contributions from Individuals

Page

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

Amendment

Yes

1

No

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

					2. II	2. ID Number		
Ant	hony Tyre for Of	fice						
3. Contributor Information								
b. Account			c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
П	Add			Description				
Ħ	Remove	001	Check		10/14/2025	\$ 50.00		
П	Add				10/14/2025	A 50.00		
П	Remove	001	Check		10/14/2025	\$ 50.00		
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ii Total olily this Tugo					Ψ	.00.00		
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					100.00			
(T)	us line must be on li	ne 5 of Detailed S	ummary Page CRO-1100)					

Use this	form to report ind	m Individuals ividual contributions	Annual Control of Control		Pg 1 0 nder \$50 if form Cl		not used	s 🔀 No
1. Committee Full Name (and Fund if applicable)					2. ID Number			
Anthony	Tyre for Office							
3. Conti	ributor Informati	on		Add 🔲 I	Remove			
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments			
Mark Gr	e city, state, & zip)			Attorney				
108 N. Elm Street			c. Employer's Name/Specific Field					
Greensb	oro, NC 27401					e. Election Sum to Date \$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	уууу)	k. Amount	
	001	Check			10/14/	2025	\$	150.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add 🔲 I	Remove			
	me, Mailing Address	& Phone		b. Job Title/Professi	ion	d. Comme	ents	
	e city, state, & zip)			Retired				
	Edwin Booth			c. Employer's Name	/Specific Field			
	in Norden Street gton NC 27889			c. Employer s Name	ASPECIAL FICIA			
vv doming	31011110 27007					e. Election	n Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	001	Check			10/14/	2025	\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add 🔲 I	Remove			
a. Full Name, Mailing Address & Phone		b. Job Title/Profession d. Comm		ents				
(includ	e city, state, & zip)							
				c. Employer's Name	/Specific Field			
						e. Election Sum to Date		
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	-Kind Description j. Date (mm/dd/y		yyy) k. Amount		
							\$	
							\$	
							\$	
4. Tota	al only this Pag	re				\$		250.00

5. Total of ALL CRO-1210 Pages

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

250.00

\$