

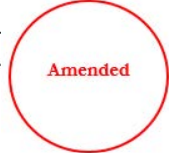
# Disclosure Report Cover

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
SCIPPIO FOR EAST WARD	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	08/20/2021
	e. Phone Number
	(336) 529-1749



2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	02/16/2020	06/30/2020	JULIA WALL

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	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input checked="" type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0		SECOND QUARTER REPORT		

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SCIPPIO FOR EAST WARD			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
RECEIPTS AND DISBURSEMENTS	5824		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1,656.60		\$ 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

Julia A. Wall                      [Signature]                      08/20/2021

Printed Name of Signer                      Signature of Appointed Treasurer                      Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to summarize all disclosure reporting forms and to total monetary information

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
SCIPPIO FOR EAST WARD		2020 Special			
<b>Start of Election Cycle: January 1, 2020</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
4) Cash on Hand at Start			\$ 1,656.60		\$ 1,656.60
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 50.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,800.73		\$ 2,800.73	
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)		\$ 0.41		\$ 0.41	
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)		\$ 2,851.14		\$ 2,851.14	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1,221.48		\$ 1,221.48	
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)		\$ 376.67		\$ 376.67	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 1,604.10		\$ 1,604.10	
17) In-Kind Contributions (CRO-1510)		\$ 125.73		\$ 125.73	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 3,327.98		\$ 3,327.98	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,179.76		\$ 1,179.76	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 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			
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add	5824	Check		02/17/2020	\$	50.00
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	\$50.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$	\$50.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LESLIE BAKER JR 2034 BUENA VISTA RD WINSTON SALEM, NC 27104			BANKER			
			<b>c. Employer's Name/Specific Field</b>			
			RETIRED		<b>e. Election Sum to Date</b>	
					\$ 2,500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	5824	Check		02/27/2020	\$ 2,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN FITZGERALD 6311 NESTING WAY OAKRIDGE, NC 27310			ATTORNEY			
			<b>c. Employer's Name/Specific Field</b>			
			SELF EMPLOYEED		<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	5824	Check		06/11/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			CITY COUNCIL			
			<b>c. Employer's Name/Specific Field</b>			
			CITY OF WINSTON		<b>e. Election Sum to Date</b>	
					\$ 187.05	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	5824	In-Kind	CAMPAIGN SUPPLIES	02/23/2020	\$ 14.19	
<input type="checkbox"/>	5824	In-Kind	FOOD/MEETING	03/03/2020	\$ 4.25	
<input type="checkbox"/>	5824	In-Kind	FOOD	03/03/2020	\$ 6.60	
<b>4. Total only this Page</b>					\$ 2,625.04	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,800.73	

# Contributions from Individuals

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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749				CITY COUNCIL		
				<b>c. Employer's Name/Specific Field</b> CITY OF WINSTON		
				<b>e. Election Sum to Date</b>		
				\$		187.05
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	5824	In-Kind	FOOD FOR CAMPAIGN MEETING	03/03/2020	\$ 100.69	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
MELVIN WITHERSPOON 8223 PINE OAK ROAD WAXHAW, NC 28173 (704) 843-5110				MAINTENANCE MECHANIC		
				<b>c. Employer's Name/Specific Field</b> RETIRED		
				<b>e. Election Sum to Date</b>		
				\$		75.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	5824	Check		02/26/2020	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 175.69	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,800.73	

# Refunds/Reimbursements To the Committee

Pg 1 of 1

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Expenditure Date</b>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/05/2020
				<b>i. Original Expenditure Amt</b>
				\$ 100.69
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>f. Purpose</b>		<b>j. Election Sum to Date</b>
CITY COUNCIL	CITY OF WINSTON	CASH VARIANCE - CAMPAIGN MEETING EXPENSE		\$ (0.41)
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Cash		03/05/2020	\$ 0.41
<b>4. Total only this Page</b>				\$ 0.41
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 0.41

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD							
<b>3. Type of Disbursement</b> <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			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ALPHA & OMEGA PRINTING 2554 LEWISVILLE-CLEMMINS RD STE 112 CLEMMONS, NC 27012 (336) 778-1400							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 888.11	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	B	02/18/2020	\$ 181.48	FLYERS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
YOLANDA BAKER 206 CLAYTON ST WINSTON, NC 27105 (336) 528-8109							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 105.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	03/03/2020	\$ 105.00	POLL WORKER		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name; Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ALFRED GAMBRELL 1212 E. 12TH ST APT #A WINSTON SALEM, NC 27101 (336) 454-9906							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 60.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	03/03/2020	\$ 60.00	POLL WORKER		
				\$			
<b>5. Total only this Page</b>						\$ 346.48	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1,221.48	
<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>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
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

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD							
<b>3. Type of Disbursement</b> <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			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
YVETTA GLENN 131 TRANQUIL AVE WINSTON SALEM, NC 27101 (336) 655-6982							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 80.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	03/07/2020	\$ 80.00	POLL WORKER		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
DEBRA HUNTER NC							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 70.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	03/03/2020	\$ 70.00	POLL WORKER		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
JOHNELL HUNTER 177 HIGHLAND AVE APT D WINSTON SALEM, NC 27101 (336) 509-5353							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 70.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	03/03/2020	\$ 70.00	POLL WORKER		
				\$			
<b>5. Total only this Page</b>						\$ 220.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1,221.48	
<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>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>	
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>	
<b>O* Other</b>							
* Codes require detailed explanation in required remarks field (k)							



# Disbursements

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

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	
SCIPPIO FOR EAST WARD							
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 170.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5824	Check	O	03/07/2020	\$ 170.00	POLL WORKER/SIGN DISTRIBUTION		
				\$			
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	
SYBIL JACKSON 1119 STAFFORD PLACE CIRCLE UNIT 104 WINSTON, NC 27127 (910) 777-4777							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5824	Check	O	03/02/2020	\$ 90.00	POLL WORKER		
				\$			
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	
GLORIA LOWERY 65 NORTHWOOD CIRCLE WINSTON SALEM, NC 27105 (336) 624-4765							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 55.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
5824	Check	O	03/03/2020	\$ 55.00	POLL WORKER		
				\$			
5. Total only this Page						\$ 315.00	
6. Total of ALL CRO-1310 Pages						\$ 1,221.48	
<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 (List detailed expenditure code in (h.) above)							
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

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD							
<b>3. Type of Disbursement</b> <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			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
CHERYL MORRIS 2431 KINGSGATE DR WINSTON SALEM, NC 27101 (336) 817-7877							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 80.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	03/07/2020	\$ 80.00	POLL WORKER		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
QUEEN PRINGLE 655 SUMMER PLACE WINSTON SALEM, NC 27101 (336) 995-2169							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 90.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	03/03/2020	\$ 90.00	POLL WORKER		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
SCIPPIO FOR EAST WARD 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
5824	Check	O	02/21/2020	\$ 100.00	POLLING EXPENSES		
				\$			
<b>5. Total only this Page</b>						\$ 270.00	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1,221.48	
<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>							
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
<b>A* - Media</b>		<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>	
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>	
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donation to Legal Expense Fund</b>	
<b>O* Other</b>							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD						
<b>3. Type of Disbursement</b> <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						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(Include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
RICHIE WILLIAMS 153 ELRICA LANE MOCKVILLE, NC 27028 (410) 530-0855						
				<b>c. Level Registered (Specify)</b>		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
						\$ 70.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
5824	Check	O	03/07/2020	\$ 70.00	POLL WORKER	
				\$		
<b>5. Total only this Page</b>					\$ 70.00	
<b>6. Total of ALL CRO-1310 Pages</b>						
<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>					\$ 1,221.48	
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>						
<b>A* - Media</b>	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>			
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donation to Legal Expense Fund</b>			
<b>O* Other</b>						
<b>* Codes require detailed explanation in required remarks field (k)</b>						

# Aggregated Non-Media Expenditures

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
SCIPPIO FOR EAST WARD						
<b>3. Payee Information</b>						
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	5824	Check	O	03/03/2020	\$ 30.00	POLL WORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	O	03/03/2020	\$ 40.00	POLL WORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	O	03/02/2020	\$ 50.00	POLL WORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	O	03/02/2020	\$ 40.00	POLL WORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	O	03/03/2020	\$ 50.00	POLL WORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	K	02/17/2020	\$ 26.67	ADDRESS LABELS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	O	03/03/2020	\$ 50.00	POLL WORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	O	03/03/2020	\$ 50.00	POLL WORKER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	5824	Check	O	03/03/2020	\$ 40.00	POLL WORKER
<b>4. Total only this Page</b>					\$	376.67
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	376.67
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>		
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donations to Legal Expense Fund</b>
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# Refunds/Reimbursements From the Committee Pg 1 of 5

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/14/2020
					<b>i. Original Receipt Amount</b>
					\$ 391.30
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
				P	
				<b>j. Election Sum to Date</b>	
				\$ 0.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	BOOKMARKS		02/17/2020	\$ 391.30
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/14/2020
					<b>i. Original Receipt Amount</b>
					\$ 181.48
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
				P	
				<b>j. Election Sum to Date</b>	
				\$ 0.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	HANDOUTS		02/19/2020	\$ 181.48
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
SCIPPIO FOR EAST WARD 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		01/21/2020
			Winston Salem		<b>i. Original Receipt Amount</b>
					\$ 83.76
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
				LP	
				<b>j. Election Sum to Date</b>	
				\$ 0.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	YAHOO SMALL BUSINESS SERVICE		03/06/2020	\$ 83.76
<b>4. Total only this Page</b>					\$ 656.54
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,604.10
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor    M - Overpayment for Service    N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin    O* - Other					
* Codes require detailed explanation in required remarks field (m)					

**Refunds/Reimbursements From the Committee** Pg 2 of 5

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		01/02/2020
					<b>i. Original Receipt Amount</b>
					\$ 16.32
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	NOTE CARDS		03/05/2020	\$ 16.32
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		12/27/2019
					<b>i. Original Receipt Amount</b>
					\$ 24.56
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	ADDRESS LABELS		03/05/2020	\$ 24.56
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		12/18/2019
					<b>i. Original Receipt Amount</b>
					\$ 48.73
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	THANK YOU CARDS & LABELS		03/05/2020	\$ 48.73
<b>4. Total only this Page</b>					\$ 89.61
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,604.10
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee Pg 3 of 5

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b> 12/10/2019
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>i. Original Receipt Amount</b> \$ 244.20
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
				<b>j. Election Sum to Date</b> \$ 0.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	POSTAGE		03/05/2020	\$ 244.20
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b> 02/15/2020
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>i. Original Receipt Amount</b> \$ 14.92
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
				<b>j. Election Sum to Date</b> \$ 187.05	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	FOOD - MEETING		02/17/2020	\$ 14.92
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>h. Original Receipt Date</b> 12/02/2019
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>i. Original Receipt Amount</b> \$ 100.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
				<b>j. Election Sum to Date</b> \$ 0.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	CAMPAIGN ACCOUNT STARTUP		03/06/2020	\$ 100.00
<b>4. Total only this Page</b>					\$ 359.12
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,604.10
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kin		O* - Other			
* Codes require detailed explanation in required remarks field (m)					

# Refunds/Reimbursements From the Committee Pg 4 of 5

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/29/2019
					<b>i. Original Receipt Amount</b>
					\$ 195.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	TAX ID SUPPORT		03/06/2020	\$ 195.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		12/02/2019
					<b>i. Original Receipt Amount</b>
					\$ 176.14
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	ENVELOPES		03/05/2020	\$ 176.14
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		11/29/2019
					<b>i. Original Receipt Amount</b>
					\$ 12.81
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
CITY COUNCIL		CITY OF WINSTON		P	
					<b>j. Election Sum to Date</b>
					\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	COPY PAPER		03/05/2020	\$ 12.81
<b>4. Total only this Page</b>					\$ 383.95
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,604.10
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor    M - Overpayment for Service    N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin    O* - Other					
* Codes require detailed explanation in required remarks field (m)					



**Refunds/Reimbursements From the Committee** Pg 5 of 5

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number:</b>	
SCIPPIO FOR EAST WARD					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		03/03/2020
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>i. Original Receipt Amount</b>
					\$ 100.69
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
CITY COUNCIL	CITY OF WINSTON		P		\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	FOOD		03/05/2020	\$ 100.69
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		02/23/2020
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>i. Original Receipt Amount</b>
					\$ 14.19
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
CITY COUNCIL	CITY OF WINSTON		P		\$ 0.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
5824	Check	FOOD		03/05/2020	\$ 14.19
<b>4. Total only this Page</b>					\$ 114.88
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 1,604.10
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

# In-Kind Contributions

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

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
SCIPPIO FOR EAST WARD			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)		<b>b. Type of Contributor</b>	
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 187.05	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
CAMPAIGN SUPPLIES	02/23/2020	\$ 14.19	
FOOD/MEETING	03/03/2020	\$ 4.25	
FOOD	03/03/2020	\$ 6.60	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (Include city, state, & zip)		<b>b. Type of Contributor</b>	
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 187.05	
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
FOOD FOR CAMPAIGN MEETING	03/03/2020	\$ 100.69	
		\$	
		\$	
<b>4. Total only this Page</b>		\$ 125.73	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 125.73	