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

Amended

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	11/26/2019	02/15/2020	JULIA WALL

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report

1

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	FIRST QUARTER PLUS
☒ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name	
SCIPPIO FOR EAST WARD	
b. Purpose	**c. Account Code**
RECEIPTS AND DISBURSEMENTS	5824
	d. Period Begin Balance
	$ 100.00

3. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

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 — Printed Name of Signer

J. Wall — Signature of Appointed Treasurer

08/20/2021 — Date

FOR OFFICE USE ONLY

Date Received:		Employee:	
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method

- ☐ Normal Mail
- ☐ Registered Mail
- ☐ Hand Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

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
SCIPPIO FOR EAST WARD	2020 Special	

Start of Election Cycle: January 1, 2019		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)*	$ 1,175.00	$ 1,175.00
6) Contributions from Individuals	*(CRO-1210)*	$ 3,802.79	$ 3,802.79
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 0.00	$ 0.00
8) Contributions from Other Political Committees	*(CRO-1230)*	$ 1,000.00	$ 1,000.00
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)		$ 5,977.79	$ 5,977.79
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 3,986.41	$ 3,986.41
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)*	$ 93.62	$ 93.62
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 208.37	$ 208.37
17) In-Kind Contributions	*(CRO-1510)*	$ 32.79	$ 32.79
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 4,321.19	$ 4,321.19
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1,656.60	$ 1,656.60
ADDITIONAL INFORMATION			
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)*	$ 1,682.22	$ 1,682.22

Aggregated Contributions from Individuals

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
SCIPPIO FOR EAST WARD	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	5824	Check		12/24/2019	$ 50.00
☐ Add ☐ Remove	5824	Check		12/23/2019	$ 25.00
☐ Add ☐ Remove	5824	Check		12/16/2019	$ 50.00
☐ Add ☐ Remove	5824	Check		12/26/2019	$ 50.00
☐ Add ☐ Remove	5824	Check		12/22/2019	$ 50.00
☐ Add ☐ Remove	5824	Check		01/05/2020	$ 50.00
☐ Add ☐ Remove	5824	Check		12/19/2019	$ 10.00
☐ Add ☐ Remove	5824	Check		01/20/2020	$ 25.00
☐ Add ☐ Remove	5824	Cash		01/21/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		12/19/2019	$ 25.00
☐ Add ☐ Remove	5824	Check		12/26/2019	$ 25.00
☐ Add ☐ Remove	5824	Check		01/07/2020	$ 50.00
☐ Add ☐ Remove	5824	Check		12/20/2019	$ 25.00
☐ Add ☐ Remove	5824	Check		02/01/2020	$ 20.00
☐ Add ☐ Remove	5824	Check		12/16/2019	$ 25.00
☐ Add ☐ Remove	5824	Money Order		01/18/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		01/05/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		01/02/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		02/09/2020	$ 50.00
☐ Add ☐ Remove	5824	Check		01/16/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		12/18/2019	$ 50.00
☐ Add ☐ Remove	5824	Check		01/03/2020	$ 45.00
☐ Add ☐ Remove	5824	Check		12/21/2019	$ 50.00
4. Total only this Page					$ $800.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*					$ $1,175.00

Aggregated Contributions from Individuals

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
SCIPPIO FOR EAST WARD	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	5824	Check		12/13/2019	$ 30.00
☐ Add ☐ Remove	5824	Check		12/17/2019	$ 25.00
☐ Add ☐ Remove	5824	Check		02/03/2020	$ 50.00
☐ Add ☐ Remove	5824	Check		01/03/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		12/31/2019	$ 25.00
☐ Add ☐ Remove	5824	Check		02/01/2020	$ 50.00
☐ Add ☐ Remove	5824	Electric Funds Tran		01/07/2020	$ 50.00
☐ Add ☐ Remove	5824	Electric Funds Tran		02/01/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		01/02/2020	$ 20.00
☐ Add ☐ Remove	5824	Check		01/17/2020	$ 25.00
☐ Add ☐ Remove	5824	Check		01/09/2020	$ 50.00

4. Total only this Page	$	$375.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$1,175.00

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ELIZABETH ASHBY 3988 FLYNTDALE RD WINSTON SALEM, NC 27106 (336) 407-2326	NOT FOR PROFIT	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/18/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MOSE' BELTON 2270 NETTLEBROOK DR WINSTON SALEM, NC 27106	INSURANCE AGENT - OWNER	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/17/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GRAHAM BENNETT PO BOX 2736 WINSTON SALEM, NC 27102	PRESIDENT	QUALITY OIL		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/03/2020	$ 250.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
C. P. BOOKER 3631 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27105	RETIRED	NA	CHECK DATED 1/7/19 IN ERROR. SHOULD HAVE BEEN DATED 1/7/20.	$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/17/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES BRANCH 224 TOWN RUN LN WINSTON SALEM, NC 27101 (336) 723-0748	OPTHAMOLOGIST	SELF		$ 225.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/31/2020	$ 225.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LESTER DAVIS NC	RETIRED	NA		$ 140.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		02/09/2020	$ 140.00
☐					$
☐					$

4. Total only this Page	$ 465.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
RICHARD DAVIS 809 LYNN DEE DR WINSTON SALEM, NC 27106-3611	ACCOUNTANT	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/07/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JUANITA DICKENS 7402 ASPEN AVE TAKOMA PARK, MD 20912 (301) 270-2129	RETIRED	RETAIL		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		12/22/2019	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
HERMAN GLOVER III 4400 SHARONRIDGE DR NORTH CHESTERFIELD, VA 23236 (804) 276-1086	INSURANCE	INSURANCE SECURITY ASSOCIATION		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		12/28/2019	$ 150.00
☐					$
☐					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES & JOYCE HASH 6621 VILLAGE BROOK TRL CLEMMONS, NC 27012	CLERGY	ST. PETER'S CHURCH		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/03/2020	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD & LAURETTE JACKSON 1374 CROOKED TREE CIRCLE STONE MOUNTAIN, GA 30088 (404) 406-8568	RETIRED	NA		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		12/21/2019	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648				$ 572.78

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	In-Kind	PAPER PRODUCTS	01/18/2020	$ 6.24
☐	5824	In-Kind	EQUIPMENT - DISPENSER	01/18/2020	$ 26.55
☐					$

4. Total only this Page	$ 632.79
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SAUNDRA JOHNSON 32 LONGSPUR DR WILMINGTON, DE 19808-1971	RETIRED	NA		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/13/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE LAUTEMANN 890 MOYERS RD WINSTON SALEM, NC 27104 (336) 765-0766	FINANCE EXEC	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/03/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ADRIENNE LIVENGOOD 605 SPRING TREE CT WINSTON SALEM, NC 27104				$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/17/2020	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONALD & GLORIA MCCLURE 8100 WHITES FORD WAY POTOMAC, MD 20854	ATTORNEY	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		12/23/2019	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEBORAH MCCULLOUGH 5307 E 61ST AVENUE HOBART, IN 46342	PHYSICIAN	SELF EMPLOYEED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		12/18/2019	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TONYA MCDANIEL PO BOX 21142 WINSTON SALEM, NC 27120 (336) 926-8045	HR DIRECTOR	UNITED HEALTH CARE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Money Order		01/18/2020	$ 100.00
☐					$
☐					$

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)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GRIFFIN MORGAN 121 CASCADE AVE WINSTON SALEM, NC 27127	ATTORNEY	ELLIOT MORGAN PARSONAGE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/08/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MICHAEL PITT 3625 TANGLEBROOK TRL CLEMMONS, NC 27012 (336) 766-2126	PAINTER	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/11/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JAMES ROUSSEAU 1337 PHEASANT LN WINSTON SALEM, NC 27106	EDUCATOR	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/13/2020	$ 100.00
☐					$
☐					$

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)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749	CITY COUNCIL	CITY OF WINSTON		$ 76.24

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Cash		02/01/2020	$ 45.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHNNY SCIPPIO 416 N E 27TH ST WINSTON SALEM, NC 27105 (336) 727-1626	SECURITY GUARD	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		01/27/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JIM SHAW 163 STRATFORD CT RM 110 WINSTON SALEM, NC	DIRECTOR	ACE ACADEMY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Cash		02/01/2020	$ 50.00
☐	5824	Cash		02/02/2020	$ 50.00
☐					$

4. Total only this Page	$ 245.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,802.79

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE SPEARS NC				$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Cash		12/13/2019	$ 40.00
☐	5824	Cash		12/31/2019	$ 20.00
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
FRED TANNER 1049 VIENNA FOREST DRIVE PFAFFTOWN, NC 27040 (336) 945-2940	EDUCATION	RETIRED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		02/14/2020	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOSEPH YONGUE 618 ORINDO DR DURHAM, NC 27713	ARCHITECT	SELF		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Money Order		02/01/2020	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 360.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 3,802.79

Contributions from Other Political Committees Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
SOUTHERN STATES PBA 2155 HWY 42 S MCDONOUGH, GA 30252 (770) 389-5391	☐ Candidate ☒ PAC ☐ Referendum **c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☒ Municipality: Winston Salem	**e. Election Sum to Date** $ 1,000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
5824	Check		01/28/2020	$ 1,000.00
				$
				$

4. Total only this Page	$ $1,000.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ $1,000.00

Disbursements

Amendment ☐ Yes ☒ 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 *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name / c. Level Registered (Specify)	d. Comments / e. Election Sum to Date
ALPHA & OMEGA PRINTING 2554 LEWISVILLE-CLEMMINS RD STE 112 CLEMMONS, NC 27012 (336) 778-1400	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 706.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	B	01/09/2020	$ 353.08	POSTCARDS
5824	Check	B	01/24/2020	$ 327.40	POSTCARDS/BOOKMARKS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name / c. Level Registered (Specify)	d. Comments / e. Election Sum to Date
HBCU SCREEN 3323 OLD GREENSBORO RD WINSTON SALEM, NC 27101 (336) 830-1820	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 525.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	B	02/12/2020	$ 525.00	YARD SIGNS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name / c. Level Registered (Specify)	d. Comments / e. Election Sum to Date
POST OFFICE 3320 SILAS CREEK PKWY STE 500 WINSTON SALEM, NC 27103-3025 (800) 275-8777	☐ Federal ☐ County: ☐ State ☐ Municipality:	$ 133.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	I	01/25/2020	$ 133.00	
				$	

5. Total only this Page	$ 1,338.48
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 3,986.41

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 ☐ Yes ☒ 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 *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses! ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
POST OFFICE 1500 N PATTERSON AVE WINSTON SALEM, NC 27105-6049 (800) 275-8777	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 37.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	I	01/13/2020	$ 37.80	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
POST OFFICE 7840 N POINT BLVE STE 110 WINSTON SALEM, NC 27106-3290 (800) 275-8777	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 700.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	I	01/13/2020	$ 700.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
POST OFFICE 200 TOWN RUN LN WINSTON SALEM, NC 27101-9998 (800) 275-8777	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 490.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	I	01/10/2020	$ 490.00	
				$	

5. Total only this Page	$ 1,227.80
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 3,986.41

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 ☐ Yes ☒ 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 *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SAM'S CLUB HANES MALL BLVD NC (336) 765-3590	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 180.13

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	K	01/11/2020	$ 63.99	ADDRESS/SHPNG LBLS
5824	Check	C	02/12/2020	$ 116.14	REFRESHMENTS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THE CROSSING CHURCH 1650 PECAN LANE KERNERSVILLE, NC 27284 (336) 995-4320	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	O	01/24/2020	$ 100.00	SPACE RENTAL
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
THE DELTA ARTS CENTER 2611 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27101 (336) 722-2625	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	C	01/03/2020	$ 300.00	FACILITY RENTAL
				$	

5. Total only this Page	$ 580.13
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 3,986.41

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 ☐ Yes ☒ 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 *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
TRUTH BROADCASTING, INC 4405 PROVIDENCE LANE WINSTON SALEM, NC 27106 (336) 759-0363	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 840.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	A	02/07/2020	$ 840.00	RADIO ADVERTISEMENT
				$	

5. Total only this Page	$ 840.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 3,986.41

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)**

Aggregated Non-Media Expenditures

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCIPPIO FOR EAST WARD	

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
☐ Add ☐ Remove	5824	Check	B	02/04/2020	$ 26.15	POSTERS/FLYERS
☐ Add ☐ Remove	5824	Electric Funds Tran	O	12/10/2019	$ 45.49	CHECK FEE
☐ Add ☐ Remove	5824	Check	O	01/27/2020	$ 21.98	THANK YOU NOTES

4. Total only this Page	$ 93.62
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 93.62

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund**
O* - Other			

*** Codes require detailed explanation in required remarks field (g)**

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCIPPIO FOR EAST WARD	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 01/18/2020 i. Original Receipt Amount: $ 26.55

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
		PO	$ 572.78

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	BEV DISPENSER	02/09/2020	$ 26.55

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☒ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 01/18/2020 i. Original Receipt Amount: $ 6.24

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
		O	$ 572.78

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	PAPER PRODUCTS	02/09/2020	$ 6.24

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☒ State ☐ Municipality:	h. Original Receipt Date: 01/08/2020 i. Original Receipt Amount: $ 116.31

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CITY COUNCIL	CITY OF WINSTON	P	$ 76.24

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	ADDRESS LABELS/TONER CARTRIDGE	02/09/2020	$ 116.31

4. Total only this Page	$ 149.10
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 208.37

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kin O* Other

* Codes require detailed explanation in required remarks field (m)

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCIPPIO FOR EAST WARD	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 01/20/2020 i. Original Receipt Amount: $ 13.61

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CITY COUNCIL	CITY OF WINSTON	P	$ 76.24

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	FOOD-MEETING	02/09/2020	$ 13.61

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 01/10/2020 i. Original Receipt Amount: $ 8.51

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CITY COUNCIL	CITY OF WINSTON	P	$ 76.24

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	FOOD-MEETING	02/09/2020	$ 8.51

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 01/15/2020 i. Original Receipt Amount: $ 17.43

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CITY COUNCIL	CITY OF WINSTON	P	$ 76.24

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	FOOD-MEETING	02/09/2020	$ 17.43

4. Total only this Page	$ 39.55
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 208.37

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution 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 3

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCIPPIO FOR EAST WARD	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 01/18/2020 i. Original Receipt Amount: $ 15.99

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CITY COUNCIL	CITY OF WINSTON	P	$ 76.24

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	FOOD - MEETING	02/09/2020	$ 15.99

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105 (336) 529-1749	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 01/18/2020 i. Original Receipt Amount: $ 3.73

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CITY COUNCIL	CITY OF WINSTON	P	$ 76.24

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	FOOD - MEETING	02/09/2020	$ 3.73

4. Total only this Page	$ 19.72
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 208.37

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

In-Kind Contributions

Pg 1 of 1

Amendment ☐ Yes ☒ 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.

1. Committee Full Name (and Fund if applicable)	2. ID Number
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 572.78

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAPER PRODUCTS	01/18/2020	$ 6.24
EQUIPMENT - DISPENSER	01/18/2020	$ 26.55
		$

4. Total only this Page	$ 32.79
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 32.79

Contributions to be Reimbursed

Amendment ☐ Yes ☒ No

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284	PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
HANDOUTS - PRINTING	02/14/2020	Y	$ 181.48

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284	PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
BOOKMARKS	02/14/2020	Y	$ 391.30

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
SCIPPIO FOR EAST WARD 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
CAMPAIGN WEBSITE SERVICE	01/21/2020	Y	$ 83.76

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
COPY PAPER	11/29/2019	N	$ 12.81

4. Total only this Page	$ 669.35
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 1,682.22

Contributions to be Reimbursed

Amendment ☐ Yes ☒ No

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Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
TAX ID	11/29/2019	N	$ 195.00

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
BANK FEE - ACCOUNT SET UP	12/02/2019	N	$ 100.00

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ENVELOPES	12/02/2019	N	$ 176.14

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
POSTAGE	12/10/2019	N	$ 244.20

4. Total only this Page	$ 715.34
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 1,682.22

Contributions to be Reimbursed

Amendment ☐ Yes ☒ No

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Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
THANK YOU CARDS/ADDRESS LABELS	12/18/2019	N	$ 48.73

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
BREAKFAST MEETING	12/19/2019	N	$ 17.42

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ADDRESS LABELS	12/27/2019	N	$ 24.56

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
NOTE CARDS	01/02/2020	N	$ 16.32

4. Total only this Page	$ 107.03
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 1,682.22

Contributions to be Reimbursed

Amendment ☐ Yes ☒ No

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ADDRESS LABELS, TONER CARTRIDGE	01/08/2020	N	$ 116.31

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD - MEETING	01/10/2020	N	$ 8.51

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD - MEETING	01/15/2020	N	$ 17.43

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD - MEETING	01/18/2020	N	$ 3.73

4. Total only this Page	$ 145.98
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 1,682.22

Contributions to be Reimbursed

Amendment ☐ Yes ☒ No

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
SCIPPIO FOR EAST WARD	

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD- MEETING	01/18/2020	N	$ 15.99

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD - MEETING	01/20/2020	N	$ 13.61

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105	ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD - MEETING	02/15/2020	N	$ 14.92

4. Total only this Page	$ 44.52
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 1,682.22