

Statement of Organization - Candidate Committee

Is this statement:

☐ New ☒ Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information

a. Name of Committee	d. ID Number
Scippio for East Ward	
b. Mailing Address (include City, State and Zip Code)	e. Date Organized
3335 New Walkertown Rd Winston-Salem NC 27105	11-26-2019
c. Committee Website (Optional)	f. Phone Number
	336 529-1749

2. Candidate Information

a. Full Name	e. Party Affiliation
Annette Yvonne Scippio	Democrat
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
3335 New Walkertown Rd Winston-Salem NC 27105	W-S City Council EAST WARD
c. Phone Number	d. Email Address
336 529-1749	AYScippio@yahoo.com
<input checked="" type="checkbox"/> Email copy of report notices	g. Next Election Year
	2020
	h. Jurisdiction

3. Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
Julia A. Wall	5824 Landon Dr. Pfafftown, NC 27040
c. Phone Number	d. Email Address
336 757 9840	jawall1021@gmail.com

Send report notices by email ☒ Yes ☐ No

4. Assistant Treasurer Information

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address

☐ Email copy of report notices

5. Custodian of Books Information (Keeper of Records)

a. Full Name	b. Mailing Address (include City, State, and Zip Code)
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of report notices	

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	b. Account Code	c. Type
M & F Bank	5824	Checking

I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.

Julia A. Wall
Printed Name of Treasurer

Julia A. Wall
Signature of Appointed Treasurer

7/15/19
Date

I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.

Annette Y. Scippio
Printed Name of Candidate

Annette Y. Scippio
Signature of Candidate

7/15/19
Date