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.

Amended

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**
531 BARBARA JANE AVE WINSTON SALEM, NC 27101	09/10/2020
	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)

- ☒ 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

0

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

Municipal
- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☒ Special

State/County
- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum
- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

10. Special Report Name

SECOND QUARTER REPORT

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**
	$ 1,544.78		$

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	JAWall	09/10/2020
Printed Name of Signer	Signature of Appointed Treasurer	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, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1,544.78	$ 1,544.78
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 50.00	$ 50.00
6) Contributions from Individuals	*(CRO-1210)*	$ 2,982.21	$ 2,982.21
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)*	$ 0.00	$ 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)		$ 3,032.21	$ 3,032.21
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 1,121.48	$ 1,121.48
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)*	$ 526.26	$ 526.26
15) Loan Repayments	*(CRO-1420)*	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	*(CRO-1320)*	$ 604.02	$ 604.02
17) In-Kind Contributions	*(CRO-1510)*	$ 307.21	$ 307.21
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2,558.97	$ 2,558.97
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 2,018.02	$ 2,018.02
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)*	$ 0.00	$ 0.00

Aggregated Contributions from Individuals

Page 1 of 1

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		02/17/2020	$ 50.00

4. Total only this Page	$ $50.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ $50.00

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
LESLIE BAKER JR 2034 BUENA VISTA RD WINSTON SALEM, NC 27104	BANKER	RETIRED		$ 2,500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		02/27/2020	$ 2,500.00
☐					$
☐					$

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
JOHN FITZGERALD 6311 NESTING WAY OAKRIDGE, NC 27310	ATTORNEY	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		06/11/2020	$ 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
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648				$ 27.76

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	In-Kind	HANDOUTS - PRINTING	02/19/2020	$ 181.48
☐					$
☐					$

4. Total only this Page	$ 2,781.48
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,982.21

Contributions from Individuals

Pg 2 of 2

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	d. Comments
ANNETTE SCIPPIO 531 BARBARA JANE AVE WINSTON SALEM, NC 27101 (336) 529-1749	CITY COUNCIL **c. Employer's Name/Specific Field** CITY OF WINSTON	**e. Election Sum to Date** $ 187.05

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	In-Kind	CAMPAIGN SUPPLIES	02/23/2020	$ 14.19
☐	5824	In-Kind	FOOD/MEETING	03/03/2020	$ 4.25
☐	5824	In-Kind	FOOD/MEETING	03/03/2020	$ 6.60

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ANNETTE SCIPPIO 531 BARBARA JANE AVE WINSTON SALEM, NC 27101 (336) 529-1749	CITY COUNCIL **c. Employer's Name/Specific Field** CITY OF WINSTON	**e. Election Sum to Date** $ 187.05

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	In-Kind	FOOD FOR CAMPAIGN MEETING	03/03/2020	$ 100.69
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MELVIN WITHERSPOON 8223 PINE OAK ROAD WAXHAW, NC 28173 (704) 843-5110	MAINTENANCE MECHANIC **c. Employer's Name/Specific Field** RETIRED	**e. Election Sum to Date** $ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	5824	Check		02/26/2020	$ 75.00
☐					$
☐					$

4. Total only this Page	$ 200.73
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 2,982.21

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:		$ 888.11

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
5824	Check	B	02/18/2020	$ 181.48	FLYERS
				$	

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
YOLANDA BAKER 206 CLAYTON ST WINSTON, NC 27105 (336) 528-8109		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 105.00

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	$ 105.00	POLL WORKER
				$	

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
ALFRED GAMBRELL 1212 E. 12TH ST APT #A WINSTON SALEM, NC 27101 (336) 454-9906		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 60.00

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	$ 60.00	POLL WORKER
				$	

5. Total only this Page	$ 346.48
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)*	$ 1,121.48

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
YVETTA GLENN 131 TRANQUIL AVE WINSTON SALEM, NC 27101 (336) 655-6982		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 80.00

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	$ 80.00	POLL WORKER
				$	

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
DEBRA HUNTER NC		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 70.00

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	$ 70.00	POLL WORKER
				$	

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
JOHNELL HUNTER 177 HIGHLAND AVE APT D WINSTON SALEM, NC 27101 (336) 509-5353		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 80.00

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	$ 70.00	POLL WORKER
				$	

5. Total only this Page	$ 220.00
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)*	$ 1,121.48

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
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 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 ☐ Add ☐ 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) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 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 ☐ Add ☐ 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) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 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 *(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)*	$ 1,121.48

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

Pg 4 of 4

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
CHERYL MORRIS 2431 KINGSGATE DR WINSTON SALEM, NC 27101 (336) 817-7877		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 80.00

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	$ 80.00	POLL WORKER
				$	

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
QUEEN PRINGLE 655 SUMMER PLACE WINSTON SALEM, NC 27101 (336) 995-2169		☐ Federal ☐ County: ☐ State ☐ 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	03/03/2020	$ 90.00	POLL WORKER
				$	

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
RICHIE WILLIAMS 153 ELRICA LANE MOCKVILLE, NC 27028 (410) 530-0855		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 70.00

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	$ 70.00	POLL WORKER
				$	

5. Total only this Page	$ 240.00
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)*	$ 1,121.48

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	O	03/03/2020	$ 30.00	POLL WORKER
☐ Add ☐ Remove	5824	Cash	O	02/21/2020	$ 13.00	LITERATURE DISTRIBUTION
☐ Add ☐ Remove	5824	Cash	O	02/21/2020	$ 35.00	LITERATURE DISTRIBUTION
☐ Add ☐ Remove	5824	Cash	O	02/23/2020	$ 41.59	CAMPAIGN MEETING
☐ Add ☐ Remove	5824	Check	O	03/03/2020	$ 40.00	POLL WORKER
☐ Add ☐ Remove	5824	Cash	O	02/21/2020	$ 10.00	LITERATURE DISTRIBUTION
☐ Add ☐ Remove	5824	Check	O	03/02/2020	$ 50.00	POLL WORKER
☐ Add ☐ Remove	5824	Check	O	03/02/2020	$ 40.00	POLL WORKER
☐ Add ☐ Remove	5824	Check	O	03/03/2020	$ 50.00	POLL WORKER
☐ Add ☐ Remove	5824	Check	K	02/17/2020	$ 26.67	ADDRESS LABELS
☐ Add ☐ Remove	5824	Check	O	03/03/2020	$ 50.00	POLL WORKER
☐ Add ☐ Remove	5824	Check	O	02/21/2020	$ 50.00	EVENT RESERVATION
☐ Add ☐ Remove	5824	Check	O	03/03/2020	$ 50.00	POLL WORKER
☐ Add ☐ Remove	5824	Check	O	03/03/2020	$ 40.00	POLL WORKER

4. Total only this Page	$ 526.26
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 526.26

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)**

Amendment	
☐ Yes	☒ No

Refunds/Reimbursements From the Committee

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

Field	Value
a. Full Name, Mailing Address & Phone (include city, state, & zip)	PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648
d. Type of Committee	☐ Candidate ☐ PAC ☐ Referendum ☐ Party
e. Level Registered (Specify)	☐ Federal ☐ County: ☐ State ☐ Municipality:
g. Comments	
h. Original Receipt Date	02/14/2020
i. Original Receipt Amount	$ 391.30
b. Job Title/Profession	
c. Employer's Name/Specific Field	
f. Purpose Code	P
j. Election Sum to Date	$ 27.76
k. Account Code	5824
l. Form of Payment	Check
m. Required Remarks	BOOKMARKS
n. Date (mm/dd/yyyy)	02/17/2020
o. Amount	$ 391.30

3. Payee Information ☐ Add ☐ Remove

Field	Value
a. Full Name, Mailing Address & Phone (include city, state, & zip)	PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648
d. Type of Committee	☐ Candidate ☐ PAC ☐ Referendum ☐ Party
e. Level Registered (Specify)	☐ Federal ☐ County: ☐ State ☐ Municipality:
g. Comments	
h. Original Receipt Date	02/19/2020
i. Original Receipt Amount	$ 181.48
b. Job Title/Profession	
c. Employer's Name/Specific Field	
f. Purpose Code	P
j. Election Sum to Date	$ 27.76
k. Account Code	5824
l. Form of Payment	Check
m. Required Remarks	HANDOUTS
n. Date (mm/dd/yyyy)	02/18/2020
o. Amount	$ 181.48

3. Payee Information ☐ Add ☐ Remove

Field	Value
a. Full Name, Mailing Address & Phone (include city, state, & zip)	ANNETTE SCIPPIO 531 BARBARA JANE AVE WINSTON SALEM, NC 27101 (336) 529-1749
d. Type of Committee	☐ Candidate ☐ PAC ☐ Referendum ☐ Party
e. Level Registered (Specify)	☐ Federal ☐ County: ☐ State ☐ Municipality: Winston Salem
g. Comments	
h. Original Receipt Date	01/02/2020
i. Original Receipt Amount	$ 16.32
b. Job Title/Profession	CITY COUNCIL
c. Employer's Name/Specific Field	CITY OF WINSTON
f. Purpose Code	P
j. Election Sum to Date	$ 0.00
k. Account Code	5824
l. Form of Payment	Check
m. Required Remarks	NOTE CARDS
n. Date (mm/dd/yyyy)	03/05/2020
o. Amount	$ 16.32

4. Total only this Page	$ 589.10
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 604.02

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 / e. Level Registered (Specify)	g. Comments / h. Original Receipt Date / i. Original Receipt Amount
ANNETTE SCIPPIO 531 BARBARA JANE AVE WINSTON SALEM, NC 27101 (336) 529-1749	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality: Winston Salem	g. Comments: h. Original Receipt Date: 02/15/2020 i. Original Receipt Amount: $ 14.92

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
CITY COUNCIL	CITY OF WINSTON	P	$ 187.05

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
5824	Check	FOOD - MEETING	02/17/2020	$ 14.92

4. Total only this Page	$ 14.92
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 604.02

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)**

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	d. Election Sum to Date
PRISCILLA JACKSON 1310 TAMMY DRIVE KERNERSVILLE, NC 27284 (336) 830-2648	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 27.76

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
HANDOUTS - PRINTING	02/19/2020	$ 181.48
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
ANNETTE SCIPPIO 531 BARBARA JANE AVE WINSTON SALEM, NC 27101 (336) 529-1749	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 187.05

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN SUPPLIES	02/23/2020	$ 14.19
FOOD/MEETING	03/03/2020	$ 4.25
FOOD/MEETING	03/03/2020	$ 6.60

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
ANNETTE SCIPPIO 531 BARBARA JANE AVE WINSTON SALEM, NC 27101 (336) 529-1749	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 187.05

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR CAMPAIGN MEETING	03/03/2020	$ 100.69
		$
		$

4. Total only this Page	$ 307.21
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 307.21