Amendme	nt
	1.17

• Disclosure Report Cover 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 In	formation										
a. Full Name									c. 1	D Number	
SCIPPIO FOR	EAST WAI	RD									
		City, State and Zi							<b>d.</b> 1	Date Filed	
531 BARBARA WINSTON SA		E 3335		w W+	Iker	foco	W R	7		10/27/2020	
WINGTON SA		27101 2716	5						e. 1	Phone Number	
										(336) 529-1749	
2. Report Year	3. Period S	tart Date (mm/dd/	yy)	4. Period	End Dat	e (mm/	/dd/yy)	5. Treasu	irer	Full Name	
2020		07/01/2020			10/17/20	020		JULIA W	VALI	L	
6. Type of Comn		k One)	9. Typ	e of Report	: (ch	eck on	ly one	type of re	port	from one category)	
Candidate Can		Party	Munic		Contract of the second second second	State/C	and the second second second			ferendum	
Joint Fundraise		PAC		Organizatio	1		ganizatio	onal		Organizational	
Referendum	German	Legal Expense Fund		Thirty-five		Qua	arterly				
7. Type of Fund	CANAL STREET CONSISTER STREET STREET STREET STREET STREET ST	cable, check one)		Pre-primary Pre-election		님	First Second			Final Supplemental Final	
<ul><li>Booster Fund</li><li>Building Fund</li></ul>				Pre-election Pre-runoff	1	H	Third		H		
During Fund Presidential El	lection Vear	Candidates Fund		Semi-annua	.	H	Fourth		H	Special	
NC Public Can				Mid Ye	·		ni-annua	1		Special	
	iipuigii i iiuii	ing rund	Ы	Year E	.		Mid Ye		10	. Special Report Name	
Other:	-		Ы	Final		H	Year E		10	operative port traine	
8. Number of Fu	indraisers t	his Report		Special		Fin:	al				
	0	innerden Wardschof - Ander Kentlik (1999)	1			G Spe	cial			Remy in ,	
3. Account Infor	rmation				3. Acco	ount In	format	ion		FT:	
a. Financial Insti		Name						on Full Na	me	O G	
SCIPPIO FOR	EAST WAI	RD								T 29	
b. Purpose		c. Account Co	de		b. Purp	ose			c. /	Account Code	
RECEIPTS AN DISBURSEME		-	5824							0	
		d. Period Begi	n Balan	ce				d. Period Begin Balance			
		\$		2,018.02	]				\$		
Chapter 163 o	he Committe f the NC Ge	neral Statutes and	l that no	o funds are	commin	ngled w	vith pro	hibited or	othe	, 22B & 22D-22M of er non-disclosed by the NC State Board	
Julia A	A. Wall			121	Vall					10/27/2020	
	rinted Name	of Signer	-		ature of .	Appoint	ted Trea	surer		Date	
FOR OFFICE U	SEONLY										
Date Receiv				Emplo	yee: _			- C	No	ry Method ormal Mail	
Date Postma	Date Postmarked: En			Emplo	yee: _			-	<ul> <li>Registered Mail</li> <li>Hand Delivered</li> <li>Electronically Filed</li> </ul>		
Date Scanne	ed:			Emplo	yee:			-		,	
Date Data E	ntered:			Emplo	yee:			_ C		gner has not received indatory training	
	assi	m cannot be used stant treasurer, cu nend the Statemer	stodian	of books i	nformat	ion, or	accou	nt informa	tion.	e address, treasurer,	

Amendment **Yes** X No

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

1. Committee Full Name (and Fund if applicable) SCIPPIO FOR EAST WARD	2. Type of Rep 2020 Pre-Ele	the second se	3.	3. ID Number		
SCH HO FOR EAST WARD	2020 Fre-Ele					
Start of Election Cycle: January 1, 2020			al this ing Period		Total this ection Cycle	
4) Cash on Hand at Start		\$	2,018.02	\$	1,544.78	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	40.74	\$	90.74	
6) Contributions from Individuals	(CRO-1210)	\$	100.00	\$	3,082.21	
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	
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00	
1) 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	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$	140.74	\$	3,172.95	
EXPENDITURES						
3) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	42.00	\$	1,163.48	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	250.00	\$	250.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	45.49	\$	571.75	
5) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00	
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	166.47	\$	770.49	
7) In-Kind Contributions	(CRO-1510)	\$	40.74	\$	347.95	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$	544.70	\$	3,103.67	
(9) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	1,614.06	\$	1,614.06	
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	
(6) 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 <u>1</u> of

1

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

	e Full Name (and OR EAST WARD	Fund if applicable)			2. ID 1	Number	
3. Contribu	tor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/de	l/yyyy)	f. Amou	nt
Add Remove	5824	In-Kind	FOOD FOR VOLUNTEERS	10/02/202	20	\$	40.74
4. Total o	nly this Page				\$		\$40.74
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)							\$40.74
CRO-1205		N	C State Board of Elections				April 2007

## **Contributions from Individuals**

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

Amendment

ł	 • 14		• **	•	
Contraction of the local diversion of the loc	Ye	es		X	No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	2. ID Number		
SCIPPI	O FOR EAST W	ARD				Ι			
3. Cont	ributor Informati	on		Add 🗖 H	Remove				
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/Profession			d. Comments		
(inclu	ide city, state, & z	ip)		ENTERTAINMENT					
	ICK YOUNG			a Employar	's Name/Specific Field				
	245 HIGHLAND AVE					-			
SUITE 230-368 ATLANTA, GA 30307			SELF EMPLOYED			Election S	um to Date		
(314) 435-9088							100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)	)	k. Amou	nt	
	5824	Money Order			09/01/2020		\$	100.00	
							\$		
							\$		
4. Tot	al only this Pa	ge				\$		100.00	
Constant State	Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							100.00	

CRO-1210

NC State Board of Elections

April 2007

#### Disbursements

Pg <u>1</u> of <u>1</u> Yes

Amendment Yes X No

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

1. Committee F	ull Name (and Fund i	f applicable)						2. ID Num	ber
SCIPPIO FOR									
3. Type of Disb	ursement (Please	use separate CR(	D-1310 f	orms for each	h typ	e of Disbu	rseme	nt.)	
Operating Ex		ributions to Candidat				and the second se	And the rest of the local	ed Party Exp	penditures
4. Payee Inform	NAME OF TAXABLE PARTY.			Add 🔲	Ren	nove			
	ailing Address & Ph	one		b. Coordinate	d Co	mmittee N	ame	d. Comme	nts
FORSYTH CO NC	UNTY DEMOCRA	TIC PARTY		c. Level Regis		(Specify)	:		
				State		Municip	pality:	e. Election	Sum to Date
			ſ					\$	250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	narks
5824	Check	G	09	/18/2020	\$	250.00			
					\$				
5. Total only thi	is Page							\$	250.00
6. Total of ALL	CRO-1310 Pages								
(This line goes	in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	Summary Page CRO	0-1100 if	Contrib to Cana	lidate			\$	250.00
7. Purpose C	odes (List detailed	expenditure code	e in (h.) a	bove)					
A* - Media	B* - Printir			Indraising				her Candid	
				itical Party				<ul> <li>Manual Constraints and Annual Strength and Constraints</li> </ul>	fice Expenses
I - Postage O* Other	J - Penaltie	s	K* - O	ffice Expense	S	Q* - D	onati	on to Legal	Expense Fund
	re detailed explanatio	on in required ren	narks fi	eld(k)					
CRO-1310		NC S	State Boar	d of Elections					December 2009

### **Disbursements**

Pg <u>1</u> of <u>1</u> Yes

Amendment Yes X No

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

1. Committee Fi	ull Name (and Fund	f applicable)				2. ID Num	ber
SCIPPIO FOR	EAST WARD						
3. Type of Disbu	irsement (Please	use separate CR(	0-1310 forms for eac	h tvpe of Disbi	irseme	(nt.)	
Operating Exp	alulia (Indexed al al and All Indexed)		tes/Political Committees		EA DITAYOTTACOMINAN	ed Party Exp	enditures
4. Payee Inform	And the second		Add	Remove			
	ailing Address & Ph	one	b. Coordinate	d Committee N	lame	d. Commen	its
POST OFFICE 3320 SILAS CH STE 500			c. Level Regis	tered (Specify) County	<i>'</i> :		
WINSTON SAL	LEM, NC 27103-30	State	Munici	pality:	e. Election Sum to Date		
(800) 275-8777	,					\$	42.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
5824	Check	I	10/17/2020	\$ 42.00			
				\$			
5. Total only thi	is Page				n and a second	\$	42.00
6. Total of ALL	CRO-1310 Pages						
(This line goes	in line 13b of Detailed S	Summary Page CRO	-1100 if Operating Expe -1100 if Contrib to Cana -1100 if Coordinated Pa	lidates/Political		\$	42.00
7. Purpose C	odes (List detailed	expenditure code	in (h.) above)				
A* - Media	B* - Printir	Ig	C* - Fundraising	<b>D</b> - To	Anot	her Candida	ate
E - Salaries	F* - Equipm		G - Political Party				fice Expenses
I - Postage O* Other	J - Penaltie	S	K* - Office Expense	s Q* - I	Donatio	on to Legal	Expense Fund
* Codes requir	e detailed explanatio	n in required ren	narks field (k)				
CRO-1310		NC S	state Board of Elections				December 2009

# Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable) 2.							
SCIPPIO	FOR EAST WAR	D					
3. Payee In	formation						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy	yy) f. Am	ount	g. Required Remarks
Add Remov	e 5824	Electric Funds Tran	К	09/22/2020	\$	45.49	CHECKS
4. Total	only this Page				\$		45.49
CONSISTENCE OF GROUND ADDRESS OF	of ALL CRO-1 must be on line 14 o	315 Pages of Detailed Summary Pa	nge CRO-1100)		\$		45.49
6. Purpos	se Codes (List	detailed expenditu	re code in (d) a	ibove)			
		- Printing	C* - Funda		D - To Ar	nother Ca	ndidate
E - Sala	ries F*	- Equipment	G - Political	Party	H* - Hole	ding Pub	lic Office Expenses
I - Post	age J -	Penalties	K* - Office	Expenses	Q* - Don	ations to	Legal Expense Fund
0*-0	ther						
* Code	s require detai	iled explanation i	n required rea	marks field (g)			
CRO-1315	5	NC St	ate Board of Electic	ons			December 2009

Yes X No

Page \_\_\_\_\_ of \_\_\_\_

Amendment

					Amendm	ent
<b>Refunds/Reimbursements From the Committee</b>	Pg	1	of	2	<b>Yes</b>	D
Use this form to report refunds/reimbursements, including contributions a	eturi	ned to t	he c	ontributor	r	

<b>Refunds/Reimbursements Fre</b>	om the C	ommittee	Pg	of _	2 <b>Ves</b>	X No
Use this form to report refunds/reimbursemen	nts, including	contributions	returned to	the cont	ributor	
1. Committee Full Name (and Fund if applica	ible)				2. ID Number	
SCIPPIO FOR EAST WARD						
3. Payee Information		Add 🗖	Remove			
a. Full Name, Mailing Address & Phone		d. Type of C	ommittee		g. Comments	
(Include sites state ( sin)		Candidat		C		

a. Full Name, Mailing Address & Phone				d. Type of Committee g. Comments				
(include city, st	ate, & zi	ip)		Candidate	PAC			
ANNETTE SCIP	PIO			Referendum	Party			1.1.5.
3335 NEW WAI				e. Level Registe	Construction and an experimental and an experimental sector and the sector of the sect	h. C	riginal Re	
WINSTON SAL	EM, NO	27105		<ul><li>Federal</li><li>State</li></ul>	County: Municipality:		03/03/	/2020
(336) 529-1749				L State	Municipanty.	i. 0	riginal Re	ceipt Amount
						\$		100.69
1 1 1 17 41 /D - C-		- Freedowski	Name /Same / Car Fall	6 Dumora Cada		i. Election Sum to Date		
b. Job Title/Profes	sion	CITY OF WINS	Name/Specific Field	f. Purpose Code		J. E	ection Sun	
CITY COUNCIL		CITY OF WINS	TON	Р		\$		0.00
k. Account Code	I. Forn	1 of Payment	m. Required Remai	rks	n. Date (mm/dd/y	yyy)	o. Amount	t
5824	Check		FOOD/MEETING		09/07/2020		\$	100.69
3. Payee Informa	tion			Add 🗖 Re	emove			
a. Full Name, Mai		iress & Phone		d. Type of Com	mittee	g. C	comments	
(include city, st	ate, & z	ip)		Candidate	PAC			
ANNETTE SCIE	PIO			Referendum	Party			
3335 NEW WAI	KERT	OWN RD		e. Level Registe		h. C	)riginal Re	ceipt Date
WINSTON SAL	EM, NO	C 27105		Federal	County:		03/03	/2020
(336) 529-1749			State	Municipality:	1: 0	riginal Da	ceipt Amount	
					\$	fightal Re	4.25	
b. Job Title/Profes	LTM (D. C. L. England, New /Or 20, Bald		f. Purpose Code			lection Sun		
CITY COUNCIL						J. E	ettion Sun	
CIT I COUNCIL		CITI OF WINS		Р		\$		0.00
k. Account Code	l. Forn	n of Payment	m. Required Reman	rks	n. Date (mm/dd/y	ууу)	o. Amoun	t
5824	Check		FOOD/MEETING		09/07/2020		\$	4.25
3. Payee Informa	tion			Add 🔲 Re	emove			
a. Full Name, Mai	100003523463103001021020	dress & Phone		d. Type of Com	mittee	g. C	Comments	
(include city, st	ate, & z	ip)		Candidate	PAC			
ANNETTE SCII	PPIO			Referendum	Party			
3335 NEW WAI	LKERT	OWN RD		e. Level Registe		h. (	)riginal Re	-
WINSTON SAL	EM, NO	27105		Federal State	<ul><li>County:</li><li>Municipality:</li></ul>		03/03	/2020
(336) 529-1749					L Wundpanty.	i. 0	riginal Re	ceipt Amount
						\$	8	6.60
b. Job Title/Profes	sion	c Employer's	Name/Specific Field	f. Purpose Code	1	_	lection Sun	
CITY COUNCIL	3101	CITY OF WINS				3	central out	
CITTEOUNCIL				Р		\$		0.00
k. Account Code	l. Form	n of Payment	m. Required Rema	rks	n. Date (mm/dd/y	ууу)	o. Amoun	t
5824	Check		FOOD/MEETING		09/07/2020		\$	6.60
4. Total only this	Page					\$		111.54
5. Total of ALL C (This line must b)			ummary Page CRO-110	10)		\$		166.47
6. Purpose Co	des (List	detailed disbu	irsement code in (f) a	bove)				
L - Returned to	STATE OF A DECKER		- Overpayment for Se		N - Excee	ded (	Contibution	n Limit
P* - Reimburs	ement o	of In-Kine O*	Other					
* Codes requir	re detail	ed explanation	in required remark					July 2007
100 1220			NC State Ros	ard of Elections				IIIV 2007

#### Amendment **Refunds/Reimbursements From the Committee** Pg 2 of 2 **Ves** X 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 d. Type of Committee g. Comments PAC (include city, state, & zip) Candidate Referendum Party ANNETTE SCIPPIO e. Level Registered (Specify) h. Original Receipt Date 3335 NEW WALKERTOWN RD Federal County: WINSTON SALEM, NC 27105 02/23/2020 State Municipality:

(336) 529-1749

						i. 0	riginal Ro	eceipt Amount		
						\$		14.19		
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code		j. Election Sum to Date				
CITY COUNCIL		CITY OF WINSTON		Р		\$		0.00		
k. Account Code	l. Forn	of Payment	ent m. Required Remarks n. I		n. Date (mm/dd/y	yyy)	o. Amour	nt		
5824	Check		CAMPAIGN SUPPLIE	ES	09/07/2020 \$ 14.19					
3. Payee Informa	tion			Add 🗖 R	emove					
a. Full Name, Mai				d. Type of Committee			g. Comments			
(include city, st	tate, & zi	ip)		Candidate	PAC					
ANNETTE SCI	PPIO			Referendum	Referendum Party					
3335 NEW WALKERTOWN RD					. Level Registered (Specify)			h. Original Receipt Date		
WINSTON SAL (336) 529-1749	EM, NO	27105	□ Federal         □ County:         10/02/2020           □ State         □ Municipality:         10/02/2020				2/2020			
()							i. Original Receipt Amount			
						\$		40.74		
b. Job Title/Profession c. Employer's Name/Specific Fie				f. Purpose Code			j. Election Sum to Date			
CITY COUNCIL		CITY OF WINSTON		Р		\$		0.00		
k. Account Code	I. Forn	of Payment	m. Required Reman	'ks	n. Date (mm/dd/y	yyy)	o. Amour	ıt		
5824	Check		FOOD FOR VOLUNT	EERS	10/17/2020		\$	40.74		
4. Total only this	Page				\$		54.93			
5. Total of ALL C (This line must b)			0)		\$		166.47			
6. Purpose Coo	des (List	detailed disbu	rsement code in (f) al	bove)						
L - Returned to	Contrib	utor M -	· Overpayment for Se	rvice	N - Exceed	led C	Contibutio	n Limit		
P* - Reimburs	ement o	f In-Kine O*	Other							
	e detail	ed explanation	in required remarks	and the second se						
CRO-1320			NC State Boa	rd of Elections				July 2007		

### **In-Kind** Contributions

٩.,

Pg \_\_\_\_\_ of \_\_\_\_

Amendment Yes X 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 app	2. ID Number				
SCIPPIO FOR EAST WARD					
3. Contributor Information	Add Rem	ove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Aggregated Individual Contribution	b. Type of Contr Individual Candidate Party PAC	ibutor	c. Comments		
	Cher Receip	t Source	d. Election Sum to Date		0.00
e. Description	f	f. Date (mm/dd/yyyy) g. Fair		g. Fair M	arket Amount
FOOD FOR VOLUNTEERS		10/02/2020		\$	40.74
				\$	
				\$	
4. Total only this Page		\$		40.74	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Sum			\$		40.74
CRO-1510	NC State Board of Elections				December 2007