

# 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	7-18-2023
c. Committee Website (Optional)	f. Phone Number
	336 529-1749

## 2. Candidate Information

a. Full Name	e. Party Affiliation
Annette Y. Scippio	Democratic
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought
3335 New Walkertown Rd WINSTON-SALEM NC 27105	EAST WARD City Council
c. Phone Number	g. Next Election Year
336 529-1749	2024
d. Email Address	h. Jurisdiction
SCIPPIO4EASTWARD@gmail.com	EAST WARD
<input type="checkbox"/> Email copy of report notices	

## 3. Treasurer Information

a. Full Name	4. Assistant Treasurer Information
Annette Scippio	a. Full Name
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)
3335 New Walkertown Rd Winston-Salem NC 27105	
c. Phone Number	c. Phone Number
336 529-1749	
d. Email Address	d. Email Address
ayscippio@yahoo.com	
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## 5. Custodian of Books Information (Keeper of Records)

a. Full Name	6. Account Information (incl. CRO-3500)
	a. Financial Institution Full Name
b. Mailing Address (include City, State, and Zip Code)	MIF BANK
c. Phone Number	b. Account Code
	34EW
d. Email Address	c. Type
	Checking
<input type="checkbox"/> Email copy of report notices	

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.

Annette Scippio Printed Name of Treasurer Annette Scippio Signature of Appointed Treasurer 1/26/24 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 Scippio Printed Name of Candidate Annette Scippio Signature of Candidate 1/26/24 Date