

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

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name

SCIPPIO FOR EAST WARD

c. ID Number

b. Mailing Address (Include City, State and Zip Code)

3335 New Walkertown Road
Winston-Salem, NC 27105

d. Date Filed

07/08/2024

e. Phone Number

336 529 1749

2. Report Year

2024

3. Period Start Date (mm/dd/yy)

02/18/2024

4. Period End Date²
(mm/dd/yy)

06/30/2024

5. Treasurer Full Name

Annette Scippio

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
☐ Building 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

11. Account Information

a. Financial Institution Full Name

M&F Bank

b. Purpose

Campaign
Contribution
and
Expenses

c. Account Code

S4EW

d. Period Begin Balance

\$ 1774.80

11. 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 of Elections.

Annette Scippio

Printed Name of Signer

Annette Scippio

Signature of Appointed Treasurer

07/08/2024

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

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

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) SCIPPIO FOR EAST WARD		2. Type of Report 2 nd Quarter Report		3. ID Number	
Start of Election Cycle: January 1, <u>2023</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1774.80		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 475.00		\$ 475.00	
6) Contributions from Individuals (CRO-1210)		\$ 2025.00		\$ 13225	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 190.00		\$ 190	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2690.00		\$ 13890	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1583.07		\$ 11008.27	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 260.43		\$ 260.43	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 441.00		\$ 441.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2284.50		\$ 11709.70	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2180.30		\$ 2180.30	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

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)

SCIPPIO FOR EAST WARD

2. ID Number

3. Contributor Information

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	S4EW	check		02/27/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		02/27/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		02/27/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		02/27/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		02/27/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		03/12/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		03/12/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		03/12/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		03/12/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		04/04/2024	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	S4EW	check		04/04/2024	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					

4. Total only this Page

\$ 475.00

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$ 475.00

Contributions from Individuals

Pg 1 of 4

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mr. J. Griffin Morgan 121 Cascade Ave Winston Salem NC 27127			attorney			
			c. Employer's Name/Specific Field			
			EMP Law PLLC			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	S4EW	Check		02/27/2024		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mr. Johnny Brown 1815 Chestnut Drive High Point NC 27262			Entrepreneur			
			c. Employer's Name/Specific Field			
			self-employed			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	S4EW	Check		02/27/2024		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dr. James Branch 224 Town Run Lane Winston-Salem NC 27101			ophthomologist			
			c. Employer's Name/Specific Field			
			self-employed			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	S4EW	check		02/27/2024		\$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages					\$ 2025.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 4

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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ms. Martha Martinat 120 Sherwood Forest Road Winston Salem NC 27104			Retired Volunteer			
			c. Employer's Name/Specific Field			
			unemployed			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	S4EW	Check		02/27/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dr. James Hash 6621 Village Brook Trail Clemmons NC 27012			Senior Pastor			
			c. Employer's Name/Specific Field			
			St. Peter's World Outreach Cen			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	S4EW	Check		02/27/2024		\$ 500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mrs. Flonnie Anderson 550 Kinard Drive Winston-Salem, NC 27101			Retired Educator			
			c. Employer's Name/Specific Field			
			unemployed			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	SAEW	Check		02/27/2024		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
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)					\$ 2025.00	

Contributions from Individuals

Pg Mrs.3 of 4

Amendment		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mrs. Jacquelin Bradley 4526 Cedar Wood Dr. Lilburn GA 30047			retired Insurance Executive			
			c. Employer's Name/Specific Field			
			unemployed			
					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	
<input type="checkbox"/>	S4EW	Check		03/11/2024	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mr. and Mrs. Melvin Witherspoon 8223 Pine Oak Road Waxhaw NC 28173			retired farmer			
			c. Employer's Name/Specific Field			
			unemployed			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	S4EW	Check		03/11/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dr. Deborah McCullough 5307 East 61 st Ave Hobart Ind 46342			retired Physician			
			c. Employer's Name/Specific Field			
			unemployed			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SAEW	Check		03/11/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2025.00	

Contributions from Individuals

Pg 4 of 4

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mr. George Spears 3750 Diamond Hill Rd Winston-Salem, NC 27105			Businessman			
			c. Employer's Name/Specific Field			
			Self-employed			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	S4EW	Money Orde		03/11/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mr. Herman Glover 4400 Sharonridge Drive North Chesterfield VA 23236			Military Officer			
			c. Employer's Name/Specific Field			
			unemployed			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	S4EW	check		04/04/2024	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Ms. Saundra Johnson 32 Longspur Drive Wilmington DE19808			Senior Advisor			
			c. Employer's Name/Specific Field			
			State of Delaware			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	SAEW	Check		04/12/2024	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2025.00	

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

Page 1 of 1

☐ Yes ☒ No

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

[illegible]

\$260.43

\$260.43

(This line must be on line 14 of Detailed Summary Page CRO-1100)

E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund

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

Disbursements

Pg 1 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	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) deluxe bus products M&F Bank 2634 Durham Chapel Hill Blvd Durham, NC 27707			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 99.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
S4EW	draft	k	02/22/2024	\$99.76	checks	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Office Depot 1235 Silas Creek Pkwy Winston-Salem, NC 27127			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 399.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
S4EW	debit card	K	02/29/2024	\$58.81	labels	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Subway 1030 S. Main St Kernersville NC 27284			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 179.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
s4ew	debit card	O	03/05/2024	\$179.50	pollworker food	
				\$		
5. Total only this Page					\$ 338.07	
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)					\$ 1583.07	
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 2 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	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Ms. Madysun Williams 1138 Twin Oaks Drive Winston-Salem NC 27105						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	
s4ew	cash	E	03/05/2024	\$100.00	poll worker	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Ms. Jasmy Johnson 3530 Prospect Drive Winston Salem NC 27105						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	
s4ew	cash	E	03/05/2024	\$100.00	poll worker	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Mr. Marshall McDuffie 2404 Kingsgate Dr Winston-Salem NC 27101						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		e. Election Sum to Date	
					\$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
s4ew	cash	k	03/05/2024	\$60.00	gas	
				\$		
5. Total only this Page					\$ 260.00	
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)					\$ 1583.07	
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 3 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	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Jaydan Gause-Hughes 3530 Prospect Drive Winston-Salem NC 27105						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	
s4ew	cash	E	03/05/2024	\$100.00	poll worker	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Mr. Booker James 3530 Prospect Drive Winston-Salem NC 27105						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	
s4ew	cash	E	03/05/2024	\$100.00	poll worker	
				\$		
4. Payee Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Mr. William Hairston 110 Cool Springs Rd Winston-Salem, NC 27107						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
s4ew	cash	E	03/05/2024	\$60.00	poll worker	
				\$		
5. Total only this Page					\$ 260.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1583.07	
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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Ms. Priscilla Jackson 1310 Tammy Drive Kernersville NC 27284						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> 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	
S4EW	cash	E	03/05/2024	\$300.00	poll worker supervisor	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
City of Winston-Salem City Clerk Office 101 N. Main Street Winston-Salem, NC 27101						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 425.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
S4EW	check	O	05/17/2024	\$425.00	Sponsor EW Teacher Appreci	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
S4EW				\$		
				\$		
5. Total only this Page					\$ 725.00	
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)					\$ 1583.07	
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)						

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
SCIPPIO FOR EAST WARD					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Annette Scippio 3335 New Walkertown Road Winston-Salem, NC 27105			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			h. Original Expenditure Date		
					i. Original Expenditure Amt
					\$ 1200.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				pollworkers	
				j. Election Sum to Date	
				\$ 1010.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
S4EW	cash			03/11/2024	\$ 190.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			h. Original Expenditure Date		
					i. Original Expenditure Amt
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				j. Election Sum to Date	
				\$	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 190.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 190.00