Disclosure Repo	ort Cover				Amendment Yes No			
Use this form for general	al report and committee inf	formation, must be	signed and sub	mitted along with				
Do not use this form to update information								
1. Committee Informa a. Full Name	non				TD N. 1			
SCIPPIO FOR EAST V	WARD				c. ID Number			
b. Mailing Address (include					d. Date Filed			
3335 New Walkertown Road Winston-Salem, NC 27105								
					e. Phone Number			
					336 529 1749			
2. Report Year 3.	Period Start Date (mm/dd/	yy) 4. Period (mm/dd/yy)	End Date?	5. Treasurer Fu	ill Name			
2024	02/18/2024	06/3	30/2024	Annette Scippio				
6. Type of Committee		9. Type of Report	(check on	v one type of repo	ort from one category)			
Candidate Campaign	= -	Municipal	State/Co	ounty	Referendum			
PAC Independent	Referendum	Organizationa		Organizational	Organizational			
Expenditure	Joint Fundraiser	Thirty-five day	y C	Quarterly	Pre-referendum			
Legal Expense Fund 7. Type of Fund	f applicable, check one)	Pre-primary		First	First 100 a			
"Booster Fund"		Pre-election		Second	Final Supplemental Final			
Building Fund		Pre-runoff		Third	Annual			
		Semi-annual		Fourth	Special Special			
		Mid Year		Semi-annual				
Other:	[Year End		Mid Year	10. Special Report Name			
8. Number of Fundrals	ore this Depart	Final Special		Year End 'inal				
22 200 1100 1000 1000 1000 1000 1000 10		Special		mai pecial	* * *			
11: Account Information	on'			nformation				
a. Financial Institution Full	10 10 10 10 10 10 10 10 10 10 10 10 10 1		a. Financial Instit	The state of the s	<u>, </u>			
M&F Bank								
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
Campaign	S4EW	-						
Contribution and	2 Desiral Desira Delener							
Expenses	d. Period Begin Balance				d. Period Begin Balance			
- Appended	\$ 1774.80				\$			
CERTIFICATION								
the NC General Statutes	ttee or Fund is in complian and that no funds are com rect and that I have been tr	mingled with proh	ibited or other n	on-disclosed fund	3, & 22D-22M of Chapter 163 of s. I further certify that this report			
Annette Scippio	0	any	celle De	upped	07/08/2024			
	rinted Name of Signer	Si	gnature of Appointe	d Treasurer	Date			
FOR OFFICE USE ONL	Y				Deliver Mathed			
Date Received:		Employee:	r		Delivery Method Normal Mail			
Date Postmarked:		Employee:			Registered Mail			
	The state of the s			-	Hand Delivered Electronically Filed			
Date Scanned: Employee: Employee: Signer has not received								
Date Data Entered:		Employee:			mandatory training			
	rm cannot be used to amen custodian ou ou must amend the Stateme	of books informati	on, or account in	nformation.	ress, treasurer, assistant treasurer,			

Amendment

Amendment \boxtimes Yes No

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

		3. ID Number
A second		
2023	Total this Reporting Period	Total this Election Cycle
	\$ 1774.80	\$ 0
(CRO-1205)	\$ 475.00	\$ 475.00
(CRO-1210)	\$ 2025.00	\$ 13225
(CRO-1220)	\$ 0	\$ 0
(CRO-1230)	\$ 0	\$ 0
(CRO-1410)	\$ O	\$ 0
(CRO-1240)	\$ 190.00	\$ 190
anten recommende et eller and		
(CRO-1250)	\$ 0	\$ 0
(CRO-1250)	\$ 0	\$ 0
(CRO-1250)	\$ 0	\$ 0
(CRO-1270)	\$ 0	\$ 0
(CRO-1265)	\$ 0	\$ 0
and 11e)	\$ 2690.00	\$ 13890
(CRO-1310)	\$ 1583.07	\$ 11008.27
(CRO-1310)	\$ O	\$ 0
(CRO-1310)	\$ 0	\$ 0
(CRO-1315)	\$ 260.43	\$ 260.43
(CRO-1420)	\$ 0	\$ 0
(CRO-1320)	\$ 0	\$ 0
(CRO-1510)	\$ 441.00	\$ 441.00
and 17)	\$ 2284.50	\$ 11709.70
ine 18)	\$ 2180.30	\$ 2180.30
THE PLANT		
(CRO-1330)	\$ 0	
(CRO-1430)	\$ 0	The Barrier State
(CRO-1610)	\$ 0	F. F. T. T. 18
(CRO-1620)	\$ 0	INDUSTRALIA
(CRO-1720)	\$ 0	
(CRO-1710)	\$ 0	\$ 0
(CRO-1440)	\$ 0	\$ 0
(CRO-1440) (CRO-2220)	\$ 0 \$ 0	\$ 0 \$ 0
	(CRO-1205) (CRO-1210) (CRO-1220) (CRO-1230) (CRO-1230) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1310)	CRO-1205 \$ 475.00 (CRO-1210) \$ 2025.00 (CRO-1220) \$ 0 (CRO-1230) \$ 0 (CRO-1240) \$ 190.00 (CRO-1250) \$ 0 (CRO-1250) \$ 0 (CRO-1250) \$ 0 (CRO-1265) \$ 0 (CRO-1265) \$ 0 (CRO-1310) \$ 1583.07 (CRO-1310) \$ 1583.07 (CRO-1310) \$ 0 (C

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

mendment		
Yes	\boxtimes	No

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

	ommittee Full P PPIO FOR EAS		nd if applicable)		AK.	2, ID	Numbe	T.
3. Co	intributor Info			Maria Maria		21 1.43	1 2 2	
a. Am	end	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amo	unt
	Add	S4EW	check		02/27/2		\$	50.00
井	Remove				02/27/2	021	Ψ	
H	Add Remove	S4EW	check		02/27/2	024	\$	50.00
+	Add							
H	Remove	S4EW	check		02/27/2	024	\$	25,00
	Add	G 47777						
	Remove	S4EW	check		02/27/2	024	\$	25.00
	Add	CATANI	aha al-		00/05/0	004		F0.00
	Remove	S4EW	check		02/27/2	024	\$	50.00
	Add	S4EW	check		03/12/2	024	\$	50.00
Щ	Remove	54511	CHOCK		03/12/2	024	Ф	30.00
	Add	S4EW	check		03/12/2	024	\$	50.00
H	Remove Add				03/12/2		Ψ	
H	Remove	S4EW	check		03/12/2	024	\$	50.00
H	Add							
Ħ	Remove	S4EW	check		03/12/2	024 \$	\$	25.00
	Add							
	Remove	S4EW	check		03/12/2	024	\$	25.00
	Add	CAENY	-11-		0.1/0.1/2	004		2.5.00
	Remove	S4EW	check		04/04/20)24	\$	25.00
	Add	S4EW	check		04/04/20	024	•	50.00
Ц_	Remove	54277	CIRCR		04/04/20	JZ4	\$	30.00
Н-	Add						\$	
 	Remove						<u> </u>	
	Add Remove	_					\$	
H	Add							
H	Remove	-					\$	
П	Add							
	Remove						\$	
	Add							
	Remove						\$	
	Add						\$	
	Remove						Ф	
Н	Add						\$	
	Remove						Ψ	
H	Add Remove						\$	
H	Add							
\dashv	Remove						\$	
Ħ	Add							
	Remove						\$	
4. To	tal only this	Page		1		\$	475.00	,
	otal of ALL		Pages					
(This	(This line must be on line 5 of Detailed Summary Page CRO-1100) \$ 475.00							,

Use this	form to report ind	lividual contributions	over \$5	0 or contribu	tions und	er \$50 if form C	RO 1205 is	not used	
1. Comn	nittee Full Name	(and Fund if applica	ible)			R. W. Market	- 2. ID N	umber	
SCIPPIC	FOR EAST WA	RD							
3. Contr	ibutor Informati	ion, de la company		Add []. Re	move		A STATE OF	R. L. P.
	me, Mailing Address	& Phone		b. Job Title/		CONTRACTOR OF THE PROPERTY OF	d. Comme	ents	180 g 180 r
	city, state, & zip)			attorney					
	iffin Morgan						_		
121 Caso	ade Ave Salem NC 27127			c. Employer		ecific Field			
WINSTON	Salem NC 2/12/			EMP Law	PLLC		a Floation	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Descriptio	n	j. Date (mm/dd/	уууу)	k. Amount	
	S4EW	Check				02/27/	2024	\$	250.00
								\$	
								\$	
3. Contr	ibutor Informati	on. LEXING		Add 🐃 🗌	Rei	nove -		Ditte (APD) al	CM1. S. J
	ne, Mailing Address	& Phone		b. Job Title/			d. Comme	ents	
	city, state, & zip)			Entrepren	eur				
	ny Brown estnut Drive			. P 1	BT 163	100 700 7.3			
	nt NC 27262			c. Employer's		ecific Field	-		
Ingn I of	III IVC 27202			sen-empi	yea		e Election	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	n	j. Date (mm/dd/y	ууу)	k. Amount	
	S4EW	Check				02/27/	2024	\$	250.00
								\$	
								\$	
		on '	OF BELLEVILLE	Add " [Rei	nove 🛷 🔭	" Land " Land		
	ne, Mailing Address	& Phone		b. Job Title/I			d. Comme	nts	
	city, state, & zip)			ophthomo	logist				
Dr. James	n Run Lane			c. Employer's	w Mana - /C	2.02 - YES - P.B			
	Salem NC 27101			self-emplo		echic pietu	-		
· · · · · · · · · · · · · · · · · · ·	2,101			Son ompic	y ou		e. Election	Sum to Date	
							· ·	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	,	j. Date (mm/dd/y	\$	150.00 k. Amount	
	S4EW	check					,		150.00
	STLW	CICCK	-			02/27/2	2024	\$	150.00
								\$	
								\$	
	only this Pag				外行政		\$		650.00
5. Total	of ALL CRO	-1210 Pages	13 19 19		10 kg		d		2025.00
A Chie line	must be on line 6 of	Detailed Summary Page C	RO_1100		Sa Jan	War to the	\$		2025.00

Contributions from Individuals

Amendment

Yes 🔀

No

		m Individuals lividual contributions	over \$5	P			Amendme Ye	
		(and Fund if applica						Mr. Say
	FOR EAST WA			and the second of the second	and the second of the second of the second	The Control of the Co		the stands of the
3. Conti	ributor Informati	ón 🤫 🖰 🖂	1 1	Add R	emove.	4.4	Land Williams	
a. Full Na	me, Mailing Address	The State of States		b. Job Title/Profession	and the section of the first terms	d. Comme	ents	The many of the same
	e city, state, & zip)			Retired Volunteer	r			
	tha Martinat							
	rwood Forest Road Salem NC 27104			c. Employer's Name/S	Specific Field	4		
WILLSTOIL	Salem NC 27104			unemployed		a Flaction	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	S4EW	Check			02/27/2	2024	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on of Maria	W 🗖 :	Add 🗔 Re	emove -			
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	nts	
	city, state, & zip)			Senior Pastor				
Dr. Jame				70 7 7 77	Y 100 TO V.			
	lage Brook Trail ns NC 27012			c. Employer's Name/S St. Peter's World				
	115110 27012			St. 1 ctc1 s Wolld	Outreach Cen	e. Election	Sum to Date	
			_			\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	S4EW	Check			02/27/2	2024	\$	500.00
							\$	
							\$	
	ibutor Informati	The state of the s	4	Add Re	And harries in a side			
	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comme	nts	
	city, state, & zip) nnie Anderson			Retired Educator				
550 Kina				c. Employer's Name/S	Inacidia Eigld			
	-Salem,NC 27101			unemployed	pecine rieiu	-		
				anompioyou		e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y)	/ yy)	k. Amount	
	SAEW	Check		-	02/27/2		\$	100.00
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

700.00

2025,00

\$

\$

							-	
Contr	ibutions fro	m Individuals		1	Pg Mrs.3	of 4	Amendmen Yes	
		ividual contributions	over \$50		-			, 23 1
		(and Fund if applica					umber!	(2-b) (1)
SCIPPIC	FOR EAST WA	RD						
3. Contr	ibutor Informati	on ·		Add T	Remove			
a. Full Na	me, Mailing Address	& Phone	2 faces a final of	b. Job Title/Professi	A	d. Comm	ents	<u> </u>
	city, state, & zip)		•	retired Insurance	Executive			
	quelin Bradley			-				
	dar Wood Dr. GA 30047			c. Employer's Name	/Specific Field			
	JA 30047			unemployed		a Floation	n Sum to Date	
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	S4EW	Check			03/11/	/2024	\$	75.00
							\$	
							\$	
	ibutor Informatio	a frame productive region to propagate before the left from the first first for the first first for the first first for the first first first for the first first first for the first firs		Add R	temove 🛌 🎺 🖖		Addition !	
	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commo	ents	
	city, state, & zip) Mrs. Melvin Witho	arcnoon	7	retired farmer				
	e Oak Road	erspoon		c. Employer's Name/	Specific Field			
	NC 28173			umemployed	Specific Pieta			
				p.oj.ca		e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/	уууу)	k. Amount	
	S4EW	Check			03/11/	2024	\$	100.00
							\$	
							\$	
	ibutor Informatic	District Control of the Control of t		Add - R	emové 💉 🔭 🕆	45		
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			retired Physician				
5307 Eas	rah McCullough			c. Employer's Name/	C 101 - 171 - 1 . 1	-		
Hobart In				unemployed	Specific Fleia	-		
110011111	105-12			unemployed		e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	vvv)	k. Amount	
	SAEW	Check		•	03/11/		\$	100.00
							\$	
							e	

4. Total only this Page

275.00

2025.00

\$

\$

		m Individuals			Pg <u>4</u> of	4	Amendmei Yes	F-3
		lividual contributions (and Fund if applications)						
			me).			2. ID N	ımber	
	FOR EAST WA							
- 22 Att. 1074 1074 1	ibutor Informati	the same of the same and the same and the		Add []. R	the Control of the Control			
	ne, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	ents	
	city, state, & zip)			Businesman				
	rge Spears mond Hill Rd			- 7211-NI	JC)			
	Salem, NC 2710	5		c. Employer's Name. Self-employed	Specific Field			
WILDIOI	5410111, 140 2710.	,		Sch-employed		e. Election	Sum to Date	
f. Prior	g. Account Code	h Forms of Donners and	4 T- 177	- 1 Th		\$	100.00	
		h. Form of Payment	I, III-KI	nd Description	j. Date (mm/dd/y)		k. Amount	
	S4EW	Money Orde			03/11/2	2024	\$	100.00
							\$	
							\$	
3. Contri	butor Informati	on S	* N	Add S R	emove	an merky	State See N	. All and the second
	ne, Mailing Address	party to the transport of the party of the transport of t		b. Job Title/Profession	and a section the section and the section of the se	d. Comme	nts	
	city, state, & zip)			Military Officer				
	nan Glover							
	ronridge Drive			c. Employer's Name/	Specific Field	12		
North Ch	esterfield VA 232	236		unemployed				
						e. Election	Sum to Date	
	,					\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yy	уу)	k. Amount	
	S4EW	check			04/04/2	024	\$	200.00
							\$	
							\$	
3. Contri	butor Informatio	one was the	ADS	Add R	emove	. 4.4	Ang 2	
	e, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)			Senior Advisor				
	dra Johnson							
32 Longs	on DE19808		+	c. Employer's Name/				
wmmigt	OII DE 13000			State of Delaware	2	a Floatian	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i In Vi	ad Danielada	A Dear Con Olive	\$	100.00	
[]			L III-KI	nd Description	j. Date (mm/dd/yy		k. Amount	
	SAEW	Check			04/12/20	024	\$	100.00
							\$	
		and the state of t					\$	
	only this Pag	the state of the s	A A A			\$		400.00
h Same	of ALL CRO	-1210 Pages Detailed Summary Page C	20			\$		2025.00

Amendment

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

1 1 | Amendment | Page ___of __ | Yes ☑ No

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

1: Committee Full Name (and Fund if applicable)										
S	SCIPPIO FOR EAST WARD									
3. Payee Information										
в. А		b. Account Code	c. Form of Payment	d. Purpose Code -	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks			
	Add Remove	S4EW	Debit Card	К	03/05/2024	\$ 11.04	Tote bags			
	Add Remove	S4EW	Debit Card	K	03/05/2024	\$ 14.71	Tote Bags			
	Add Remove	S4EW	Debit Card	0	03/05/2024	\$ 44.68	Gas			
	Add Remove	S4EW	Cash	E	03/05/2024	\$ 50.00	Poll Worker			
	Add Remove	S4EW	Cash	E	03/05/2024	\$ 40.00	Poll Worker			
	Add Remove	S4EW	Cash	К	03/15/2024	\$ 20.00	Storage Tub			
	Add Remove	S4EW	Cash	К	03/16/2024	\$ 30.00	Meeting refreshments			
	Add Remove	S4EW	Cash	E	03/16/2024	\$ 50.00	Packer			
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
	Add Remove					\$				
		nly this Page		ne in en one		\$260.43				
5. '	Total o	f ALL CRO-1				\$260.43				
	The second second	The second secon	Detailed Summary Page detailed expendit		above)	The state of the s				
20.		B* -	Printing	C* - Fundra	ising D - To	Another Candida	te			
Ţ	- Postag	e J-Po	Equipment enalties	G - Political K* - Office	Party H*-I Expenses Q* - I	Iolding Public Of Donations to Lega	fice Expenses I Expense Fund			
	* - Oth	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			3 00 1 7 2 3					
- Pr	* Codes require detailed explanation in required remarks field (g)									

T5.1.1				Amendment	
Disbursements	Pg	<u>1</u>	of <u>4</u>	Yes	\boxtimes

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

1. Committee I	full Name (and Fun	d if applicable)	And Table Sand	Lan My a State	2. ID Number	
2 To senial	and mailing they are seen	e en er grande fan fan fan				
Operating E	vnenses Plea		CRO-1310 forms for each Indidates/Political Committees			
	nation		Add Add	Remove	ordinated Party Expenditures	
	ing Address & Phone		b. Coordinated Committee N	2	d. Comments	
(include city, state,			bi Coordinated Committee 14	ante	u. Comments	
deluxe bus prod						
M&F Bank	14045		c. Level Registered (Specify)		-	
	Chapel Hill Blvd		Federal	County:	-	
Durham, NC 27			State	Municipality:	e. Election Sum to Date	
	707		State	Municipanty:	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	
0.4					checks	
S4EW	draft	k	02/22/2024	\$99.76	CHECKS	
				dr.		
To the same of the				\$		
4. Payee Inform	nation		Add	Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments	
(include city, state,	& zip)					
Office Depot						
1235 Silas Cree	•		c. Level Registered (Specify)			
Winston-Salem,	, NC 27127		Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
					e 200.24	
		r = =			\$ 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 Inform	ration:		Add	Remove 3		
	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,	•				a comments	
Subway			1			
1030 S. Main St	ŀ		c. Level Registered (Specify)			
Kernersville NC			Federal	County:		
1101101011101110	/ L / L 0 1		State	Municipality:	e. Election Sum to Date	
			Butte	Muncipanty.	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	
		_		J. Pontoun	pollworker food	
s4ew	debit card	O	03/05/2024	\$179.50	ponworker rood	
				\$		
5. Total only thi		A Section to the			\$ 338.07	
			TO THE STATE OF THE STATE OF	W. A. L. Will		
	line 13a of Detailed Sum				f 1592.07	
			o if Contrib to Candidates/Politice		\$ 1583.07	
) if Coordinated Party Expenditus	es)		
			(h) above) * *			
A* - Media	B* - Printing	C* - Fund		D - To Anothe		
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses						
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	to Legal Expense Fund	
Mark Committee and	detailed explanati	on in required re	emarks field (k)			

No

Disbursements			
Disbursements	Pg	2	of 4

Amendment \boxtimes 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 F	ull Name (and Fun	d if applicable) 🕍	and the same of th		2. ID Number			
3. Type of Dish	rsement (Plea	iso uso sonarato C	RO-1310 forms for each t	me of Dichurgem	ent)			
Operating E			didates/Political Committees		ordinated Party Expenditures			
			Add					
	ng Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Coordinated Committee Na	21.11.11.11.11.11.11.11.11.11.11.11.11.1	d. Comments			
(include city, state,								
Ms. Madysun W								
1138 Twin Oak			c. Level Registered (Specify)					
Winston-Salem NC 27105			Federal	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 100.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	k. Required Remarks				
			1		poll worker			
s4ew	cash	E	03/05/2024	\$100.00	pon women			
				\$				
4. Payee Inform	ation **		Add	Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments			
(include city, state,	& zip)							
Ms. Jasmyn Joh	nson							
3530 Prospect D	Prive		c. Level Registered (Specify)					
Winston Salem			Federal	County:	The Alexander State of the Stat			
		State	Municipality:	e. Election Sum to Date				
				1 7				
					\$ 100.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
s4ew	cash	Е	03/05/2024	\$100.00	poll worker			
			05/05/2021	\$100.00				
				\$				
A Daves Inform	ation 3		Add					
			b. Coordinated Committee Na	the state of the s	d. Comments			
	ng Address & Phone		o, Coordinated Committee 14a	INC	a. Comments			
(include city, state, of Mr. Marshall M								
			c. Level Registered (Specify)					
2404 Kingsgate Winston-Salem				Owner				
winston-satem	NC 2/101		Federal	County:				
			State 🔀	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			
II II DOGGIO COGGO	g. r or and an and an and			J. Zillount				
s4ew	cash	k	03/05/2024	\$60.00	gas			
				\$				
5. Total only thi	s Page		Marie Marie Contract		\$ 260.00			
			Contract of the second	Mark Mar				
	line 13a of Detailed Sum			CALL AMERICALY	4 1502.07			
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$\\$1583.07\$								
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditus	res)				
7. Purpose Code	s (List detailed ex	oenditure code in (h) above) 🐪 🛴					
A* - Media	A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
E - Salaries	F* - Equipment				Public Office Expenses			
I - Postage	J - Penalties	K* - Offic	e Expenses	Q* - Donation	n to Legal Expense Fund			
O* - Other	* Codes require detailed explanation in required remarks field (k)							

				Amer	ıdment	
Disbursements	Pg	3	of <u>4</u>		Yes	\boxtimes

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 Fun	d if applicable)			2. ID Number
o m enti	1 18 (6)				
			RO-1310 forms for each t		
Operating E			ndidates/Political Committees		ordinated Party Expenditures
	nation	inita e L		Remove "	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Jaydan Gause-H	_				
3530 Prospect I			c. Level Registered (Specify)		
Winston-Salem NC 27105			Federal	County:	
			State 🔀	Municipality:	e. Election Sum to Date
					\$ 100.00
				-11	\$ 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
STCW	Casii	L	03/03/2024	\$100.00	
				6	
				\$	
4. Payee Inform	ation		Add	Remove F & N	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Mr. Booker Jam	ies				
3530 Prospect I	Drive		c. Level Registered (Specify)		
Winston-Salem	NC 27105		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
				1 ,	
					\$ 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
5.077	CLIST		03/03/2024	\$100,00	
				\$	
4. Payee Inform	ation		Add		A STATE OF THE STA
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,					
Mr. William Ha					
110 Cool Spring	gs Rd		c. Level Registered (Specify)		
Winston-Salem,	NC 27107		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (/44(1 4	
1. Account Code	g. rorm of rayment	THE POST COME	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
s4ew	cash	E	03/05/2024	\$60.00	poll worker
				\$	
				Φ	
	s Page			a 18 de anna	\$ 260.00
			Planta Print Branch	THE SE IN	
			0 if Operating Expenses)		\$ 1583.07
		-	0 if Contrib to Candidates/Politic		. 2555.5.
the second secon	FPT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT-CT) if Coordinated Party Expenditu		
	s * (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	
I - Postage					Public Office Expenses
O* - Other	J - Feliannes	K OIII	te expenses	A Douador	n to Legal Expense Fund
* Codes vomi	detailed evulance			ALTER STATE	

No

				Amendment	
Disbursements	Pg	4 of	E 4	Yes	No No
		_			and a second sec

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

		d if applicable)			2. ID Number		
SCIPPIO FOR							
3. Type of Disb	A CONTRACTOR OF THE PARTY OF TH		CRO-1310 forms for each t				
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Inform			Add // Company	Remove			
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
Ms. Priscilla Ja							
1310 Tammy D			c. Level Registered (Specify)				
Kernersville No	C 27284		Federal	County:			
			State 🖂	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		
	g. 1 oran or 1 mj mono		a Date (min du 3333)	J. Zanount	poll worker		
S4EW	cash	E	03/05/2024	\$300.00	supervisor		
				\$			
4. Payee Inform	ration		Add 🔲	Remove			
	ng Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,			Dr Door Milliand Constitution 2 11	*****	or Comments		
City of Winston			-				
City Clerk Office			c. Level Registered (Specify)				
101 N. Main St			Federal	County:			
Winston-Salem			State	-	e. Election Sum to Date		
Winston-Satem	, NC 27101		State	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	О	05/17/2024 \$425.00		Sponsor EW		
			03/17/2024	Ψ123.00	Teacher Appreci		
				\$			
4. Payee Inform	ation		'Add'	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)				
			Federal	County:			
			State 🔀	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				\$			
				6			
		and the same through the same		\$			
	is Page				\$ 725.00		
	CRO-1310 Pages			A WOOD OF SERVICE			
	line 13a of Detailed Sun			4.00	\$ 1583.07		
			o if Contrib to Candidates/Politic				
) if Coordinated Party Expenditu				
			(h.) above) 💘 🛴 🔭	ALTONOON TO DO A TO DO			
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses							
I - Postage	F* - Equipment J - Penalties		ea Expenses		rubuc Office Expenses n to Legal Expense Fund		
O* - Other	o - i climines	K - Om	о пурсияся	A - Dollation	1 to regat rybense Land		
* Codes requir	o detailed a vilerati		marks field (In)				

Refunds/Reimbursements To the Committee P_{g} $\underline{1}$ of $\underline{1}$ Amendment \underline{P}_{g} \underline{N}_{o} \underline{N}_{o}

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

1. Committee Full	l Name (a	nd Fund if appl	icable)			TAKE .	2. ID Numbe	r	I They are by the truly
SCIPPIO FOR EAST WARD									
3. Contributor In	formation			Add		Remove		NVA.	
a. Full Name, Mailing				d. Typ	e of Con			g. C	omments
(include city, state, & zip)				Candid	ate	PAC			
Annette Scippio				Referen	ndum 🔲	Party			
3335 New Walkertown Road			e. Leve	el Regist	ered (Specify)		h. C	riginal Expenditure Date	
Winston-Salem, NC 27105				Federal		County:		03/05/2024	
			ш	State	\square	Municipality:			
								i. O	riginal Expenditure Amt
								\$	1200.00
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	f. Purp				j. El	ection Sum to Date
				pollv	vorkers			\$	1010.00
k. Account Code	l. Form of	Payment Payment	m, In-Kind Descrip	tion		n. Date (mm/c	ld/yyyy)		o. Amount
S4EW	cash					0:	3/11/2024		\$ 190.00
3. Contributor In	formation	De State Company		-Add		~ Remove	-49-95 N		
a. Full Name, Mailing	Address &	Phone		d. Type	e of Con	ımittee		g. C	omments
(include city, state,	& zip)				Candid	ate 🔲	PAC		
					Referen	ıdum 🔲	Party		
				e. Leve		ered (Specify)		h. O	riginal Expenditure Date
					Federal	닏	County:		
				Ш_	State		Municipality:	1.0	
				i. Original Expenditure			riginal Expenditure Amt		
							\$		
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	f. Purp	ose			j. El	ection Sum to Date
								\$	
k. Account Code	l. Form of	Payment	m. In-Kind Descrip	tion		n. Date (mm/d	d/yyyy)		o. Amount
									\$
3. Centributor In	ormation			Add		Remove	200 1		
a. Full Name, Mailing					of Com			g. C	omments
(include city, state, &	& zip)				Candida		PAC		
					Referen	dum	Party		
				e. Leve	l Registe	red (Specify)		h. O	riginal Expenditure Date
					Federal		County:		
					State		Municipality:		
								i. Or	iginal Expenditure Amt
								\$	
b. Job Title/Profession		c. Employer's Name	e/Specific Field	f. Purp	ose			j. El	ection Sum to Date
								\$	
k. Account Code	l. Form of	Payment	m. In-Kind Descript	tion		n. Date (mm/d	d/yyyy)		o. Amount
									\$
4. Total only this l								\$	190.00
5. Total of ALL C			- CROLIBO			The state of the s		\$	190.00