## **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. SYTH CUUNTA

| 1. Committee In                     | formation  |  |                     | Desired to the second      |         | OF BUELER                                   |                              |  |  |  |
|-------------------------------------|--|--|---------------------|----------------------------|---------|---|------------------------------|--|--|--|
| a. Full Name                        | ioi matron   |  |                     |                            |         |   |                              | c. ID Number                               |  |  |
| SCIPPIO FOR                         | EASTMADD   | ###################################### | 7171 JAN -5 PM 3:51 |                            |         |   |                              | C. III Namber                              |  |  |
| SCIPPIO FOR I                       | EASI WARD  |  |                     |                            |         | 5 111 0                                     |                              |  |  |  |
| b. Mailing Addre                    | ss (include Cit  | ty, State and Zip                      | Code)               |                            | 1       | FIVE  |                              | d. Date Filed                              |  |  |
| 3335 NEW WA                         | LKERTOWN   | I RD                                   |                     |                            | Carlo   | / Lan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ,                            | 12/30/2020                                 |  |  |
| WINSTON SA                          | LEM, NC 271  | 105                                    | - (                 | Amen                       | ded     |   |                              |  |  |  |
|                                     |  |  | - (                 | Amen                       |         |   |                              | e. Phone Number                            |  |  |
|                                     |  |  | 1                   | (                          |         |   |                              | (336) 529-1749                             |  |  |
| 2. Report Year                      | 3. Period Star   | t Date (mm/dd/s                        | (v)                 | 4 Period                   | End Da  | te (mm/dd/yy)                               | 5 Treasur                    | er Full Name                               |  |  |
| 2020                                |  |  |                     |                            |         |   | IIII W                       |  |  |  |
|                                     | - Maranina   | 7/01/2020                              |                     |                            | 10/17/2 | 2020  | JOBET W                      | 100  |  |  |
| 6. Type of Comn                     |  |  |                     | e of Report                | t (ci   |   |                              | ort from one category)                     |  |  |
| X Candidate Cam                     | _  | -                                      | Munic               |                            |         | State/County                                |                              | Referendum                                 |  |  |
| Joint Fundraise                     |  |  |                     | Organizatio                |         | Organizati                                  | onal                         | Organizational                             |  |  |
| Referendum                          |  | gal Expense Fund                       |                     | Thirty-five                |         | Quarterly                                   |                              | Pre-referendum                             |  |  |
| 7. Type of Fund  "Booster Fund      |  | le, check one)                         |                     | Pre-primary                |         | First                                       | •                            | Final                                      |  |  |
| Building Fund                       |  |  | X                   | Pre-election<br>Pre-runoff | 1       | Secon                                       | d                            | Supplemental Final                         |  |  |
| Presidential Ei                     | action Voor Con  | didatas Fund                           |                     | Semi-annua                 | 1       | Third Fourt                                 |                              | Annual Special                             |  |  |
| NC Public Carr                      |  |  | П                   | Mid Ye                     | •       | Semi-annu                                   |                              | - Special                                  |  |  |
| The Fabric Carl                     | ipaign i maneme  | , rund                                 |                     | Year E                     |         | Mid Y                                       |                              | 10. Special Report Name                    |  |  |
| Other:                              |  |  | 片                   | Final                      | 10      | Year  |                              | 10. Special Report Name                    |  |  |
| 8. Number of Fu                     | ndraisers this   | Report                                 | lii                 | Special                    |         | Final                                       | J.1.4                        |  |  |  |
| Or Produced Or Pur                  | 0  | Report                                 |                     | - <u>F</u>                 |         | Special                                     |                              |  |  |  |
|                                     | Manager William III  |  |                     |                            |         |   |                              |  |  |  |
| 3. Account Infor a. Financial Insti | Contract of the latest statement of the latest stateme | m o                                    |                     |                            |         | ount Informa                                |                              |  |  |  |
|                                     |  |  |                     |                            | a. rina | HCINI HISTITUT                              | OU FUIL (SAII)               | e .  |  |  |
| SCIPPIO FOR I                       | CASI WARD  |  |                     |                            |         |   |                              |  |  |  |
| b. Purpose                          |  | c. Account Cod                         | e                   |                            | b. Pur  | ose   |                              | c. Account Code                            |  |  |
| RECEIPTS AN                         | D  | 5                                      | 824                 |                            |         |   |                              |  |  |  |
| DISBURSEME                          | NTS  |  |                     |                            |         |   |                              |  |  |  |
|                                     |  | d. Period Begin                        | Balan               | ice                        |         |   | d. Period Begin Balance      |  |  |  |
|                                     |  | \$                                     |                     | 2,018.02                   |         |   |                              | \$   |  |  |
| CERTIFICATIO                        | N  |  |                     |                            |         |   |                              |  |  |  |
|                                     |  | or Fund is in co                       | malian              | ce with all a              | nnlical | ale provisions                              | of Article 2                 | 2A, 22B & 22D-22M of                       |  |  |
| -                                   |  |  | _                   |                            |         | -   |                              | ther non-disclosed                         |  |  |
| _                                   |  |  |                     |                            |         |   |                              | ed by the NC State Board                   |  |  |
| 142.55. 1141                        |  | repere is ee.                          |                     | , ,,,,,,                   |         |   |                              |  |  |  |
| Julia                               | a A Wall   |  |                     |                            | QAL     | Vall  |                              | 12/30/2020                                 |  |  |
|                                     | inted Name of S  | igner                                  | •                   | Sign                       | afwe of | Appointed Tre                               | asurer                       | Date                                       |  |  |
| FOR OFFICE US                       | SEONLY   |  |                     |                            |         |   |                              |  |  |  |
| Date Receive                        | .d. 1  | 15/2021                                |                     | Emplo                      | vaa.    | 15  | Del                          | ivery Method                               |  |  |
| Date Receive                        | zu   | 10100.                                 | _                   | спрю                       | ycc     | -CD   |                              | Normal Mail                                |  |  |
| Date Postma                         | rked:  |  |                     | Emplo                      | vee:    |   |                              | Registered Mail                            |  |  |
| Date i obtizzi                      |  |  | _                   | 21.4.0                     | ,       |   | _ <u>I</u>                   | Hand Delivered                             |  |  |
| Date Scanne                         | d:   |  |                     | Emplo                      | yee:    |   | _                            | Electronically Filed                       |  |  |
|                                     | _  |  |                     |                            |         |   |                              | Signer has not received                    |  |  |
| Date Data Er                        | itered:  | <del></del>                            | _                   | Emplo                      | yee: .  |   |                              | Signer has not received mandatory training |  |  |
| 101 - 241 -                         |  | . 4                                    |                     |                            |         |   | 1                            | · .  |  |  |
| riease Not                          |  | annot be used t<br>nt treasurer, cus   |                     |                            |         |   |                              | ittee address, treasurer,                  |  |  |
|                                     | 45515121   | OU DECASIDED, CHS                      |                     | i vii iiddena l            |         |   | THE BUILD BUILD AND A STREET | 241.                                       |  |  |

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 Pre-Election Total this Total this 2020 Start of Election Cycle: January 1, **Election Cycle** Reporting Period 4) Cash on Hand at Start 2,018.02 1,544.78 RECEIPTS (CRO-1205) 0.00 5) Aggregated Contributions from Individuals 50.00 \$ (CRO-1210) \$ 6) Contributions from Individuals 100.00 3,082.21 \$ \$ (CRO-1220) 0.00 0.00 7) Contributions from Political Party Committees 8) Contributions from Other Political Committees (CRO-1230) \$ 0.00 \$ 0.00 \$ 9) Loan Proceeds (CRO-1410) \$ 0.00 0.00 (CRO-1240) \$ 0) Refunds/Reimbursements to the Committee \$ 0.00 0.00 1) Other Receipt Sources (CRO-1250) \$ 11a) Interest on Bank Accounts 0.00 0.00 \$ (CRO-1250) 11b) Contributions from Not-For-Profit Organizations \$ 0.00 0.00 (CRO-1250) \$ 0.00 \$ 0.00 11c) Outside Sources of Income (CRO-1270) \$ \$ 11d) Legal Expense Fund - Other Sources 0.00 0.00 (CRO-1265) \$ 0.00 11e) Exempt Purchase Price Sales \$ 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 100.00 3,132.21 **EXPENDITURES** 3) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 42.00 1,163.48 \$ \$ (CRO-1310) 13b) Contributions to Candidates/Political Committees 250.00 250.00 \$ (CRO-1310) \$ 13c) Coordinated Party Expenditures 0.00 0.00 (CRO-1315) \$ \$ 4) Aggregated Non-Media Expenditures 45.49 571.75 (CRO-1420) \$ \$ 5) Loan Repayments 0.00 0.00 (CRO-1320) \$ \$ 6) Refunds/Reimbursements from the Committee 770.49 166.47 \$ 307.21 7) In-Kind Contributions (CRO-1510) \$ 0.00 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 503.96 3,062.93 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ \$ 1,614.06 1,614.06 ADDITIONAL INFORMATION (CRO-1330) \$ 0.00 20) Non-Monetary Gifts Given to Other Committees (CRO-1430) 0.00 21) Outstanding Loans (incl. ones from other campaigns) \$ 0.00 (CRO-1610) 22) Debts and Obligations owed by the Committee 0.00 (CRO-1620) \$ 23) Debts and Obligations owed to the Committee 0.00 24) Account Transfers Within the Committee (CRO-1720) (CRO-1710) \$ 0.00 \$ 0.00 25) Administrative Support \$ 0.00 (CRO-1440) 0.00 26) Forgiven Loans 0.00 (CRO-2220) 0.00 \$ 27) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

(CRO-1215)

40.74

\$

|                  |                      | om Individuals                     |                |                  | 1<br>nder \$50  |                | 1205 | Amendme Ves is not use | No No      |
|------------------|----------------------|------------------------------------|----------------|------------------|-----------------|----------------|------|------------------------|------------|
| 1. Com           | mittee Full Name     | (and Fund if applicab              | le)            |                  | a <sup>74</sup> |                | 2.   | ID Number              | - Mg       |
| SCIPP            | IO FOR EAST W        | /ARD                               |                |                  |                 |                |      |                        |            |
|                  | ributor Informati    |                                    | · . · · / · D  | Add 🔲 Re         | move            | i in           |      |                        |            |
| h.               | Name, Mailing Ad     |                                    | -              | b. Job Title/Pi  | ofession        | + 3° · *       | d.   | Comments               | γ ,        |
| (incli           | ide city, state, & z | ip)                                |                | ENTERTAIN        | MENT            |                |      |                        |            |
| DARR             | ICK YOUNG            |                                    |                |                  |                 |                | _    |                        |            |
| 245 HIGHLAND AVE |                      |                                    |                | c. Employer's    | Name/Sp         | 4              |      |                        |            |
|                  | 230-368              |                                    |                | SELF EMPL        | OYED            |                |      | M 41 O.:               | 4. 'D'-4-  |
|                  | NTA, GA 30307        |                                    |                |                  |                 |                | е.   | Dection Su             | m to Date  |
| (314) 4          | 35-9088              |                                    |                |                  |                 |                | \$   |                        | 100.00     |
| f. Prior         | g. Account Code      | h. Form of Payment                 | i. In-Kind Des | cription         | j. Date         | (mm/dd/yyyy    | )    | k. Amoun               | t "        |
|                  | 5824                 | Money Order                        |                | •                | 0               | 9/01/2020      |      | \$                     | 100.00     |
|                  |                      |                                    |                |                  |                 |                |      | \$                     |            |
|                  |                      |                                    |                |                  |                 |                | ·    | \$                     |            |
| 4. Tot           | al only this Pa      | ge was a second                    |                | e ze z           |                 |                | \$   |                        | 100.00     |
|                  |                      | O-1210 Pages 6 of Detailed Summary | Page CRO-1100) |                  |                 | and the second | \$   | _                      | 100.00     |
| CRO-1            | 210                  |                                    | NC State Bo    | ard of Elections |                 |                |      |                        | April 2007 |

| Dispursen               | ients                     |  |                     |  | Pg             | of             | 1             |  | X No   |
|-------------------------|---------------------------|--|---------------------|--|----------------|----------------|---------------|--|--|
|                         | report expenditures       |  | e for o             | perating expen   | ses,           | contributi     | ons to        | candidate/po                             | litical  |
| -                       | coordinated party ex      |  |                     |  |                |                |               |  |  |
|                         | ull Name (and Fund i      | f applicable)  | 4                   | S TO  |                | غو به<br>غو به |               | 2. ID Numbe                              | P. S.  |
| SCIPPIO FOR             | EAST WARD                 |  |                     |  |                |                |               |  |  |
| 3 Type of Dish          | irsement (Please          | use senarate CRC   | 1310                | forms for each   | . frin         | e of Dishu     | rsomo         | nf )                                     |  |
| Operating Ex            |                           | ibutions to Candidat   |                     |  | 1772           |                |               | ed Party Expen                           | ditures  |
| 4. Payee Inform         |                           | A CONTRACTOR OF THE RESERVE OF THE R |                     | Add ↓□   | Ren            | nove           | "" y . giin " | *  |  |
| a. Full Name, Ma        | ailing Address & Ph       | one ·  |                     | b. Coordinate  | d Co           | mmittee N      | ıme           | d. Comments                              |  |
| (include city, sta      | ite, & zip)               |  |                     |  |                |                |               |  |  |
| FORSYTH CO              | UNTY DEMOCRA              | TIC PARTY  |                     |  |                |                |               |  |  |
| 1128 BURKE S            | ST                        |  |                     | c. Level Regist  | tere           |                |               |  |  |
| WINSTON SALEM, NC 27101 |                           |  |                     | ☐ Federal  |                | County:        |               |  |  |
| (336) 724-5941          |                           |  |                     | ☐ State  |                | ☐ Municip      | ality:        | e. Election Su                           | m to Date  |
|                         |                           |  |                     |  |                |                |               | \$                                       | 250.00   |
| f. Account Code         | g. Form of Payment        | h. Purpose Code  | i. Date             | (mm/dd/yyyy)   | j. A           | mount          | k. Re         | quired Remar                             | ks   |
| 5824                    | Check                     | G  | 0                   | 9/18/2020  | \$             | 250.00         |               |  |  |
|                         |                           |  |                     | _  | \$             |                |               |  |  |
| 5. Total only thi       | s Page                    | na villand and second  | F                   | A STATE OF THE STA |                |                |               | \$                                       | 250.00   |
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| (This line goes i       | n line 13a of Detailed S  | Summary Page CRO   | -1100 if            | Operating Expe   | nses)          | ·              |               | \$                                       | 250.00   |
|                         | n line 13b of Detailed S  |  |                     |  |                | s/Political C  | omm)          | <b>.</b>                                 | 230.00   |
| (This line goes i       | in line 13c of Detailed S | ummary Page CRO-   | 1100 if             | Coordinated Par  | rty Ex         | (penditures    |               |  |  |
| 7. Purpose Co           | odes (List detailed       | expenditure code   | in (h.)             | above)   |                |                | 90 A          | 7 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| A* - Media              | B* - Printin              | ~  | . resistant the met | undraising   | **             |                |               | ner Candidate                            |  |
| E - Salaries            | F* - Equipm               |  |                     | litical Party  |                |                | ~~ ~~ ~~ ~~   | Public Offic                             | CANCEL OF THE PROPERTY OF THE PARTY OF THE P |
| I - Postage             | J - Penaltie              | S  | K* - C              | Office Expenses  | 3              | Q* - D         | onatio        | n to Legal Ex                            | pense Fund   |
| O* Other                |                           |  |                     | 2 1 2 Mar. N. 17   |                | Jul 8          |               |  |  |
|                         | e detailed explanatio     |  |                     |  |                |                |               |  | . 'e   |
| CRO-1310                |                           | NC S   | tate Boa            | ard of Elections   |                |                |               | п  | ecember 2009   |

Amendment

|                              |  |  |               |                        |                 |                   |             | Amend   | ment   |
|------------------------------|--|--|---------------|------------------------|-----------------|-------------------|-------------|---|--|
| Disbursem                    | ents   |  |               |                        | Pg              | $\underline{}$ of | 1           | Yes   | No 🔀 No  |
| Use this form to             | report expenditures  | from the committe  | e for o       | perating expen         | ıses,           | contribution      | ons to      | candidate/                                    | political  |
| committees and               | coordinated party ex   | penditures_  |               |                        |                 |                   |             |   |  |
| 1. Committee Fu              | ıll Name (and Fund i   | f applicable)  | , is , 5      | Walter Street, Company |                 |                   | 9 . * :     | 2. ID Num                                     | ber .  |
| SCIPPIO FOR                  | EAST WARD  |  |               |                        |                 |                   |             |   |  |
| 2 Tymo of Diales             | rsement (Please)   | uca canarata CRA   | .7310         | forms for and          | e trin          | a of Dichy        | PC A HH O   | nt)   |  |
| X Operating Exp              |  | ibutions to Candidat   |               |                        |                 |                   |             | ed Party Exp                                  | S  |
| 4. Payee Inform              |  | A  |               |                        | Don             |                   |             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         |  |
|                              | ailing Address & Pho   |  | بات           | b. Coordinate          |                 | 5 10 10 11 11     | am o        |   | e te   |
| (include city, sta           | -  | one  | ,             | b. Coolumate           | 400             | mmittêë iv        | 11110       | u. Commer                                     |  |
|                              | te, & zip)   |  | *             |                        |                 |                   |             |   |  |
| POST OFFICE<br>3320 SILAS CR | EEV DVWV   |  |               | ć. Level Regis         | terec           | (Specify)         |             |   |  |
| STE 500                      | CER FRW I  |  |               | ☐ Federal              |                 | County:           |             |   |  |
|                              | LEM, NC 27103-30   | 25   |               | ☐ State                |                 | Municip           | ality:      | e. Dection                                    | Sum to Date  |
| (800) 275-8777               | BBN, 140 27105-50  | 25   |               | -                      |                 |                   | -           | <b>6</b>                                      | 40.00  |
| (000) 411 4717               |  |  |               | _                      |                 |                   |             | \$  | 42.00  |
| f. Account Code              | g. Form of Payment   | h. Purpose Code  | i. Date       | (mm/dd/yyyy)           | j. A            | mount 5           | k. Re       | quired Rem                                    | arks   |
| 5824                         | Check  | I  | 10            | 0/17/2020              | \$              | 42.00             |             |   |  |
| ;                            |  |  |               | •                      | \$              |                   |             |   |  |
| 5. Total only thi            | s Page   | ST TO THE ST THE | in the second |                        | ت<br>را ه<br>را | 9 9 0 0 5 6 E     |             | \$  | 42.00  |
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| The same of the contract     | n line 13a of Detailed S   |  | 1100 is       | Onerating Expe         | nses)           |                   |             |   | 40.00  |
| ,                            | n line 13b of Detailed S   |  | -             |                        |                 | s/Political C     | omm)        | \$  | 42.00  |
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| 7. Purpose Co                | odes (List detäiled  | expenditure code   | in (h.)       | above) .               | . (A            | Land Land         | 7 4 7 A     |   | on a second of the second of t |
| A* - Media                   | B* - Printin   | g  | C* - F        | undraising             |                 | <b>D</b> - To     | Anotl       | ner Candida                                   | ite  |
| E - Salaries                 | .F* - Equipm   |  | r-            | litical Party          |                 |                   |             | The supplemental and the same hand            | fice Expenses  |
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|                              | e detailed explanatio  |  |               |                        |                 | a " ** *          | A T         | , , <u>, , , , , , , , , , , , , , , , , </u> |  |
| CRO-1310                     |  | NC S   | ate Bo        | ard of Elections       |                 |                   |             |   | December 2009  |

| 4 137 35 34 34  |           |      |             |     | Am   | endmo       | ent   |                      |
|---|-----------|------|-------------|-----|--|-------------|---|----------------------|
| Aggregated Non-Media Expenditures                                       | Page _    | _1_  | of <u> </u> | _ L |  | Yes         | X   | No                   |
| Optional form used to report NC Non-Media Expenditures of \$50 or less. |           |      |             |     | ,  |             |   |                      |
| Committee Will Name (and Rund if applicable)                            | · 1984年高級 | D#ID | Nime        |     | e de la companya de l | SOF SOF AND | 666 (A) | <b>39</b> 5595959595 |

| Optional ic       | in used to repo  | ort inc mon-integra              | . Expenditures o | A \$50 or less.      |        |                                 |                     |  |  |
|-------------------|------------------|----------------------------------|------------------|----------------------|--------|---------------------------------|---------------------|--|--|
| 1. Committe       | ee Full Name (an | d Fund if applicable)            |                  | SWINDS TO BE         | 2.1D   | Number                          |                     |  |  |
| SCIPPIO F         | OR EAST WAR      | D                                |                  |                      |        |                                 |                     |  |  |
| 3. Payee Inf      | formation        |                                  |                  | - T- T- M            |        |                                 |                     |  |  |
|                   | b. Account Code  | c. Form of Payment               | d. Purpose Code  | e. Date (mm/dd/yyyy) | f. Am  | ount                            | g. Required Remarks |  |  |
| ☐ Add<br>☐ Remove | 5824             | Electric Funds Tran              | K                | 09/22/2020           | \$     | 45.49                           | CHECKS              |  |  |
| 4. Total o        | nly this Page    | <b>6</b>                         |                  | *                    | \$     |                                 | 45.49               |  |  |
|                   | f ALL CRO-1      | 315 Pages  f Detailed Summary Pa | ige CRO-1100)    | ,                    | \$     |                                 | 45.49               |  |  |
| 6. Purpos         | e Codesi (Lista  | detailed expenditu               | re code in (d) a | above)               |        | WEY ST                          |                     |  |  |
|                   |                  | - Printing                       |                  | raising 🖟 🦈 D -      | To An  | other Car                       |                     |  |  |
| E - Salar         | ies F*           | - Equipment                      | G - Political    | Party H*             | Hold   | -Holding Public Office Expenses |                     |  |  |
| I - Posta         | ge J-            | Penalties                        | K* - Office      | Expenses Q*          | - Dona | ations to                       | Legal Expense Fund  |  |  |
| O* - Ot           | her 💮            | 名或基础的 的信息                        | 1                |                      |        |                                 |                     |  |  |
| * Codes           | require detai    | iled explanation in              | n required rer   | narks field (g)      |        |                                 |                     |  |  |

CRO-1315

NC State Board of Elections

December 2009

| Pofunds/Po                     | imbu              | rcomonfe                              | From the Co          | mmittaa -                | 1 -  | ,                        | Amendment  |  |
|--------------------------------|-------------------|---------------------------------------|----------------------|--------------------------|--|--------------------------|--|--|
|                                |                   |                                       |                      |                          |  |                          | Yes X No   |  |
|                                |                   |                                       | ements, including co | ontributions retu        | med to the contrib   |                          |  |  |
| 1. Committee Full              |                   |                                       | pircable)            | - 3 - 4                  | <u> </u>   | 4.1                      | D Number   |  |
| SCIPPIO FOR EA                 | ASI W.            | AKD                                   |                      |                          |  |                          |  |  |
| 3. Payee Informat              |                   |                                       |                      |                          | move   |                          |  |  |
| a. Full Name, Mail             | _                 |                                       |                      | d. Type of Comm          |  | g. C                     | omments  |  |
| (include city, sta             |                   | p)                                    |                      | Candidate                | PAC  |                          |  |  |
| ANNETTE SCIP                   |                   |                                       |                      | Referendum               | Party  |                          |  |  |
| 3335 NEW WAL                   |                   |                                       |                      | e. Level Registe Federal | County:  | n, c                     | original Receipt Date  |  |
| WINSTON SALE<br>(336) 529-1749 | im, nc            | 27105                                 |                      | State                    | Municipality:  |                          | 03/03/2020   |  |
|                                |                   |                                       |                      |                          |  | -                        | riginal Receipt Amount   |  |
|                                |                   | T                                     |                      | <u> </u>                 |  | \$                       | 100.69   |  |
| b. Job Title/Profess           | ilon              |                                       | Name/Specific Field  | f. Purpose Code          | · <u>-</u>   | j. Đ                     | ection Sum to Date   |  |
| CITY COUNCIL CITY OF WINSTON   |                   |                                       | TON                  | P                        |  | \$                       | 0.00   |  |
| k. Account Code                | I. Form           | of Payment                            | m. Required Remai    | ks                       | n. Date (mm/dd/y   | ууу)                     | o. Amount  |  |
| 5824                           | Check             |                                       | FOOD/MEETING         |                          | 09/07/2020   |                          | \$ 100.69  |  |
| 3. Payee Informat              | ion               | * * * * * * * * * * * * * * * * * * * |                      | Add □ Re                 | move   |                          |  |  |
| a. Full Name, Mail             | ing Add           | ress & Phone                          |                      | d. Type of Comm          |  |                          | omments  |  |
| (include city, sta             | te, & zi          | p)                                    |                      | Candidate                | PAC  |                          |  |  |
| ANNETTE SCIP                   | PIO               |                                       |                      | Referendum               | ☐ Party  |                          |  |  |
| 3335 NEW WAL                   | KERTO             | OWN RD                                |                      | e. Level Registe         |  | h. C                     | riginal Receipt Date   |  |
| WINSTON SALEM, NC 27105        |                   |                                       |                      | Federal                  | County:  |                          | 03/03/2020   |  |
| (336) 529-1749                 |                   |                                       |                      | ☐ State                  | Municipality:  | . 0                      | riginal Receipt Amount   |  |
|                                |                   |                                       |                      |                          |  | \$                       | <del></del>  |  |
| b. Job Title/Profess           | lon               | la Yawalawania N                      | Name/Specific Field  | f. Purpose Code          |  |                          | 4.25   |  |
| CITY COUNCIL                   | 1011              | CITY OF WINST                         | TON                  |                          | <u> </u>   | <u> </u>                 | ection Sum to Date   |  |
| CITT COUNCIL                   |                   | CITT OF WINST                         |                      | P                        |  | \$                       | 0.00   |  |
| k. Account Code                | l. Form           | of Payment                            | m. Required Remai    | ks                       | n. Date (mm/dd/y   | ууу)                     | o. Amount  |  |
| 5824                           | Check             |                                       | FOOD/MEETING         |                          | 09/07/2020   |                          | \$ 4.25  |  |
| 3. Payee Informati             | ion               | A                                     |                      | Add 🔲 Re                 | move   |                          |  |  |
| a. Full Name, Mail             | ing Add           | ress & Phone                          |                      | d. Type of Comn          | nittee   | g. Comments              |  |  |
| (include city, sta             | te, & zi          | p)                                    |                      | Candidate                | PAC  |                          |  |  |
| ANNETTE SCIP                   | PIO               |                                       |                      | Referendum               | ☐ Party  | ╙                        |  |  |
| 3335 NEW WAL                   | KERTO             | OWN RD                                |                      | e. Level Registe         |  | h. Original Receipt Date |  |  |
| WINSTON SALE<br>(336) 529-1749 | EM, NC            | 27105                                 |                      | Federal State            | County: Municipality:  |                          | 03/03/2020   |  |
| (000) 020 17 10                |                   |                                       |                      |                          | •  | i. O                     | riginal Receipt Amount   |  |
|                                |                   |                                       |                      |                          |  | \$                       | 6.60   |  |
| b. Job Title/Profess           | ion               | c. Employer's N                       | Name/Specific Field  | f. Purpose Code          |  | j. El                    | ection Sum to Date   |  |
| CITY COUNCIL                   |                   | CITY OF WINST                         | TON                  | P                        |  | \$                       | 0.00   |  |
| k. Account Code                | l. Form           | of Payment                            | m. Required Remai    | ks                       | n. Date (mm/dd/y   | ууу)                     | o. Amount  |  |
| 5824                           | Check             |                                       | FOOD/MEETING         |                          | 09/07/2020   |                          | \$ 6.60  |  |
| 4. Total only this             | Page              |                                       |                      | -;                       | <u>.</u>   | \$                       | 111,54   |  |
| 5. Total of ALL C              | RO-132            |                                       | mmary Page CRO-110   | <u>.</u><br>οί           | and the state of t | \$                       | 166.47   |  |
|                                |                   |                                       | sement code in (f) a | <del></del>              |  | Ь                        | and the second of the second   |  |
| L - Returned to                |                   |                                       | Overpayment for Se   |                          | N - Exceed   | led C                    | Contibution Limit  |  |
| P* - Reimburse                 | ment of           | In-Kine O* (                          | Other                |                          |  |                          | The state of the s |  |
| 'adec remire                   | ilietoji <i>e</i> | d explanation i                       | n required remarks   | tield (m)                |  |                          | and the second s |  |

| n e i m                                   |           | 4 .             | FS 47 69              | •                             |                       |            | Amendment                |  |  |
|---|-----------|-----------------|-----------------------|-------------------------------|-----------------------|------------|--------------------------|--|--|
|   |           |                 | From the Co           | _                             |                       | _          | Yes X No                 |  |  |
|   | _         |                 | ements, including co  | ntributions retur             | ned to the contrib    |            |                          |  |  |
| 1. Committee Full                         |           |                 | olicable)             |                               |                       | 2, 1       | D Number                 |  |  |
| SCIPPIO FOR EA                            | AST W     | ARD             |                       |                               |                       |            |                          |  |  |
| 3. Payec Informat                         | ion       |                 |                       | Add   Re                      | move                  |            |                          |  |  |
| a. Full Name, Mail                        | -         |                 |                       | d. Type of Comm               |                       | g. C       | omments                  |  |  |
| (include city, sta                        | te, & zi  | p)              |                       | ☐ Candidate                   | PAC                   |            |                          |  |  |
| ANNETTE SCIP                              | PIO       |                 |                       | ☐ Referendum                  | ☐ Party               | <u> </u>   |                          |  |  |
| 3335 NEW WAL                              | KERTO     | OWN RD          |                       | e. Level Register             |                       | ь. С       | riginal Receipt Date     |  |  |
| WINSTON SALEM, NC 27105<br>(336) 529-1749 |           |                 | Federal State         | County: Municipality:         |                       | 02/23/2020 |                          |  |  |
|   |           |                 |                       | [                             | -                     | i. 0       | riginal Receipt Amount   |  |  |
|   |           |                 |                       |                               |                       | \$         | 14.19                    |  |  |
| b. Job Title/Profess                      | ion       | c. Employer's N | lame/Specific Field   | f. Purpose Code               |                       | j. Đ       | ection Sum to Date       |  |  |
| CITY COUNCIL                              |           | CITY OF WINST   | МО                    | P                             |                       | \$         | 0.00                     |  |  |
| k. Account Code                           | l. Form   | of Payment      | m. Required Remar     | ks                            | n. Date (mm/dd/y      | ууў)       | o. Amount                |  |  |
| 5824                                      | Check     |                 | CAMPAIGN SUPPLIE      | S                             | 09/07/2020            |            | \$ 14.19                 |  |  |
| 3. Payee Informat                         | ion       |                 |                       | Add 🔲 Rei                     | move                  |            |                          |  |  |
| a. Full Name, Mail                        | ing Add   | ress & Phone    | -                     | d. Type of Committee          |                       |            | omments                  |  |  |
| (include city, sta                        | ite, & zi | p) .            |                       | Candidate                     | ☐ PAC                 |            |                          |  |  |
| ANNETTE SCIP                              | PIO       |                 |                       | Referendum                    | Party                 |            |                          |  |  |
| 3335 NEW WAL                              | KERTO     | OWN RD          |                       | e. Level Registered (Specify) |                       |            | h. Original Receipt Date |  |  |
| WINSTON SALI<br>(336) 529-1749            | EM, NC    | 27105           |                       | Federal State                 | County: Municipality: | 10/02/2020 |                          |  |  |
| (000) 01/ 1/ 1/                           |           |                 |                       |                               |                       | i. 0       | riginal Receipt Amount   |  |  |
|   |           |                 |                       |                               |                       | \$         | 40.74                    |  |  |
| b. Job Title/Profess                      | ilon      | c. Employer's N | lame/Specific Field   | f. Purpose Code               |                       | j. E       | ection Sum to Date       |  |  |
| CITY COUNCIL                              |           | CITY OF WINST   | ON                    | P                             |                       | \$ 0.00    |                          |  |  |
| k. Account Code                           | l. Form   | of Payment      | m. Required Remar     | ks                            | n. Date (mm/dd/y      | ууу)       | o. Amount                |  |  |
| 5824                                      | Check     |                 | FOOD FOR VOLUNT       | EERS                          | 10/17/2020            |            | \$ 40.74                 |  |  |
| 4. Total only this                        | Page      |                 | <del>: _</del>        |                               |                       | \$         | 54.93                    |  |  |
| 5. Total of ALL C                         | RO-132    | 0 Pages         | mmary Page CRO-110    | 0)                            |                       | \$         | 166.47                   |  |  |
|   |           |                 | sement code in (f) al |                               |                       | 3 7        |                          |  |  |
| L-Returned to                             |           |                 | Overpayment for Se    |                               | N - Exceed            | led C      | Contibution Limit        |  |  |
| P* - Reimburse                            |           |                 | Other                 | * *                           | i                     |            |                          |  |  |
|   |           |                 | n required remarks    | field (m)                     | 9 -                   | - 57       |                          |  |  |
| CRO-1320                                  |           |                 |                       | rd of Elections               |                       |            | July 2007                |  |  |

CRO-1320

| Contributions to be Reimburse Use this form to report Contributions under \$1                                    |              |                       | 1        |               | 1_   | Amendm<br>Yes | ent No   |  |  |
|--|--------------|-----------------------|----------|---------------|--|---------------|--|--|--|
| Refunds must be disclosed on the Refunds/Re  | imhursem     | ents Form <i>(C</i> T | ueu wiii | 100 / Cl      | ays.   |               |  |  |  |
| 1. Committee Full Name   | Middison     | citta roim(Cr         | 10-1320  | ).            | 2. II  | D Number      | , ,  |  |  |
| SCIPPIO FOR EAST WARD  |              |                       |          |               |  |               | <del>-</del> - · · ·   |  |  |
| 3. Contributor Information   |              | Add   Re              | move     | is            | - <del></del>                                      | · "¶)         | - In the Control of t |  |  |
| Full Name & Mailing Address of the Payee Full Name & Mailing Ad  |              |                       |          |               | ress of the Reimbursee<br>mpaign check is written) |               |  |  |  |
| ANNETTE SCIPPIO 3335 NEW WALKERTOWN RD WINSTON SALEM, NC 27105  WINSTON SALEM, NC 27105  WINSTON SALEM, NC 27105 |              |                       |          |               |  |               |  |  |  |
| a. Contribution Description  | b. Date (    | mm/dd/yyyy)           | c. Cred  | it Card       | I Y/N  | d. Amoun      | ıt·  |  |  |
| FOOD FOR VOLUNTEERS  | 10/02/2020 N |                       |          |               | \$   | 40.74         |  |  |  |
| 4. Total only this Page  |              | ,                     | e.       |               | \$   | ·             | 40.74  |  |  |
| 5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Pag                               | ge CRO-110   | 0):                   | ·        | · · · · · · · | \$   |               | 40.74  |  |  |
| CRO-1215 NC State Board of Ele   | ections      |                       |          |               |  | Γ             | ecember 2007   |  |  |