| Disclosure R                          | eport Cover                     |                         |                      |                 |                                      | Amendment  |
|---------------------------------------|---------------------------------|-------------------------|----------------------|-----------------|--------------------------------------|--|
| Use this form for g                   | eneral report and committee     | informatic              | on, must be          | e signed and    | submitted along with                 | Yes Nother detailed forms  |
| Do not use this for                   | it to update information        |                         |                      |                 | arong with                           | omer detailed forms.   |
| 1. Committee Info                     | rmation                         |                         |                      |                 |                                      |  |
| SCIPPIO FOR EA                        | ST WARD                         |                         |                      |                 |                                      | c. ID Number   |
|                                       | or winds                        |                         |                      |                 |                                      |  |
|                                       | clude City, State and Zip Code) |                         |                      |                 |                                      | d. Date Filed  |
| 3335 New Walkert<br>Winston-Salem, NO |                                 |                         |                      |                 |                                      |  |
| Whiston-Batchi, 140                   | , 2/103                         |                         |                      |                 |                                      | 01/10/2025   |
|                                       |                                 |                         |                      |                 |                                      | e. Phone Number  |
|                                       |                                 |                         |                      |                 |                                      |  |
|                                       |                                 |                         | 4 m . 1 1            |                 |                                      | 336 529 1749   |
| 2. Report Year                        | 3. Period Start Date (mm/       |                         | 4. Period (mm/dd/yy) |                 | 5. Treasurer Fu                      | ıll Name   |
| 2024                                  | 10/19/2024                      |                         | 12/3                 | 31/2024         | Annette Scippio                      | )  |
| 6. Type of Commit                     | tee (Check One)                 | O Trains                |                      |                 |                                      |  |
| Candidate Camp                        |                                 | Municipal               | of Report            |                 | only one type of repo<br>e/County    | ort from one category)   |
| PAC                                   | Referendum                      |                         | rganizational        |                 | Organizational                       | Referendum Organizational  |
| Independent Expenditure               | Joint Fundraiser                |                         | hirty-five day       | v               | Quarterly                            | Pre-referendum   |
| Legal Expense F                       | und                             |                         |                      |                 | Z                                    | Tie-rererendum   |
| 7. Type of Fund                       | (if applicable, check one)      | Pr                      | re-primary           |                 | First                                | Final  |
| "Booster Fund" Building Fund          |                                 | _                       | re-election          |                 | Second                               | Supplemental Final   |
| Building Fund                         |                                 | 1                       | e-runoff             |                 | Third                                | Annual   |
|                                       |                                 | Se                      | mi-annual            |                 | Fourth                               | Special  |
| Other:                                |                                 |                         | Mid Year<br>Year End | J               | Semi-annual                          |  |
|                                       |                                 | Fin                     |                      |                 | Mid Year                             | 10. Special Report Name  |
| 8. Number of Fund                     | raisers this Report             | 1 =                     | ecial                |                 | Year End<br>Final                    |  |
|                                       | 0                               |                         |                      |                 | Special                              | ~2   |
| 11. Account Inform                    |                                 |                         | - 12 - 6-51          | 11. Account     | t Information                        | 28   |
| a. Financial Institution I            | ull Name                        |                         |                      |                 | stitution Full Name                  | m 500  |
| M&F Bank                              |                                 |                         |                      |                 |                                      | Market Co.   |
| b. Purpose<br>Campaign                | c. Account Code                 |                         |                      | b. Purpose      |                                      | c. Account Code  |
| Contribution                          | S4E                             | W                       |                      |                 |                                      |  |
| and                                   | d. Period Begin Balance         |                         |                      |                 |                                      | 9 2 T  |
| Expenses                              |                                 |                         |                      |                 |                                      | d. Period Begin Balance  |
|                                       | \$ 1609.90                      |                         |                      |                 |                                      | \$   |
| CERTIFICATION                         |                                 |                         |                      |                 |                                      |  |
| certify that the Com                  | mittee or Fund is in complia    | ance with a             | ll applicab          | ole provisions  | of Article 22A 22B                   | s, & 22D-22M of Chapter 163 of                                       |
|                                       |                                 |                         |                      |                 |                                      | s. A 22D-22M of Chapter 163 of a Liferither certify that this report |
| Annette Scir                          | correct min that I have neen    | trained by              | the NC St            | ate Board of    | Elections.                           | y and this report  |
| - Millette Sei                        | Printed Name of Signer          |                         | Sonne                | 2010 DC         | Uppel -                              | 01/10/2025   |
| OR OFFICE USE OF                      |                                 |                         | Sign                 | nature of Appoi | nted Treasurer                       | Date   |
| Date Received:                        |                                 |                         |                      |                 |                                      | Delivery Method  |
| Date Received.                        |                                 | Em                      | iployee:             |                 |                                      | Normal Mail  |
| Date Postmarked                       | :                               | Em                      | ployee:              |                 |                                      | Registered Mail  |
| ***                                   |                                 | 22/11                   | project.             | -               |                                      | Hand Delivered   |
| Date Scanned:                         |                                 | Em                      | ployee:              |                 |                                      | Electronically Filed   |
| Date Data Entere                      | d.                              |                         |                      |                 |                                      | Signer has not received  |
| Data Entere                           |                                 | Em                      | ployee:              | -               |                                      | mandatory training   |
| Please Note: This                     | form cannot be used to ame      | and commit              | too inform           |                 | <i>a</i>                             |  |
|                                       | custodiar                       | na comme<br>nof books i | informatio           | lation such as  | s the committee address information. | ess, treasurer, assistant treasurer,                                 |
|                                       | You must amend the Statem       |                         |                      |                 |                                      | . «  |
|                                       | minute and DialCill             | WILL OF OUR             | auzauon (*           | 1.KU-/11111A    | -r.) to make committ                 | oo ahanaaa   |

CRO-1000

## **Detailed Summary**

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

| 1. Committee Full Name (and Fund if applicable)                  |                                      |       | mation.                        |         |                    |
|--|--------------------------------------|-------|--------------------------------|---------|--------------------|
|  | 2. Type of Report 4th Quarter Report |       |                                | 3. ID N | ımber              |
|  | - Z-mior report                      | ,     |                                |         |                    |
| Start of Election Cycle: January 1,                              | 2023                                 | In    | Total this<br>Reporting Period |         | Total this         |
| 4) Cash on Hand at Start   |                                      | \$    | 1610.30                        | \$      | Election Cycle 0   |
| RECEIPTS   |                                      |       | SULT OF                        | 4       |                    |
| 5) Aggregated Contributions from Individuals                     | (CRO-1205)                           | \$    | 0                              | \$      | 475.00             |
| 6) Contributions from Individuals                                | (CRO-1210)                           | \$    | 100.00                         | \$      | 13325.00           |
| 7) Contributions from Political Party Committees                 | (CRO-1220)                           | \$    | 0                              | \$      | 0                  |
| 8) Contributions from Other Political Committees                 | (CRO-1230)                           | \$    | 0                              | \$      | 500.000            |
| 9) Loan Proceeds   | (CRO-1410)                           | \$    | 0                              | \$      | 0                  |
| 10) Refunds/Reimbursements To the Committee                      | (CRO-1240)                           | \$    | 0                              | \$      | 190.00             |
| 11) Other Receipt Sources  |                                      | 7 700 |                                |         | CAR SUSTEEL STREET |
| 11a) Interest on Bank Accounts                                   | (CRO-1250)                           | \$    | 0                              | \$      | 0                  |
| 11b) Contributions from Not-for-Profit Organization              | ns (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)                         | \$    | 100.00                         | \$      | 14490.00           |
| EXPENDITURES   |                                      |       |                                | DITE.   |                    |
| 3) Disbursements   |                                      |       |                                |         |                    |
| 13a) Operating Expenditures                                      | (CRO-1310)                           | \$    | 1572.59                        | \$      | 13651.26           |
| 13b) Contributions to Candidates/Political Committee             | es (CRO-1310)                        | \$    | 0                              | \$      | 0                  |
| 13c) Coordinated Party Expenditures                              | (CRO-1310)                           | \$    | 0                              | \$      | 0                  |
| 4) Aggregated Non-Media Expenditures                             | (CRO-1315)                           | \$    | 0                              | \$      | 260.43             |
| 5) Loan Repayments   | (CRO-1420)                           | \$    | 0                              | \$      | 0                  |
| 6) Refunds/Reimbursements From the Committee                     | (CRO-1320)                           | \$    | 0                              | \$      | 0                  |
| 7) In-Kind Contributions   | (CRO-1510)                           | \$    | 0                              | \$      | 441.00             |
| 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,          |                                      | \$    | 1572.59                        | \$      | 14352.69           |
| 9) Cash on Hand at End (Add lines 4 and 12 together, then subtra |                                      | \$    | 137.71                         | \$      | 137.31             |
| ADDITIONAL INFORMATION   |                                      |       | Esti Villa                     | 18 250  |                    |
| 0) Non-Monetary Gifts Given to Other Committees                  | (CRO-1330)                           | \$    | 0                              | Wig.    |                    |
| 1) Outstanding Loans (incl. ones from other campaigns)           | (CRO-1430)                           | \$    | 0                              |         |                    |
| 2) Debts and Obligations owed By the Committee                   | (CRO-1610)                           | \$    | 0                              | THE     |                    |
| 3) Debts and Obligations owed To the Committee                   | (CRO-1620)                           | \$    | 0                              |         |                    |
| 4) Account Transfers Within the Committee                        |                                      |       | 0                              | 100     |                    |
| 5) Administrative Support  | (CRO-1710)                           |       | 0                              | \$      | 0                  |
| 6) Forgiven Loans  | (CRO-1440)                           |       | 0                              | \$      | 0                  |
| 7) 48-Hour Notice Reports Sum                                    | (CRO-2220)                           |       | 0                              | \$      | 0                  |
| 8) Contributions to be Refunded                                  | (CRO-1215)                           |       |                                |         |                    |
| TOO 1100   | (CKU-1213)                           | Φ     | 0                              | \$      | 0                  |

Amendment

Yes

 $\boxtimes$ 

No

|            |  | m maividuais   |          | 1                       | Pg <u>1</u>       | of <u>1</u> |                | Yes 🛛 🗅                        |
|------------|--|--|----------|-------------------------|-------------------|-------------|----------------|--------------------------------|
| 1. Com     | mittee Full Name                             | dividual contributions (and Fund if applications)  | over \$  | 50 or contributions un  | nder \$50 if form |             |                | THE PERSON NAMED IN COLUMN TWO |
|            | O FOR EAST WA                                |  | avie)    |                         |                   | 2. ID N     | Number         |                                |
|            |  |  |          |                         |                   |             |                |                                |
|            | ributor Informat<br>ame, Mailing Address     |  |          |                         | emove             |             | Sva it is      |                                |
|            | ame, wamng Address<br>le city, state, & zip) | & Phone  |          | b. Job Title/Profession | )n                | d. Comn     | nents          |                                |
| Andre V    |  |  |          | Entrepreneur            |                   |             |                |                                |
| 3702 M     | averick St                                   |  |          | c. Employer's Name/     | Specific Field    |             |                |                                |
| Winston    | n Salem NC 27106                             |  |          | Self employed           | Specific Field    |             |                |                                |
|            |  |  |          | . ,                     |                   | e. Electio  | on Sum to Date |                                |
|            |  |  |          |                         |                   | \$          | 100.00         |                                |
| f. Prior   | g. Account Code                              | h. Form of Payment   | i. In-   | Kind Description        | j. Date (mm/dd    |             | k. Amour       | -4                             |
|            | S4EW   | Check  |          | *                       |                   | 3/2024      |                |                                |
|            |  |  |          |                         | 10/20             | 0/2024      | \$             | 100.00                         |
|            | -  |  | +        |                         |                   |             | \$             |                                |
|            |  |  |          |                         |                   |             | \$             |                                |
|            | ibutor Informati                             |  |          |                         | emove             | 15 18 8     |                |                                |
|            | me, Mailing Address .<br>city, state, & zip) | & Phone  |          | b. Job Title/Profession | 1                 | d. Comm     | ents           |                                |
|            |  |  |          | c. Employer's Name/S    | pecific Field     |             |                |                                |
|            |  |  |          |                         |                   |             | Sum to Date    |                                |
| f. Prior   | g. Account Code                              | h. Form of Payment   | i In-X   | Kind Description        | 1:04 (11)         | \$          |                |                                |
|            |  | and the state of t | r. 111-X | Sind Description        | j. Date (mm/dd/   | уууу)       | k. Amount      |                                |
|            |  |  |          |                         |                   |             | \$             |                                |
|            |  |  |          |                         |                   |             | \$             |                                |
|            | butor Informatio                             |  |          | Add Re                  | nove              |             |                |                                |
|            | ne, Mailing Address &                        | Phone  |          | b. Job Title/Profession |                   | d. Comme    | nts            |                                |
| (include   | city, state, & zip)                          |  |          |                         |                   |             |                |                                |
|            |  |  |          | c. Employer's Name/Sp   | ecific Field      |             |                |                                |
|            |  |  |          | ov Employer's Hame/Sp   | ecine Piciu       |             |                |                                |
|            |  |  |          |                         |                   | e. Election | Sum to Date    |                                |
|            |  |  |          |                         |                   | \$          |                |                                |
| Prior      | g. Account Code                              | h. Form of Payment   | i. In-K  | ind Description         | j. Date (mm/dd/y  | ууу)        | k. Amount      |                                |
|            |  |  |          |                         |                   |             | \$             |                                |
|            |  |  |          |                         |                   |             | \$             |                                |
| <u> </u>   |  |  |          |                         |                   |             | \$             |                                |
|            | only this Page                               |  | S IIw 7  |                         |                   | \$          |                | 100.00                         |
|            | of ALL CRO-                                  |  |          |                         |                   | e           |                |                                |
| (This line | must be on line 6 of D                       | etailed Summary Page CR  | 0-1100)  |                         |                   | \$          |                | 100.00                         |

**Contributions from Individuals** 

Amendment

## 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.

|                                    | Full Name (and Fu        | nd if applicable)                      |  |  | 2. ID Number   |
|------------------------------------|--------------------------|--|--|--|--|
| SCIPPIO FOR                        | REAST WARD               |  |  |  |  |
| 3. Type of Dis                     |                          | ase use separate                       | CRO-1310 forms for each  | type of Disburse   | ement.)  |
| Operating                          | Expenses                 | Contributions to C                     | andidates/Political Committees                                       |  | Coordinated Party Expenditures   |
| 4. Payee Infor                     | mation                   |  | Add  | Remove   |  |
| a. Full Name, Ma                   | iling Address & Phone    |  | b. Coordinated Committee   |  | d. Comments  |
| (include city, stat                | e, & zip)                |  |  |  |  |
| Expedia .com                       |                          |  |  |  |  |
|                                    |                          |  | c. Level Registered (Specify)  | )  |  |
|                                    |                          |  | Federal  | County:  |  |
|                                    |                          |  | State 🖂  | Municipality:  | e. Election Sum to Date  |
|                                    |                          |  |  |  | <b>6</b> 40.04   |
|                                    |                          |  |  |  | \$ 49.84   |
| f. Account Code                    | g. Form of Payment       | h. Purpose Code                        | i. Date (mm/dd/yyyy)   | j. Amount  | k. Required Remarks  |
| S4EW                               | debit                    | o                                      | 11/04/2024   | \$40.94  | travel expense   |
|                                    |                          | , , , , , , , , , , , , , , , , , , ,  | 11/04/2024   | \$49.84  | •  |
|                                    |                          |  |  | \$   |  |
|                                    |                          |  |  | Þ  |  |
| 4. Payee Inform                    |                          |  | Add  | Remove   |  |
|                                    | ling Address & Phone     |  | b. Coordinated Committee N   | Name   | d. Comments  |
| (include city, state               | , & zip)                 |  |  |  |  |
| Expedia.com                        |                          |  |  |  |  |
|                                    |                          |  | c. Level Registered (Specify)  |  |  |
|                                    |                          |  | Federal  | County:  |  |
| 2                                  |                          |  | State 🖂  | Municipality:  | e. Election Sum to Date  |
|                                    |                          |  |  |  | \$ 222.44  |
|                                    |                          | T                                      |  |  | \$ 322.44  |
| f. Account Code                    | g. Form of Payment       | h. Purpose Code                        | i. Date (mm/dd/yyyy)   | j. Amount  | k. Required Remarks  |
| S4EW                               | debit                    | 0                                      | 11/04/2024   | \$272.60   | travel expense   |
|                                    |                          |  | 11/04/2024   | \$272.00   |  |
|                                    |                          |  |  | \$   |  |
| 4 D                                | 4.                       |  |  |  |  |
| 4. Payee Inform                    |                          |  | Add  | Remove   |  |
|                                    | ing Address & Phone      |  | b. Coordinated Committee N   | ame  | d. Comments  |
| (include city, state,<br>Delta Air | & zip)                   |  |  |  |  |
| Della Air                          |                          |  |  |  | _  |
| •                                  |                          |  | c. Level Registered (Specify)  |  |  |
|                                    |                          |  | Federal  | County:  |  |
|                                    |                          |  | ☐ State  | Municipality:  | e. Election Sum to Date  |
|                                    |                          |  |  |  | \$ 633.33  |
| f. Account Code                    | g Form of Dormand        | h. Purpose Code                        |  |  |  |
| a raccount Couc                    | g. Form of Payment       | n. 1 ut pose Code                      | i. Date (mm/dd/yyyy)   | j. Amount  | k. Required Remarks  |
| S4EW                               | debit                    | О                                      | 11/04/2024   | \$633.33   | travel expense   |
|                                    |                          |  |  | 4000.00  |  |
|                                    |                          |  |  | \$   |  |
| 5. Total only th                   | ie Page                  |  |  | 1  |  |
|                                    | CRO-1310 Pages           |  |  |  | \$ 955.77  |
|                                    | line 13a of Detailed Sum | mary Page CDO 110                      | if On angling Francisco  | A STATE OF THE STA | Market and the second |
| (This line goes in                 | line 13b of Detailed Sum | y 1 age CRO-1100<br>marv Paoe CRO_1100 | ) if Contrib to Candidates/Politic                                   | of Commi   | \$ 1,572.59  |
| (This line goes in                 | line 13c of Detailed Sum | marv Page CRO-1100                     | ry Conurus to Canataates/Politic<br>) if Coordinated Party Expenditu | ui Commi<br>res  |  |
|                                    | es (List detailed ex     |  |  | rea)   |  |
| A* - Media                         | B* - Printing            | C* - Fund                              |  | D - To Anoth   | ear Candidata  |
| E - Salaries                       | F* - Equipment           | G - Politic                            | al Party   |  | g Public Office Expenses   |
| I - Postage                        | J - Penalties            |  | e Expenses   | Q* - Donatio   | on to Legal Expense Fund   |
| O* - Other                         |                          |  |  |  |  |
| * Codes requir                     | e detailed explanati     | on in required re                      | marks field (k)  |  |  |

## Disbursements

Pg <u>2</u>

of 4

Amendment
Yes

No

 $\boxtimes$ 

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

| 1. Committee Fu<br>SCIPPIO FOR E | ull Name (and Fu   | nd if applicable)                        |  |                        | 2. ID Number                                   |
|----------------------------------|--|--|--|------------------------|--|
| 3. Type of Disbu                 |  | ase use senarate                         | CPO_1310 forms for each  | tung of Diskara        |  |
| Operating Ex                     | St. Company of the Co | Contributions to C                       | CRO-1310 forms for each andidates/Political Committees                 |                        |  |
| 4. Payee Informa                 |  |  | Add  | Remove                 | Coordinated Party Expenditures                 |
| a. Full Name, Mailin             |  |  | b. Coordinated Committee   |                        | d. Comments                                    |
| (include city, state, &          |  |  | s. Coordinated Committee   | Name                   | u. Comments                                    |
| Priscilla Jackson                |  |  |  |                        |  |
| 1310 Tammy Dr                    | ive  |  | c. Level Registered (Specify   | )                      |  |
| Kernersville, NC                 | 27284  |  | Federal  | County:                | -  |
|                                  |  |  | State 🖂  | Municipality:          | e. Election Sum to Date                        |
|                                  |  |  |  |                        |  |
|                                  |  |  |  |                        | \$ 800.00                                      |
| f. Account Code                  | g. Form of Payment   | h. Purpose Code                          | i. Date (mm/dd/yyyy)   | j. Amount              | k. Required Remarks                            |
| S4EW                             | check  | е  | 11/07/2024   | \$500,00               | office support                                 |
|                                  |  |  | 11/07/2021   | \$500.00               | consultations                                  |
|                                  |  |  |  | \$                     |  |
| 4. Payee Informa                 | ation  |  | Add —  |                        |  |
| a. Full Name, Mailing            |  |  | Add  b. Coordinated Committee N  | Remove                 |  |
| (include city, state, &          |  |  | o. Cool dinated Committee I  | эме                    | d. Comments                                    |
| Delta Air.com                    |  |  | 1  |                        |  |
|                                  |  |  | c. Level Registered (Specify)  |                        |  |
|                                  |  |  | Federal  | County:                | -  |
|                                  |  |  | State  | Municipality:          | e. Election Sum to Date                        |
|                                  |  |  |  |                        |  |
|                                  |  |  |  |                        | \$ 668.33                                      |
| f. Account Code                  | g. Form of Payment   | h. Purpose Code                          | i. Date (mm/dd/yyyy)   | j. Amount              | k. Required Remarks                            |
| S4EW                             | Debit  | 0  | 11/12/2024   | \$25.00                | travel expense                                 |
|                                  |  |  | 11/12/2024   | \$35.00                |  |
|                                  |  |  |  | \$                     |  |
| . Payee Informat                 | tion   |  |  |                        |  |
| . Full Name, Mailing             |  |  | Add  | Remove                 |  |
| include city, state, &           |  |  | b. Coordinated Committee N   | ame                    | d. Comments                                    |
| Fampa Convention                 |  |  | -  |                        |  |
|                                  | ii Contoi  |  | c. Level Registered (Specify)  |                        |  |
|                                  |  |  | Federal Federal  | Country                |  |
|                                  |  |  | State  | County:  Municipality: | o Florian Co. 4 D 4                            |
|                                  |  |  |  | within orpanity.       | e. Election Sum to Date                        |
|                                  |  |  |  |                        | \$ 7.00  |
| Account Code g                   | g. Form of Payment   | h. Purpose Code                          | i. Date (mm/dd/yyyy)   | j. Amount              | k. Required Remarks                            |
| S4EW 1                           | Debit  | 0  | 11/14/2024   |                        | Travel expense                                 |
|                                  | Door   |  | 11/14/2024   | \$7.00                 |  |
|                                  |  |  |  | •                      |  |
| Total 1 41 to                    |  |  |  | \$                     |  |
| . Total only this l              |  |  |  |                        | \$ 542.00                                      |
| Total of ALL C                   | NU-1310 Pages  | Day Cho see                              | if Operating Expenses)   | red and war dear       |  |
| (This line goes in lin           | e 13h of Dotailod Sum  | mary ruge CRO-1100<br>mary Paga CPO 1104 | if Contains Expenses)  |                        | \$ 1,572.59                                    |
| (This line goes in line          | • 130 of Detailed Sum  | mury ruge CKU-1100<br>marv Page CPO 1100 | ) if Contrib to Candidates/Politic<br>) if Coordinated Party Expenditu | al Comm)               | 4 15012.03                                     |
| Purpose Codes                    | (List detailed exp   | enditure code in                         | y Coorainatea Party Expenditu  | res)                   |  |
| * - Media                        | B* - Printing  | C* - Fund                                |  | D To A and             | on Condides                                    |
|                                  |  |  |  | D - To Anothe          |  |
| - Salaries                       | F* - Equipment   | G - Politic                              | al Party   | H* - Holding           | Public Office Evnences                         |
|                                  | F* - Equipment J - Penalties   | G - Politic<br>K* - Offic                | al Party<br>e Expenses   |                        | Public Office Expenses n to Legal Expense Fund |

## Amendment **Disbursements** Pg Yes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

|                |          | 1 | <br> | , | OP OI GUILLE | OVED OTTOOP | VVII |
|----------------|----------|---|------|---|--------------|-------------|------|
| committees and | coordina |   |      | , |              | ,           |      |

| 1. Committee            | Full Name (and Fu               | nd if applicable)  |                                    |                    | 2. ID Number                   |
|-------------------------|---------------------------------|--------------------|------------------------------------|--------------------|--------------------------------|
|                         | REAST WARD                      |                    |                                    |                    |                                |
| 3. Type of Dis          | Description .                   | ase use separate   | CRO-1310 forms for each            | type of Disburse   | ment.)                         |
| Operating               |                                 | Contributions to C | andidates/Political Committees     |                    | Coordinated Party Expenditures |
| 4. Payee Infor          |                                 |                    | Add                                | Remove             |                                |
|                         | iling Address & Phone           |                    | b. Coordinated Committee I         | Name               | d. Comments                    |
| (include city, state    |                                 |                    |                                    |                    |                                |
| Delta Air.com           |                                 |                    |                                    |                    |                                |
| r                       |                                 |                    | c. Level Registered (Specify)      |                    |                                |
|                         |                                 |                    | Federal                            | County:            |                                |
|                         |                                 |                    | State 🖂                            | Municipality:      | e. Election Sum to Date        |
|                         |                                 |                    |                                    |                    | \$ 699.74                      |
| f. Account Code         | g Form of Beauty                | h. Purpose Code    |                                    |                    |                                |
| 1. Account Code         | g. Form of Payment              | n. r ur pose Code  | i. Date (mm/dd/yyyy)               | j. Amount          | k. Required Remarks            |
| S4EW                    | debit                           | J                  | 11/14/2024                         | \$31.41            | t                              |
|                         |                                 |                    |                                    |                    |                                |
|                         |                                 |                    |                                    | \$                 |                                |
| 4. Payee Inform         | mation                          |                    | Add                                | D                  |                                |
|                         | ling Address & Phone            |                    | b. Coordinated Committee N         | Remove             | d. Comments                    |
| (include city, state    |                                 |                    | or containated committee is        | TALLE              | d. Comments                    |
| Delta Air.com           | ,                               |                    |                                    |                    |                                |
|                         |                                 |                    | c. Level Registered (Specify)      |                    |                                |
|                         |                                 |                    | Federal                            | County:            | -                              |
| 2                       |                                 |                    | State                              | Municipality:      | e. Election Sum to Date        |
|                         |                                 |                    |                                    | manufulty.         | C. Election Sum to Date        |
|                         |                                 |                    |                                    |                    | \$ 731.15                      |
| f. Account Code         | g. Form of Payment              | h. Purpose Code    | i. Date (mm/dd/yyyy)               | j. Amount          | k. Required Remarks            |
| S4EW                    | debit                           |                    | 11/14/2024                         | \$31.41            |                                |
|                         |                                 |                    |                                    | 40000              |                                |
|                         |                                 |                    |                                    | \$                 |                                |
| 4. Payee Inform         | nation                          |                    | Add                                | Remove             |                                |
| a. Full Name, Mail      | ing Address & Phone             |                    | b. Coordinated Committee N         |                    | d. Comments                    |
| (include city, state,   | & zip)                          |                    |                                    |                    |                                |
| M&F Bank                |                                 |                    |                                    |                    |                                |
| •                       |                                 |                    | c. Level Registered (Specify)      |                    |                                |
|                         |                                 |                    | Federal                            | County:            |                                |
|                         |                                 |                    | State 🖂                            | Municipality:      | e. Election Sum to Date        |
|                         |                                 |                    |                                    |                    |                                |
| F. A                    |                                 |                    |                                    |                    | \$                             |
| f. Account Code         | g. Form of Payment              | h. Purpose Code    | i. Date (mm/dd/yyyy)               | j. Amount          | k. Required Remarks            |
| S4EW                    | Electronic                      |                    | 11/29/2024                         | \$6.00             | service charge                 |
|                         |                                 |                    |                                    |                    |                                |
|                         |                                 |                    |                                    | \$                 |                                |
| 5. Total only th        |                                 |                    |                                    |                    | \$ 68.82                       |
|                         | CRO-1310 Pages                  | ,                  |                                    | 1 50 12 - 19 1 / 1 |                                |
| (This line goes in      | line 13a of Detailed Sum        | mary Page CRO-1100 | ) if Operating Expenses)           |                    | P 1.570.50                     |
| (This line goes in      | line 13b of Detailed Sum        | mary Page CRO-1100 | ) if Contrib to Candidates/Politic | al Comm)           | \$ 1,572.59                    |
| (This line goes in      | une 13c of Detailed Sum         | mary Page CRO-1100 | if Coordinated Party Expenditu     | res)               |                                |
| /. Purpose Cod          | es (List detailed ex            |                    |                                    |                    |                                |
| A* - Media E - Salaries | B* - Printing<br>F* - Equipment | C* - Fund          |                                    | D - To Anoth       |                                |
| I - Postage             | J - Penalties                   | G - Politic        | al Party<br>e Expenses             | H* - Holding       | Public Office Expenses         |
| O* - Other              |                                 |                    | •                                  | A noustio          | n to Legal Expense Fund        |
| * Codes requir          | e detailed explanati            | on in required re  | marks field (k)                    |                    |                                |

 $\boxtimes$ 

No ;

| TN 1 I        |    |   |             | š . |
|---------------|----|---|-------------|-----|
| Disbursements | Pg | 4 | of <u>4</u> |     |

| 1000 | Ame | ndment |             |    |
|------|-----|--------|-------------|----|
| 1    |     | Yes    | $\boxtimes$ | No |

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

| COMPAND HOR   | ull Name (and Fun  | d ii applicable)   |   |  | 2. ID Number  |
|---|--|--|---|--|---|
| SCIPPIO FOR   |  |  |   |  |   |
| 3. Type of Disb   |  |  | CRO-1310 forms for each t   |  |   |
| Operating E   |  | Contributions to Ca  | ndidates/Political Committees   |  | oordinated Party Expenditures   |
| 4. Payee Inform   |  |  | Add   | Remove   |   |
| . Full Name, Maili  | ing Address & Phone  |  | b. Coordinated Committee N  | ame  | d. Comments   |
| include city, state,  | & zip)   |  |   |  |   |
| M&F Bank  |  |  |   |  |   |
|   |  |  | c. Level Registered (Specify)   |  |   |
|   |  |  | Federal   | County:  |   |
|   |  |  | State 🖂   | Municipality:  | e. Election Sum to Date   |
|   |  |  |   |  |   |
|   |  |  |   |  | \$ 12.00  |
| f. Account Code   | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)  | j. Amount  | k. Required Remarks   |
|   |  |  |   |  | service charge  |
| S4EW  | electronic   | 0  | O12/31/2024   | \$6.00   | Solvice charge  |
|   |  |  |   |  |   |
|   |  |  |   | \$   |   |
| . Payee Inform  | ation  |  | Add   | Remove   |   |
|   | ng Address & Phone   |  | b. Coordinated Committee N  |  | d. Comments   |
|   | _  |  | o. Coordinated Committee N  | anic   | G. COMMENTS   |
| include city, state,  | ox ZIP)  |  |   |  |   |
|   |  |  | T. ID to 100 to   |  | -   |
|   |  |  | c. Level Registered (Specify)   |  | 4   |
| •   |  |  | Federal   | County:  |   |
| 2   |  |  | State   | Municipality:  | e. Election Sum to Date   |
|   |  |  |   |  | \$  |
|   |  | r  |   |  | Ψ   |
| . Account Code  | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)  | j. Amount  | k. Required Remarks   |
| S4EW  |  |  |   | \$   |   |
| JIBW  |  |  |   | Ψ  |   |
|   |  |  |   | \$   |   |
|   |  |  |   | Ψ  |   |
|   | The same of the sa |  | Add   | Remove   |   |
| l. Payee Inform   | ation  |  | Add   |  |   |
|   | ng Address & Phone   |  | b. Coordinated Committee Na   | ame  | d. Comments   |
| . Full Name, Maili  | ng Address & Phone   |  |   | ame  | d. Comments   |
| . Full Name, Maili  | ng Address & Phone   |  |   | ame  | d. Comments   |
| . Full Name, Maili  | ng Address & Phone   |  | b. Coordinated Committee Na   | ame  | d. Comments   |
| . Full Name, Maili  | ng Address & Phone   |  | b. Coordinated Committee No.  |  | d. Comments   |
| . Full Name, Maili  | ng Address & Phone   |  | b. Coordinated Committee No.  | County:  |   |
| . Full Name, Maili  | ng Address & Phone   |  | b. Coordinated Committee No.  |  | e. Election Sum to Date   |
| . Full Name, Maili  | ng Address & Phone   |  | b. Coordinated Committee No.  | County:  |   |
| . Full Name, Maili<br>include city, state, .  | ng Address & Phone<br>& zip)   | h. Purpose Code  | b. Coordinated Committee No.  | County:<br>Municipality:   | e. Election Sum to Date   |
| . Full Name, Maili<br>include city, state, .  | ng Address & Phone   | h. Purpose Code  | b. Coordinated Committee No.  | County:  | e. Election Sum to Date   |
| . Full Name, Maili<br>include city, state, .  | ng Address & Phone<br>& zip)   | h. Purpose Code  | b. Coordinated Committee No.  | County:<br>Municipality:   | e. Election Sum to Date   |
| Full Name, Mailinclude city, state,   | ng Address & Phone<br>& zip)   | h. Purpose Code  | b. Coordinated Committee No.  | County: Municipality:  j. Amount   | e. Election Sum to Date   |
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| . Full Name, Mailiinclude city, state, Account Code   | ng Address & Phone<br>& zip)  g. Form of Payment   | h. Purpose Code  | b. Coordinated Committee No.  | County: Municipality:  j. Amount   | e. Election Sum to Date \$ k. Required Remarks  |
| . Full Name, Mailinclude city, state, of Account Code S4EW  | ng Address & Phone & zip)  g. Form of Payment  | h. Purpose Code  | b. Coordinated Committee No.  | County: Municipality:  j. Amount   | e. Election Sum to Date   |
| . Full Name, Mailinclude city, state, .  . Account Code S4EW  . Total only thi  | g. Form of Payment  is Page  CRO-1310 Pages  |  | b. Coordinated Committee Na  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  | County: Municipality:  j. Amount   | e. Election Sum to Date \$ k. Required Remarks  |
| . Full Name, Mailinclude city, state, of Account Code S4EW  Total only this, Total of ALL (This line goes in  | g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sum   | mary Page CRO-110  | b. Coordinated Committee Note    c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  | County: Municipality:  j. Amount \$  | e. Election Sum to Date \$ k. Required Remarks \$ 6.00  |
| Account Code S4EW  Total only thi Total of ALL (This line goes in (This line goes in  | ng Address & Phone & zip)  g. Form of Payment  is Page  CRO-1310 Pages  line 13a of Detailed Sun  line 13b of Detailed Sun   | mary Page CRO-110<br>mary Page CRO-110   | b. Coordinated Committee No.  c. Level Registered (Specify)  Federal State  i. Date (mm/dd/yyyy)  0 if Operating Expenses) 0 if Contrib to Candidates/Politice  | County: Municipality:  j. Amount \$ \$   | e. Election Sum to Date \$ k. Required Remarks  |
| Account Code  Account Code  Total only thi  Total of ALL  (This line goes in  (This line goes in  (This line goes in  | ng Address & Phone & zip)  g. Form of Payment  is Page  CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun   | mary Page CRO-110<br>mary Page CRO-110<br>mary Page CRO-110  | b. Coordinated Committee No.  c. Level Registered (Specify)  Federal State  i. Date (mm/dd/yyyy)  0 if Operating Expenses) 0 if Contrib to Candidates/Politication of Coordinated Party Expenditude                             | County: Municipality:  j. Amount \$ \$   | e. Election Sum to Date \$ k. Required Remarks \$ 6.00  |
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| Account Code S4EW  Total only thi Total of ALL (This line goes in (This line goes in (This line goes in (This line goes in A - Media Salaries                 | g. Form of Payment  c. CRO-1310 Pages  line 13a of Detailed Sum  line 13c of Detailed Sum  g. (List detailed ex  B* - Printing  F* - Equipment   | mary Page CRO-110<br>mary Page CRO-110<br>mary Page CRO-110<br>penditure code in<br>C* - Fund<br>G - Politic | b. Coordinated Committee Note  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  ii. Date (mm/dd/yyyy)  ii Contrib to Candidates/Politice  if Coordinated Party Expenditus  (h.) above)  draising  cal Party | County: Municipality:  j. Amount  \$ sal Comm) tres)  D - To Anoth H* - Holdin | e. Election Sum to Date \$ k. Required Remarks  \$ 6.00 \$ 1,572.59  her Candidate g Public Office Expenses |
| Account Code S4EW  Total only thi Total of ALL (This line goes in (This line goes in (This line goes in   | g. Form of Payment  c. CRO-1310 Pages  line 13a of Detailed Sun  line 13b of Detailed Sun  line 13c of Detailed Sun  es. (List detailed ex.  B* - Printing   | mary Page CRO-110<br>mary Page CRO-110<br>mary Page CRO-110<br>penditure code in<br>C* - Fund<br>G - Politic | b. Coordinated Committee Note  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  ii Contrib to Candidates/Politice  if Coordinated Party Expenditus  (h.) above)  draising                                   | County: Municipality:  j. Amount  \$ sal Comm) tres)  D - To Anoth H* - Holdin | e. Election Sum to Date \$ k. Required Remarks  \$ 6.00 \$ 1,572.59   |