Disclosure Report C				Yes	□ No		
Use this form for general repor	t and committee information,	must be signed and su	ibmitted alor	ng with other	detailed forms		
Do not use this form to update	information.						
1. Committee Information a. Full Name							
2:					c. ID Number		
SCIPPIO FOR	EAST WARD						
b. Mailing Address (include City, State and Zip Code)  3335 New Walkertown Ro				d. Date Filed	./		
	4		e. Phone Numb	3024			
Winoton-Salen	336529 1749						
2. Report Year 3. Period Star	rt Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy)	5. Treasure	r Full Name	1///		
		1-2023	Anne	./ 0	19910		
6. Type of Committee (Check		port (check only one	type of repo	rt from one co	tegory)		
	Municipal	State/County	турс ој геро	Referendum	negory		
	eferendum Organization	al Organizati	onal	Organizatio	nal		
Independent Expenditure Joi		ay Quarterly		Pre-reference			
Legal Expense Fund	Pre-primary	First		Final			
7. Type of Fund (if applicable	Pre-election	Secon	nd	Supplement	al Final		
7. Type of Fund (if applicable Booster Fund		Third		Annual			
Building Fund	Semi-annual	Fourt		Special Special			
	Mid Ye. Year En	_ South tained		10.0			
Other:	Final	- I		10. Special R	eport Name		
8. Number of Fundraisers this	Report Special	Year I	End				
	Special Special						
11. Account Information		Special					
		144 4 4 4					
		11. Account Inform					
a. Financial Institution Full Name		11. Account Inform a. Financial Institution E					
	c. Account Code	a. Financial Institution I	ull Name		200		
a. Financial Institution Full Name  MBFBank b. Purpose	c. Account Code		ull Name	c. Account Code	<b>2</b> 00		
a. Financial Institution Full Name  MBFBank b. Purpose	c. Account Code S4FW	a. Financial Institution I	ull Name	c. Account Code			
a. Financial Institution Full Name  MEFBank  b. Purpose  Can paign  Contain buttons	c. Account Code  SHEW d. Period Begin Balance	a. Financial Institution I	Full Name	14.1 14.1	2 2 2		
a. Financial Institution Full Name  MBFBank b. Purpose	SHEW	a. Financial Institution I	Full Name	c. Account Code d. Period Begin I	Salance m		
a. Financial Institution Full Name  MEFBank  b. Purpose  Campaign  Contributions  Disbussements  CERTIFICATION	SHEW d. Period Begin Balance	a. Financial Institution E	Full Name	d. Period Begin I \$	25 Salance (50 Sal		
a. Financial Institution Full Name  MEFBank  b. Purpose  Can paign  Contributions  Disbursements	d. Period Begin Balance  the state of the st	a. Financial Institution Ins	cle 22A, 22B	d. Period Begin I	25 Salance 50 11 12 27 11 12 11 12 11 12 11 12 11 12 11 12 11 11		
a. Financial Institution Full Name  BEBANK  b. Purpose  Contributions  Disbussements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the	d. Period Begin Balance  the state of the st	a. Financial Institution Ins	cle 22A, 22B	d. Period Begin I	25 Salance 50 11 12 27 11 12 11 12 11 12 11 12 11 12 11 12 11 11		
a. Financial Institution Full Name  B. F. Bank  b. Purpose  Campaign  Contributions  Disbussements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct Annette Scipp	d. Period Begin Balance  d. Period Begin Balance  and is in compliance with all applicat no funds are commingled with the cand that I have been trained by Connection	b. Purpose  icable provisions of Artiprohibited or other nonthe NC State Board of Helicable Control Co	cle 22A, 22B disclosed fun	d. Period Begin I	25 Salance 50 11 12 27 11 12 11 12 11 12 11 12 11 12 11 12 11 11		
a. Financial Institution Full Name  B. F. Bank  b. Purpose  Campaign  Contributions  Disbussements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct Annethe Scipp  Printed Name of Sign	d. Period Begin Balance  d. Period Begin Balance  and is in compliance with all applicat no funds are commingled with the cand that I have been trained by Connection	a. Financial Institution Ins	cle 22A, 22B disclosed fun	d. Period Begin I	Balance Chapter 163 rtify that this		
a. Financial Institution Full Name  B F Bank  b. Purpose  Campaign  Contributions  Disbussements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct forms of the Name of Sign For OFFICE USE ONLY	d. Period Begin Balance  d. Period Begin Balance  and is in compliance with all applicat no funds are commingled with the cand that I have been trained by Connection	b. Purpose  icable provisions of Artiprohibited or other nonthe NC State Board of Helicable Control Co	cle 22A, 22B disclosed fun Elections.	& 22D-22M of ds. I further ce	Balance Chapter 163 rtify that this		
a. Financial Institution Full Name  B. F. Bank  b. Purpose  Campaign  Contributions  Disbussements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct Annethe Scipp  Printed Name of Sign	d. Period Begin Balance  d. Period Begin Balance  and is in compliance with all applicat no funds are commingled with the cand that I have been trained by Connection	b. Purpose  icable provisions of Article prohibited or other non-the NC State Board of House and the NC Appointed Treasurature of Appointed Treasura	cle 22A, 22B disclosed fun Elections.	d. Period Begin I  \$ & 22D-22M of ods. I further ce	Balance Chapter 163 rtify that this		
a. Financial Institution Full Name  B F Bank  b. Purpose  Campaign  Contributions  Disbussements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct forms of the Name of Sign For OFFICE USE ONLY	d. Period Begin Balance  d. Period Begin Balance  and is in compliance with all applicat no funds are commingled with the trand that I have been trained by the complete of th	b. Purpose  icable provisions of Arti prohibited or other non the NC State Board of F	cle 22A, 22B -disclosed fun Elections.	d. Period Begin I  & 22D-22M of ids. I further ce	Chapter 163 rtify that this		
a. Financial Institution Full Name  B. F. Bank  b. Purpose  Campaign  Contributions  Disbutsements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct for the Name of Sign For Office USE ONLY  Date Received:	d. Period Begin Balance  d. Period Begin Balance  d. Period Begin Balance  at no funds are commingled with all apple at no funds are commingled with all that I have been trained by the comment of the c	b. Purpose  icable provisions of Arti prohibited or other non- the NC State Board of F	cle 22A, 22B -disclosed fun Elections.  Deliv	d. Period Begin I  \$ & 22D-22M of ds. I further ce	Balance Chapter 163 rtify that this		
a. Financial Institution Full Name  BEBOK  b. Purpose  Campaign  Contributions  Disbutsements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct Annette Scipairo Printed Name of Sign  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:	d. Period Begin Balance \$  and is in compliance with all appliance and that I have been trained by the sign of the	b. Purpose  icable provisions of Article prohibited or other none the NC State Board of House and the Appointed Treasure of Appointed Treasure ee:	cle 22A, 22B -disclosed fun Elections.	d. Period Begin I  & 22D-22M of ds. I further ce decry Method Normal Mail Registered Mail and Delivered Electronically I digner has not an andatory train	Balance Chapter 163 retify that this te		
a. Financial Institution Full Name  BEBOK  b. Purpose  Campaign  Contributions  Disbutsements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct and the report is complete, true and correct and the report is complete.  Printed Name of Sign  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:  Please Note: This form ca	d. Period Begin Balance \$  and is in compliance with all apple at no funds are commingled with all and that I have been trained by the sign of the sig	b. Purpose  icable provisions of Arti prohibited or other non- the NC State Board of F  Company of Appointed Treasure ree: ree: ree:	cle 22A, 22B disclosed fun Elections.  Deliv	d. Period Begin I  & 22D-22M of ods. I further ce ods. I further c	Balance Chapter 163 retify that this te		
a. Financial Institution Full Name  BEBOK  b. Purpose  Campaign  Contributions  Disbutsements  CERTIFICATION  I certify that the Committee or Furof the NC General Statutes and the report is complete, true and correct and true and true and true and true	d. Period Begin Balance \$  and is in compliance with all appliance and that I have been trained by the sign of the	b. Purpose  icable provisions of Arti prohibited or other non the NC State Board of I	cle 22A, 22B disclosed fun Elections.  Deliv	d. Period Begin I  & 22D-22M of ods. I further ce ods. I further c	Balance Chapter 163 retify that this te		

**Disclosure Report Cover** 

Amendment

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

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2. Type		Report		3. ID Nu	mber	
SCIPPID FOR BAST WARD	A					
Start of Election Cycle: January 1, 2023			Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	0	\$	0	
RECEIPTS						
5) Aggregated Contributions from Individuals		\$	0	\$	0	
6) Contributions from Individuals	(CRO-1210)	\$	0	\$	0	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0	
8) Contributions from Other Political Committees	(CRO-1230)	\$	0	\$	0	
9) Loan Proceeds	(CRO-1410)	\$	0	\$	0	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0	\$	0	
11) Other Receipt Sources			W To			
11a) Interest on Bank Accounts (6		\$	0	\$	0	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0	\$	0	
11c) Outside Sources of Income	(CRO-1250)	\$	2	\$	0	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0	\$	0	
11e) 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)			0	\$	0	
EXPENDITURES						
13) Disbursements			0.012	84 3 1	the state of	
13a) Operating Expenditures	(CRO-1310)	\$	0	\$	0	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0	\$	0	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0	\$	0	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0	\$	0	
15) Loan Repayments	(CRO-1420)	\$	0	\$	0	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0	\$	0	
17) In-Kind Contributions	(CRO-1510)	\$	0	\$	0	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	0	\$	0	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			0	\$	0	
ADDITIONAL INFORMATION		Trans.				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0	(E) B1		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0	211		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0	" Tyrn	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0			
24) Account Transfers Within the Committee	(CRO-1720)	\$	0	Tas.		
25) Administrative Support	(CRO-1710)	\$	0	\$	0	
26) Forgiven Loans	(CRO-1440)	\$	0	\$	0	
	(CRO-2220)	\$	0	\$	0	
28) Contributions to be Refunded	(CRO-1215)	\$	0	\$	0	