

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information					
a. Full Name			c. ID Number		
Scippio for East Ward					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
531 Barbara Jane Avenue Winston-Salem, NC 27101			11-26-2019		
			e. Phone Number		
			336 529-1749		
2. Candidate Information <span style="float: right;"><input type="checkbox"/> Candidate's Primary Committee</span>					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
Annette Scippio				Democratic <small>(Indicate Non-partisan if applicable)</small>	
b. Mailing Address (include City, State, and Zip Code)			g. Office Sought		
531 Barbara Jane Ave Winston-Salem NC 27101			Winston-Salem City Council		
c. Phone Number	d. Email Address		h. Next Election Year		i. Jurisdiction
336 529-1749	AYSCIPPIO@yahoo.com		2020		
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Julia Wall					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
5824 LANDON DRIVE PFAFFTOWN, NC 27040					
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address	
336 757-9840	jwwoods25@gmail.com				
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name		
			MaF Bank		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			Committee		
c. Phone Number	d. Email Address		c. Account Code	d. Type	
			5824	Checking	
<input type="checkbox"/> Email copy of notices					
CERTIFICATION					
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.					
Julia A. Wall				12.2.19	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



North Carolina  
 State Board of Elections  
 441 N Harrington Street  
 Raleigh, NC 27603

Kim Westbrook Strach  
 Executive Director

Mailing Address  
 PO Box 27255  
 Raleigh, NC 27611-7255  
 (919) 733-7173

**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name: Annette Scippio  
 Treasurer Name: Julia Wall  
 Treasurer Address: 5824 Landon Drive  
 (include city, state, & zip) Pfafftown, NC 27040  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treasurer Phone: 336 757-9840

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12/1/2019  
 Date Signed

Annette Y. Scippio  
 Signature of Candidate



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### Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

**This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.**

Candidate Name: Annette Scippio

Committee Name: Scippio for EAST WARD

Treasurer Name: Julia Wall

If Candidate is own treasurer, designate an agent to carry out designations: \_\_\_\_\_

Committee ID #: \_\_\_\_\_

Level Registered: [State] [County] If county, specify: Forsyth

I, Annette Scippio, hereby direct that in the event of my death or incapacity all  
(Name of Candidate)  
 funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity <small>(Select from §163-278.16B(a))</small>	Plan for Disbursement (eg. Amount or %)
1. <u>Forsyth County Democratic Party</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Annette Y. Scippio

Date: 12/1/2019