Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee.

Amendment Ves □ No

This form must be accompanied by forms CRO-3100 and CR	(O-3500 (when amending, only re-submit if applicable).	
1. Committee Information		
a. Full Name	c. 1D Number	
Committee to Elect Vernetta Alst	7N 82-127339	50+
b. Mailing Address (include City, State and Zip Code)		
3433 DOVER ROAD	RECEIVED d. Date Organized	
DURHAM NC 27707	DEC 04 2019 e. Phone Number	
	Campaign Finance Office 9/9) 794-496	5/
2. Candidate Information	No State Bost Califfication Primary Committee	4/-
a. Full Name	e. Candidate 1D Number f. Party Affiliation	
Vernetta Alston	DemocreAT (Indicate Non-partisan if app	olicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
3433 DOVER RUND		
DURHAM NC 27707	NC House 29	
	h. Next Election Year i. Jurisdiction	
(117)794-4961 verne Haalstonce gmail.com	2020 House Distre	î.j.
☐ Email copy of notices	29	
3. Treasurer Information	4. Custodian of Books Information	- 2-2
a. Full Name	a. Full Name	
Phil Serb		
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)	
NO East Hummond St		
Dunham, NC 27704	l /	
c. Phone Number d. Email Address	c. Phone Number d. Email Address	
(919) 696-4932 phil 4 Vernetta@gmail.com		
I prefer to receive notices by email Yes No	☐ Email copy of notices	
	6. Account Information (incl. CRO-3500) Add	
	a. Financial Institution Full Name Remov	e
	The state of the s	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	\neg
	SCANNED	
c. Phone Number d. Email Address		
L. I HUITE I VANILLE PARTIE PA	· · · · · · · · · · · · · · · · · · ·	
	MEW	
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.		
		unds.
I further certify that this report is complete, true and correct	~// Y /	
Thillip Sirb.	mature of Appointed Treasurer N PERSON Date	
Printed Name of Signer Sign	nature of Appointed Treasure IN PERSON Date	_
	SET I SEE LINE WAY	