Disclosure F	Report Cover
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Amendment	
Yes	✓ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms

	rm to update information							
1. Committee Ir	ntormation	117		-21-1		t Dr		
a. Full Name					c. ID Number			
Committee to Elect Vernetta Alston			82-1213392					
b. Mailing Addre	ss (include City, State and Zip	Code)		_		d I	Date Filed	
3433 Dover Rd					_	24/2020		
Durham, NC 27707-4554				01/24/2020				
						e. F	Phone Number	
							9) 794-4961	
2. Report Year	3. Period Start Date (mm/dd/y	d/yy) 4. Period End D			mm/dd/yyyy)	y) 5. Treasurer Full Name		
2019	12/13/2019	1.00			31/2019		Seib	
							1	
6. Type of Comm	ittee (Check one)	9. Tvp	e of Report (ch	eck	only one type o	of rep	ort from one category)	
		Munic			State/County		Referendum	
Candidate Cam			rganizational		Organizatio	nai	Organizational	
∐PAC	Referendum		nirty-five day	- 1	Quarterly		Pre-referendum	
Independent E	penditure Joint Fundraiser	Pr	re-primary		First		Final	
Legal Expense	Fund		re-election		Second		Supplemental Final	
			re-runoff		☐ Third			
7. Type of Fund	(if applicable, check one)				Fourth		Annual	
		l ¬ s	Semi-annual				Special	
Booster Fund		I∷	Mid Year		Semi-annu	al	10. Special Report Name	
Building Fund		l∐	Year End	- 1	Mid Yea	ır		
✓ Other: NC C	andidates Financing Fund	∥ ∐Fi	nal		✓ Year En	d		
8. Number of Fur	draisers this Report	□S	oecial	- 1	Final			
1		ł			Special			
11. Account Infor	mation					-		
a. Financial Instit								
Pinnacle Financia	Partners							
b. Purpose	T didicio			с А	ccount Code			
	litures and Receipts			01	Journ Cour			
Campaign Expend	atures and receipts			UI				
			}	d. P	eriod Begin Ba	alance		
			1		4,520.00			
				יו עי	7,020.00			
163 of the NC Ge that this report is	Committee or Fund is in complian eneral Statutes and that no funds complete, true and correct and t	are cor	mmingled with prove been trained by	the	ed or other undi NC state Board	isclose	ed funds. I further certify	
Printed	Name of Signer	Si	gnature of Appoin	ited 1	Treasurer		Date	
FOR OFFICE USI	EONLY 1 1011 AAAA		Λ	1.	1) 4.	1	Delivery Method	
Date Receive	d: 01/24/2024	E	mplovee:	MU	K. Mili	2	☐ Normal Mail	
Date Postmar				1	y T		Registered Mail	
Date Postman	NGU		mployee:			==	Hand Delivered	
Date Scanned	i :	E	mployee:			. /	Electronically Filed	
Date Data Entered: Employee:					Signer has not be size RS			
1							mandatory training	
Please Note:	This form cannot be used to ar assistant treasur	nend co er, cust	ommittee informatiodian of books in	tion s	such as the con ation, or accou	nmite	e address, treasurer JAN 2 4 20	
You	must amend the Statement of C	Organiz	ation (CRO-2100	A-E)	to make comm	nitee c	changes.	
CRO-1000	NC State Board of Elections						August 2008	