Statement of Organization - Candidate Committee

Is	this	statement:
	New	Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information						
a. Name of Committee	d. ID Number					
COMMITTEE TO ELECT VERNETTA AL STON						
b. Mailing Address (include City, State and Zip Code)	e. Date Organized					
D.O. BOX 379, DURHAM NC 27702						
c. Committee Website (Optional)		f. Phone Number				
Verse Haalston.com			(919) 794-4961			
2. Candidate Information a. Full Name	T 70 4 600 12 41					
	e. Party Affiliation					
VERNETTA ALSTON	DEM					
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought					
POBOX379 DURIMM NC 2770Z	NC HOUSE BISTRICT 29					
c . Phone Number d. Email Address	g. Next Election Year	h	. Jurisdiction			
919794-4961 vernethalstoncegmail.com	2.2 5.	. /	HUSE DISTRICT			
☐ Email copy of report notices	2020		29			
3. Treasurer Information	4. Assistant Treasurer Information					
a. Full Name	a. Full Name					
LUKE HIRST						
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)					
POBOX 379, DURHAM NC 29702						
c. Phone Number d. Email Address	c. Phone Number	d. Email Ac	ddress			
(919)593-3176 hist, le egmail.com						
Send report notices by email Ves No	☐ Email copy of report notices					
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)					
a. Full Name	a. Financial Institution Full Name					
LUKE MRST						
b. Mailing Address (include City, State, and Zip Code)	IN PERSON					
PUBOX 379, DURHAM NC 29752						
			FEB 2 0 2020			
c. Phone Number d. Email Address	b. Account Code	с. Туре	AUGS 75 AG 67 67			
(14)593-3176 histle egmail.com						
Email copy of report notices			DURHAM BOE			
I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.						
Printed Name of Treasurer Signature of Appointed Treasurer Date						
I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the						
duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter						
163 of the NC General Statutes.						
VERNETTA ALSTON /H 2/19/2						
Printed Name of Candidate	Signature of Candidate	-	Dale			