

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		
XAVIER CASON FOR SCHOOL BOARD			N/A		
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
P. O. BOX 14788 DURHAM, NC 27709			IN PERSON DEC 14 2015 DURHAM BOE		
			e. Phone Number		
			919-323-1691		
2. Candidate Information <input checked="" type="checkbox"/> Candidate's Primary Committee					
a. Full Name		e. Candidate ID Number		f. Party Affiliation	
XAVIER LAMONT CASON		N/A		NON - PARTISAN (Indicate Non-partisan if applicable)	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought			
4209 GROVE RIDGE DRIVE DURHAM NC 27703		DURHAM SCHOOL BOARD CONSOLIDATED "B"			
c. Phone Number	d. Email Address	h. Next Election Year		i. Jurisdiction	
(919) 323-1691	vote4cason@gmail.com	MARCH 2016		DURHAM COUNTY	
<input checked="" type="checkbox"/> Email copy of notices					
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
Kenneth D. Gibbs					
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
5 Caspian Ct. Durham, NC 27713					
c. Phone Number	d. Email Address	c. Phone Number		d. Email Address	
919-544-2616	Kthecpa@hotmail.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 (Ref: CRO-3500)		
a. Full Name			a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			CHECKING ACCOUNT FOR COMMITTEE		
c. Phone Number	d. Email Address	c. Account Code		d. Type	
		1		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.					
Kenneth D. Gibbs		Kenneth D. Gibbs		12-11-2015	
Printed Name of Signer		Signature of Appointed Treasurer		Date	



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

IN PERSON

DEC 14 2015

DURHAM BOE

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: XAVIER LAMONT CASON
Treasurer Name: Kenneth D. Gibbs
Treasurer Address: 5 Caspian Ct.
(include city, state, & zip) Durham NC 27713

Treasurer Phone: 919-544-2616

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).

12/11/15
Date Signed

Xavier Cason
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: XAVIER LAMONT CASON

Committee Name: XAVIER CASON FOR SCHOOL BOARD

Treasurer Name: KENNETH D. GIBBS

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

Committee ID #: _____

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

I, XAVIER L. CASON, 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 (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>DURHAM 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: _____

Date: _____

CRO-3900

Candidate Designation of Committee Funds

July 2014