

# 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).

<b>1. Committee Information</b>					
a. Full Name <b>XAVIER CASON FOR SCHOOL BOARD</b>				c. ID Number <b>N/A</b>	
b. Mailing Address (include City, State and Zip Code) <b>P. O. BOX 14788 DURHAM, NC 27709</b>				d. Date Organized <b>DEC 14 2015</b>	
				e. Phone Number <b>919-323-1691</b>	
				e. Phone Number <b>DURHAM BOE</b>	
<b>2. Candidate Information</b> <input checked="" type="checkbox"/> <b>Candidate's Primary Committee</b>					
a. Full Name <b>XAVIER LAMONT CASON</b>			e. Candidate ID Number <b>N/A</b>		f. Party Affiliation <b>NON - PARTISAN</b> <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) <b>4209 GROVE RIDGE DRIVE DURHAM NC 27703</b>			g. Office Sought <b>DURHAM SCHOOL BOARD</b> CONSOLIDATED "B"		
c. Phone Number <b>(919) 323-1691</b>		d. Email Address <b>vote4cason@gmail.com</b>		h. Next Election Year <b>MARCH 2016</b>	
				i. Jurisdiction <b>DURHAM COUNTY</b>	
<input checked="" type="checkbox"/> Email copy of notices					
<b>3. Treasurer Information</b>			<b>4. Custodian of Books Information</b>		
a. Full Name <b>Kenneth D. Gibbs</b>			a. Full Name		
b. Mailing Address (include City, State, and Zip Code) <b>5 Caspian Ct. Durham, NC 27713</b>			b. Mailing Address (include City, State, and Zip Code)		
c. Phone Number <b>919-544-2616</b>		d. Email Address <b>Kthecpa@hotmail.com</b>		c. Phone Number	
				d. Email Address	
I prefer to receive notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email copy of notices					
<b>5. Assistant Treasurer Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			<b>6. Account Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name			a. Financial Institution Full Name		
b. Mailing Address (include City, State, and Zip Code)			b. Purpose <b>CHECKING ACCOUNT FOR COMMITTEE</b>		
c. Phone Number		d. Email Address		c. Account Code <b>1</b>	
				d. Type <b>CHECKING</b>	
<input type="checkbox"/> Email copy of notices					
<b>CERTIFICATION</b>					
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.					
<b>Kenneth D. Gibbs</b> Printed Name of Signer			<b>Kenneth D. Gibbs</b> Signature of Appointed Treasurer		<b>12-11-2015</b> Date