

Disclosure Report Cover

Amendment

☐ Yes☒ No

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

Do not use this form to update information

1. Committee Information

a. Full Name

XAVIER CASON FOR SCHOOL BOARD

c. ID Number

b. Mailing Address (include City, State and Zip Code)

4209 Grove Ridge Drive
Durham, NC 27703

d. Date Filed

7/12/16

e. Phone Number

919323-1691

2. Report Year

2016

3. Period Start Date (mm/dd/yy)

3/1/2016

4. Period End Date
(mm/dd/yy)

6/30/16

5. Treasurer Full Name

Kenneth D. Gibbs

6. Type of Committee (Check One)

- ☒ Candidate Campaign
☐ PAC
☐ Independent Expenditure
☐ Legal Expense Fund
☐ Party
☐ Referendum
☐ Joint Fundraiser

7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

0

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

- ☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly

- ☐ First
☒ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

- ☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

Branch Banking & Trust

b. Purpose

Campaign exp
& Fundraisin

c. Account Code

1

d. Period Begin Balance

\$ 660.17

11. Account Information

a. Financial Institution Full Name

PayPal

b. Purpose

Campaign exp
& fundraisin

c. Account Code

2

d. Period Begin Balance

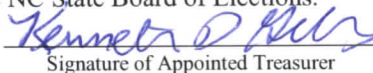
\$ 130.93

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 and that I have been trained by the NC State Board of Elections.

Kenneth D. Gibbs

Printed Name of Signer



Signature of Appointed Treasurer

7/11/16

Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|------------------------------------|----------------------------------|--|
| XAVIER CASON FOR SCHOOL BOARD | 2016 Second Quarter | | |
| Start of Election Cycle: January 1, 2016 | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 791.10 | \$ 0.00 | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 21.35 | \$ 547.59 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 0.00 | \$ 1713.34 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ | |
| 9) Loan Proceeds (CRO-1410) | \$ | \$ | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | \$ | \$ | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ | \$ | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | \$ | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | \$ | \$ | |
| 11d) Legal Expense Fund – Other Sources (CRO-1270) | \$ | \$ | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 21.35 | \$ 2260.93 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 140.47 | \$ 1588.95 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 75.98 | \$ 75.98 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ | \$ | |
| 15) Loan Repayments (CRO-1420) | \$ | \$ | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | \$ 596.00 | \$ 596.00 | |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 791.10 | \$ 2260.93 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 0.00 | \$ 0.00 | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ | | |
| 22) Debts and Obligations owed By the Committee (CRO-1610) | \$ | | |
| 23) Debts and Obligations owed To the Committee (CRO-1620) | \$ | | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ | | |
| 25) Administrative Support (CRO-1710) | \$ | \$ | |
| 26) Forgiven Loans (CRO-1440) | \$ | \$ | |
| 27) 48-Hour Notice Reports Sum (CRO-2200) | \$ | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | \$ | \$ | |

MAIL
JUL 14 2016
DURHAM BOE

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

| | | | | | | |
|---|--------|------------------------|---------------------------|-------------------------------|-----------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) XAVIER CASON FOR SCHOOL BOARD | | | | | 2. ID Number | |
| 3. Contributor Information | | | | | | |
| a. Amend | | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> | Add | 000123 | Elec Funds Tr | | 3/1/16 | \$ 21.35 |
| <input type="checkbox"/> | Remove | | | | | |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| <input type="checkbox"/> | Add | | | | | \$ |
| <input type="checkbox"/> | Remove | | | | | \$ |
| 4. Total only this Page | | | | | \$ 21.35 | |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 21.35 | |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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JUL 14 2016
DURHAM BOE

Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|---|-----------------|--------------------|-----------------------------------|----------------------|--------------|--|
| XAVIER CASON FOR SCHOOL BOARD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | e. Election Sum to Date | | | |
| | | \$ 0.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | 2 ND QTR | \$ 0.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | e. Election Sum to Date | | | |
| | | \$ | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | e. Election Sum to Date | | | |
| | | \$ | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | |
| | | | | | \$ 0.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | |
| | | | | | \$ 0.00 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | |

MAIL
JUL 14 2007
DURHAM BOE

Disbursements

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| | | | | | |
|---|---------------------------|--|-------------------------------------|--------------------------------|---|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
| XAVIER CASON FOR SCHOOL BOARD | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Branch Bank & Trust 1107 W NC HIGHWAY 54 DURHAM, NC 27707 | | | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 000124 | bank draft | O | 04/21/16 | \$12.00 | service charge |
| 000124 | bank draft | O | 05/23/16 | \$12.00 | service charge |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Branch Bank & Trust 1107 W NC HIGHWAY 54 DURHAM, NC 27707 | | | | service charge | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ 36.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 000124 | bank draft | O | 6/22/16 | \$12.00 | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| US POSTAL SERVICE 65 TW Alexander Drive Durham, NC 27709 | | | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | e. Election Sum to Date | |
| | | | | \$ 131.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 000123 | check | I | 03/33/16 | \$49.00 | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 85.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | <div style="text-align: right; color: blue; font-weight: bold;">MAIL</div> <div style="text-align: right; color: blue;">JUL 14 2016</div> |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* - Other | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

Pg 2 of 2

Amendment

☐ Yes

☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| | | | | | | |
|---|---------------------------|------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| XAVIER CASON FOR SCHOOL BOARD | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| Eventbrite 155 5 th Street San Francisco, CA 94103 | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 28.38 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 000123 | electronic | C | 03/04/16 | \$55.47 | | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 55.47 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 140.47 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | | |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

MAIL
JUL 14 2016

DURHAM BOE

Disbursements

Pg 1 of 1

Amendment

☐ Yes

☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| | | | | | | |
|--|---------------------------|------------------------|---|----------------------|--------------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| XAVIER CASON FOR SCHOOL BOARD | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| DURHAM COUNTY Democratic Party P.O Box 468 DURHAM, NC 27702 | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 75.98 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 000125 | check | G | 06/22/16 | \$75.98 | | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 75.98 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

MAIL
JUL 14 2016
DURHAM BOE

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | | |
|--|--|---|-----------------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| XAVIER CASON FOR SCHOOL BOARD | | | | | |
| 3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| Xavier Cason 4209 Grove Ridge Drive Durham, NC 27703 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 4/14/16 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 596.00 | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | P | | \$ 596.00 | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| Retired | Durham Public School | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | | | 4/14/16 | \$ 596.00 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | | | \$ | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | | | \$ | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 4. Total only this Page | | | | | |
| \$ 596.00 | | | | | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | | |
| \$ 596.00 | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |