Disclosure Re	port Cover neral report and committee i	nformation must b	e signed and sub	mitted along with	Amenament Yes  other detailed forms	No
_	to update information	mormation, must o	e signed and sub-	initied along with	omer detailed forms.	
1. Committee Infor	mation					
a. Full Name					c. ID Number	Telegraph
XAVIER CASON	FOR SCHOOL BOARD					
	ude City, State and Zip Code)				d. Date Filed	
4209 Grove Ridge I Durham, NC 27703	Orive				7/12/16	
					e. Phone Number	
					919323-1691	
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy	d End Date	5. Treasurer F	ull Name	
2016	3/1/2016		5/30/16	Kenneth D. Gil	bbs	
6. Type of Commit	tee (Check One)	9. Type of Repo	rt (check on	ly one type of rep	oort from one category)	
Candidate Camp		Municipal	State/C	ounty	Referendum	
PAC	Referendum	Organization	nal	Organizational	Organizational	
Independent Expenditure Legal Expense F	Joint Fundraiser	Thirty-five	day	Quarterly	Pre-referendum	
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final	
"Booster Fund"		Pre-election	$\boxtimes$	Second	Supplemental Final	
Building Fund		Pre-runoff		Third	Annual	
		Semi-annua		Fourth	Special	
_		Mid Y		Semi-annual	10.0 115	
Other:		Year E	and $\square$	Mid Year	10. Special Report Na	me
		Final	ᅵ님	Year End		
8. Number of Fund	Iraisers this Report	Special		Final Special		
11. Account Inform	0 nation		11. Account			
a. Financial Institution				titution Full Name		
Branch Banking &			PayPal			
b. Purpose	c. Account Code		b. Purpose		c. Account Code	
Campaign exp & Fundraisin		1	Campaign ex & fundraisin	MAIL	2	
	d. Period Begin Balan	ce		JUL 1 4 2016	d. Period Begin Balance	
	\$ 660.17				\$ 130.93	
CERTIFICATION	V			RHAM BOE		
I certify that the Co the NC General Sta	mmittee or Fund is in comp tutes and that no funds are of d correct and that I have bee	commingled with pr	ohibited or other	non-disclosed fur	22B, & 22D-22M of Chapter 1 ands. I further certify that this and 7/11/16	163 of report
	Printed Name of Signer		Signature of Appoin	nted Treasurer	Date	
FOR OFFICE USE	ONLY				Delivery Method	
Date Received		Employe			Normal Mail Registered Mail	
Date Postmark	ed:	Employe	e:		Hand Delivered Electronically Filed	d
Date Scanned:		Employe	e:		Signer has not reco	eived
			e:		manuatory training	5

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

### **Detailed Summary**

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 N	umber
XAVIER CASON FOR SCHOOL BOARD	2016 Second Quar	ter			
Start of Election Cycle: January 1,	2016		Total this		Total this
4) Cash on Hand at Start		\$	Reporting Period 791.10	\$	Election Cycle 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 Organizati	ions (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, 1	1c, 11d and 11e)	\$	21.35	\$	2260.93
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	140.47	\$	1588.95
13b) Contributions to Candidates/Political Commi	ittees (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 su	btract 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 campaig	gns) (CRO-1430)	\$	MAIL		
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	JUL 1 4	2016	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$	DURHAM	BOF	
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)	\$		\$	

Amendment

Yes

 $\boxtimes$ 

## **Aggregated Contributions from Individuals**

Page

<u>1</u> of

Amendment Yes

No

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

	nmittee Full Na					2. ID Number
XAV	IER CASON FO	R SCHOOL	BOARD			
3. Coi	ntributor Inform	nation				
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	000123	Elec Funds Tr		3/1/16	\$ 21.35
<u> </u>	Remove	000125	Ziec i unus II			
屵	Add	-				\$
屵	Remove					
<del> </del>	Add Remove	-				\$
+	Add					
ᅡ	Remove	1				\$
Ħ	Add					Φ.
	Remove					\$
	Add					\$
	Remove					Ψ
	Add					\$
	Remove					*
<u> </u>	Add					\$
<u> </u>	Remove					
$\vdash$	Add Remove	-				\$
$\dashv$	Add					
H	Remove	-				\$
Ħ	Add					
	Remove					\$
	Add					\$
	Remove					J.
	Add					\$
	Remove					<u> </u>
뉴	Add	_				\$
Η	Remove					
<u> </u>	Add Remove	-				\$
H	Add					
H	Remove					\$
	Add					2
	Remove		<u> </u>			\$
	Add					\$
	Remove					Ψ
	Add				MAIL	\$
<u> </u>	Remove			11	JL 1 4 2016	
<u> </u>	Add	-		3(	JL L - S	\$
믐	Remove Add			nul	RHAM BOE	
H	Remove	+				\$
H	Add					Ф
	Remove					\$
4. T	otal only this	Page				\$ 21.35
	otal of ALL (					\$ 21.35
(Th	is line must be on lin	ie 5 of Detailed S	Summary Page CRO-1100)			

Use this	form to report ind	ividual contributions	over \$50	0 or contributions	under \$50 if form C	RO 1205 is r	not used		
1. Committee Full Name (and Fund if applicable)							2. ID Number		
XAVIER	CASON FOR SO	CHOOL BOARD							
3. Contr	ibutor Informati	on		Add	Remove				
a. Full Nai	ne, Mailing Address	& Phone		b. Job Title/Profes	sion	d. Comme	nts		
(include	city, state, & zip)								
				c. Employer's Nan	ne/Specific Field				
						e. Election	Sum to Date		
						\$	0.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	yyyy)	k. Amount		
						QTR	\$	0.00	
			_			QIK	Φ	0.00	
							\$		
П							\$		
2.0				🗖			Φ		
STREET, STREET	ibutor Informatio		Ш	Add	Remove	1			
	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profes	sion	d. Comme	nts		
(include	city, state, & zip)								
				c. Employer's Nan	ne/Specific Field				
						e. Election	Sum to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	/yyyy)	k. Amount		
	- J						\$		
							\$		
							\$		
				🗖			Φ		
	ibutor Informati			Add	Remove				
	me, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profes	sion	d. Comme	nts		
(menude	city, state, & zip)								
				c. Employer's Nan	ne/Specific Field				
						e. Election	Sum to Date		
				M	AIL	\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	And Date (mm/dd.	/уууу)	k. Amount		
	-			JUL	14 100		\$		
				DUR	HAM BOE		\$		
							\$		
4. Tota	l only this Pag	e				\$		0.00	
VI COLOR	l of ALL CRO								
		Detailed Summary Page	CRO 110	0)		\$		0.00	

**Contributions from Individuals** 

Amendment

Yes 🖂

Amenament **Disbursements** Pg  $\boxtimes$ Yes No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

YAVIED CAS	Full Name (and Fur SON FOR SCHOOL	id if applicable)			2. ID Number
3. Type of Dish			CD C 1210 C		
Operating I		Contributions to C	CRO-1310 forms for eac andidates/Political Committees		
4. Payee Inform	_	Controducions to Ca	Add Committees		Coordinated Party Expenditures
	iling Address & Phone		b. Coordinated Committee	Remove	
(include city, state,			D. Cool dillated Committee	e Name	d. Comments
Branch Bank &			-		
1107 W NC HI			c. Level Registered (Specif	<b>C</b> .A	
DURHAM, NO			Federal	-	
	21101		State	County:	
				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					service charge
000124	bank draft	О	04/21/16	\$12.00	service charge
000124	1 1 1 0				service charge
000124	bank draft	О	05/23/16	\$12.00	Service charge
4. Payee Inforn	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,					service charge
Branch Bank &			1		Service charge
1107 W NC HI	GHWAY 54		c. Level Registered (Specif	fy)	
DURHAM, NC	2 27707		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					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	0	6/22/16		1
000121	bank draft	U	0/22/10	\$12.00	
				\$	
				\$	
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,					
US POSTAL SI					
65 TW Alexand			c. Level Registered (Specify	y)	
Durham, NC 27	1709		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					2 121 20
					\$ 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	
	Chicoli	•	03/33/10	\$47.00	
				\$	
				Φ	
5. Total only thi					\$ 85.00
	CRO-1310 Pages				MAIL
	line 13a of Detailed Sum				\$
			0 if Contrib to Candidates/Poli		JUL 1 4 2016
			0 if Coordinated Party Expend	litures)	JUL X - LV
	les (List detailed exp				ther Candidate DURHAM BOE
A* - Media E - Salaries	B* - Printing	C* - Fund			ther Candidate
I - Postage	F* - Equipment J - Penalties		ce Expenses		ng Public Office Expenses
O* - Other	0 - I charles	K - Olik	re Expenses	Q" - Donat	ion to Legal Expense Fund
* Codes requir	e detailed explanati	ion in required r	emarks field (k)		

#### **Disbursements**

g 2

of <u>2</u>

Amenament Yes

 $\nabla$ 

No

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

	ull Name (and Fund				2. ID Number
	ON FOR SCHOOL E				
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 forms for each ty	vpe of Disbursen	nent.)
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Eventbrite	•		1		
155 5 <sup>th</sup> Street			c. Level Registered (Specify)		
San Francisco, O	CA 94103		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					¢ 29.29
					\$ 28.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
000122	alaatrania	C	02/04/16	\$55.47	
000123	electronic	C	03/04/16	\$55.47	
				6	
				\$	
4. Payee Inform	nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					
			1		
			c. Level Registered (Specify)		
			Federal	County:	
			State	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
				\$	
				0	
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
,,,			1		
			c. Level Registered (Specify)		
			Federal	County:	
			State	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
				\$	
			N.I	AIL	
			10	AIL	
5. Total only th	is Page			1 4 2010	\$ 55.47
	CRO-1310 Pages	MANAGER AND	, , , , , , , , , , , , , , , , , , , ,		
		nmary Page CRO-110	00 if Operating Expenses)	RHAM BOE	0 140 47
			00 if Contrib to Candidates/Politic	cal Comm)	\$ 140.47
	-		00 if Coordinated Party Expenditu		
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anot	ther Candidate
E - Salaries	F* - Equipment				ng Public Office Expenses
I - Postage	J - Penalties		ice Expenses		ion to Legal Expense Fund
O* - Other					
* Codes requir	re detailed explanat	ion in required r	remarks field (k)		

## Disbursements Pg 1 of 1

Amenament

Yes No

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

	N FOR SCHOOL E	A A				2. ID Number
3. Type of Disbu			RO-1310 forms for e	each to	ne of Dishursom	ent)
Operating Ex			ndidates/Political Committee			ordinated Party Expenditures
4. Payee Inform		Contributions to Car	Add		Remove	ramated Farty Experiences
	ng Address & Phone		b. Coordinated Comm	ittee Na		d. Comments
(include city, state,			DV COOT distance Commis	11100111		ur comments
DURHAM COU						
Democratic Part			c. Level Registered (Sp	necify)		
P.O Box 468	y		Federal		County:	
DURHAM, NC	27702		State		Municipality:	e. Election Sum to Date
DOMIANI, NC	21102		State		withincipanty.	e. Election Sum to Date
						\$ 75.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	v)	j. Amount	k. Required Remarks
1. Account Code	g. Form of Layment	and an post court	i. Date (iiii) dd/yyy	3)	J. Amount	k. Required Remarks
000125	check	G	06/22/16		\$75.98	
					\$	
4. Payee Inform	ation		Add	П	Remove	
	ng Address & Phone		b. Coordinated Comm	ittee Na		d. Comments
(include city, state,			2. Coo. amateu Comm	114		
(include city, state,	& zip)					
			c. Level Registered (Sp	necify)		
			Federal		County:	
			State	H	Municipality:	e. Election Sum to Date
			State		wumerpanty.	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	(v)	j. Amount	k. Required Remarks
I. Account Code	g. I of m of I ayment	F355	i. Date (init du yy)	3)	J. Amount	R. Required Remarks
					\$	
					\$	
4. Payee Inform	ation		Add	П	Remove	
	ng Address & Phone		b. Coordinated Comm	ittee Na		d. Comments
(include city, state,			- Committee Committee			
ancidae city, state,	ce zip)		1			
			c. Level Registered (S)	pecify)		
			Federal		County:	1
			State	$\exists$	Municipality:	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	vv)	j. Amount	k. Required Remarks
	o	•	(			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					\$	
				MAI	<b>L</b> \$	
5. Total only th	is Page				A 2016	\$ 75.98
6. Total of ALL	CRO-1310 Pages			IUL ?		
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	00 if Operating Expenses)	,-	AM BOE	Ф 75.00
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	00 if Contrib to Candidate	s/Politic	al Comm)	\$ 75.98
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-110	0 if Coordinated Party Ex	xpenditu	ires)	
7. Purpose Cod	es (List detailed ex	penditure code in	00 if Operating Expenses) 10 if Contrib to Candidate 10 if Coordinated Party Ex			
A* - Media	B* - Printing	C* - Fun	And the second s		D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Politi	cal Party			g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		Q* - Donatio	on to Legal Expense Fund
O* - Other						
* Codes requir	e detailed explanat	ion in required r	emarks field (k)	25		

# Refunds/Reimbursements From the Committee Pg 1 of 1 Amenument Yes No

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

1. Committee Full I	Name (and Fu	und if applicable)			2. ID Number
XAVIER CASON FOR S	SCHOOL BOARI	D			
3. Payee Information	on	⊠ Ad	dd Remove		
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date
(include city, state, & Xavier Cason	zip)		Candidate Referendum	PAC Party	4/14/16
4209 Grove Ridge Drive			e. Level Registered (Specify		i. Original Receipt Amount
Durham, NC 27703			Federal State	County: 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			
I. Form of Payment	m. Required	Remarks		n. Date (mm/dd/yyyy	y) o. Amount
Check				4/14/16	\$ 596.00
3. Payee Information	on	□ A	dd Remove		
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date
(include city, state, &	zip)		Candidate	PAC	
			e. Level Registered (Specif	Party (v)	i. Original Receipt Amoun
			Federal Federal	County:	
			State	Municipality:	\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
1. Form of Payment	m. Required	Remarks		n. Date (mm/dd/yyy	y) o. Amount
					\$
3. Payee Informati	on	□ A	dd Remove		
a. Full Name, Mailing	Address & Phone	e	d. Type of Committee		h. Original Receipt Date
(include city, state, &	zip)		Candidate	PAC	
			Referendum Conscience	Party	i. Original Receipt Amour
			e. Level Registered (Special	County:	
			State	Municipality:	\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
			MAIL		
l. Form of Payment	m. Required	Remarks	IIIL 1 4 201	n. Date (mm/dd/yyy	y) o. Amount
			DURHAM B	OF.	\$
4. Total only this I	Page		DUKK		\$ 596.00
5. Total of ALL C	RO-1320 Pag	es (This line must be on line 16 of Detaile			\$ 596.00
L - Returned to Contr P* - Reimbursement		M - Overpayment for Service O* Other	N - Exceeded	Contribution Limit	
		required remarks field (m)			