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 Committee to Elect Xavier Cason for School Board	**d. ID Number**
b. Mailing Address (include City, State and Zip Code)	**e. Date Organized** 12/30/19
c. Committee Website (Optional)	**f. Phone Number** 919-323-1651

2. Candidate Information

a. Full Name XAVIER LAMONT CASON	**e. Party Affiliation** DEMOCRATIC
b. Mailing Address (include City, State, and Zip Code) 4209 GROVE RIDGE DRIVE DURHAM NC 27703	**f. Office Sought** DURHAM COUNTY BOARD OF EDUCATION DISTRICT 4
c. Phone Number 919 323 1651 / **d. Email Address** vote4cason@gmail.com	**g. Next Election Year** 2026 / **h. Jurisdiction**
☑ Email copy of report notices	

3. Treasurer Information

a. Full Name XAVIER LAMONT CASON	
b. Mailing Address (include City, State, and Zip Code) 4209 GROVE RIDGE DRIVE DURHAM NC 27703	
c. Phone Number 919 323 1651 / **d. Email Address** vote4cason@gmail.com	
Send report notices by email ☑ Yes ☐ No	

4. Assistant Treasurer Information

a. Full Name	
b. Mailing Address (include City, State and Zip Code)	
c. Phone Number / **d. Email Address**	
☐ Email copy of report notices	

5. Custodian of Books Information (Keeper of Records)

a. Full Name XAVIER LAMONT CASON	
b. Mailing Address (include City, State, and Zip Code) 4209 GROVE RIDGE DRIVE DURHAM NC 27703	
c. Phone Number 919 323 1651 / **d. Email Address** vote4cason@gmail.com	
☑ Email copy of report notices	

6. Account Information *(incl. CRO-3500)*

a. Financial Institution Full Name	
b. Account Code	**c. Type**

IN-PERSON
DEC 05 2025
Durham County 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.

XAVIER L. CASON		12-5-25
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.

XAVIER L. CASON		12-5-25
Printed Name of Candidate	Signature of Candidate	Date