
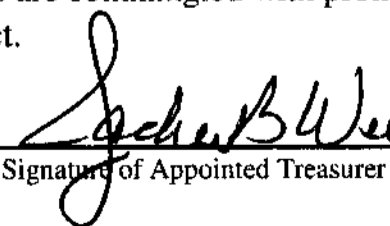
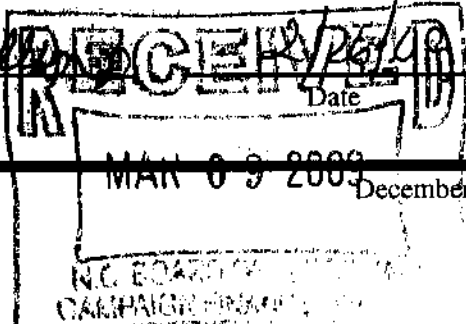


# Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

1. Committee Information			
a. Full Name		c. ID Number	
Friends OF MARCUS BRANDON		26-4195830	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
808 Glendale Dr. Greensboro, NC 27406		02/26/09	
		e. Phone Number	
		336-373-1061	
2. Candidate Information		<input type="checkbox"/> Candidate's Primary Committee	
a. Full Name	c. Candidate ID Number	d. Party Affiliation	
Kenneth Marcus Brandon Jr.	244-39-2997	Democrat	
b. Mailing Address (include City, State, and Zip Code)	e. Office Sought	f. Jurisdiction	
808 Glendale Dr Greensboro, NC 27406			
(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
Jackie Williamson		LATOShia M. Brandon	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
4000 Appleton Rd Greensboro, NC 27405		808 Glendale Dr Greensboro, NC 27406	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
336) 621-0022	N/A		
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Evan Moody		SunTrust	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
1373 K st Washington, DC 20003			
c. Phone Number	d. Email Address	c. Account Code	d. Type
202-230-6859			Checking
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.			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		 Date	

503-11-09 DL