

# Disclosure Report Cover

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

<b>1. Committee Information</b>				
<b>a. Full Name</b> Friends of Marcus Brandon			<b>c. ID Number</b> STA-UT4X82-C-001	
<b>b. Mailing Address (Include City, State and Zip Code)</b> 4000 Appleton Rd NC Greensboro NC 27405			<b>d. Date Filed</b> 07/31/2009	
			<b>e. Phone Number</b> (336) 621-0022	
<b>2. Report Year</b> 2010	<b>3. Period Start Date (mm/dd/yy)</b> 01/01/2009	<b>4. Period End Date</b> 06/30/2009		<b>5. Treasurer Full Name</b> Marcus Brandon
<b>6. Type of Committee (Check one)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</b>		<b>State/County</b>		<b>Referendum</b>
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		
<b>11. Account Information</b>				
<b>a. Financial Institution Full Name</b> SunTrust				
<b>b. Purpose</b> Committee Account			<b>c. Account Code</b> Checking	
			<b>d. Period Begin Balance</b> \$ 150.00	
<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 undisclosed 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 [Signature] Printed Name of Signer		[Signature] K. B. [Signature] Signature of Appointed Treasurer		7-31-09 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: 8/1/09	AUG 03 2009		Employee: [Signature]	<b>Delivery Method</b>
Date Postmarked: 8/3/09	NC BOARD OF ELECTIONS CAMPAIGN FINANCE DIVISION		Employee: [Signature]	<input checked="" type="checkbox"/> Normal Mail
Date Scanned:			Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:			Employee:	<input type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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.				