

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Jim Marshall			2. Identification Number H0GA08032	
(b) Address (number and street) 586 Orange Street		<input type="checkbox"/> Check if address changed		
(c) City, State and ZIP Code Macon GA 31201		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate GA 08		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE:This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Friends of Jim Marshall		
(b) Address (number and street) P.O. Box 125		
(c) City, State and ZIP Code Macon GA 31202		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Friends of Jim Marshall		
(b) Address (number and street) P.O. Box 125		
(c) City, State and ZIP Code Macon GA 31202		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate Jim Marshall	Date 10/21/2009
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NOTE:Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Friends of Jim Marshall

(b) Address (number and street)

P.O. Box 125

(c) City, State and ZIP Code

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