TRANSMISSION VERIFICATION REPORT

TIME : 05/13/2013 02:06
NAME : DAYSINN DWT RALEIGH
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DATE,TIME	05/13 02:05
FAX NO./NAME	12022193496
DURATION	00:00:43
PAGE(S)	05
RESULT	OK
MODE	STANDARD ECM

13031070645

X

Subject: Statement of Organization

Date May 13, 2013

To:	Ryan Furman	*From:*	Cecil Brockman
Phone number:		*Phone number:*	*980.213.5765*
Fax number:	202.219.3496	*No. of pages*	4

Comments:

Thank you for your help Friday. Anything you can do to help streamline this application so we will be open a bank account is greatly appreciated. Email: Cecil.Brockman@gmail.com Phone: 980.213.5765

fax

Subject:	Statement of Organization		
Date	May 13, 2013		
To:	Ryan Furman	*From:*	Cecil Brockman
Phone number:		*Phone number:*	*980.213.5765*
Fax number:	202.219.3496	*No. of pages*	4

Comments:

Thank you for your help Friday. Anything you can do to help streamline this application so we will be open a bank account is greatly appreciated. Email: Cecil.brockman@gmail.com Phone: 980.213.5765

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Marcus Brandon For Congress

ADDRESS (number and street) 608 Glendale Dr

(Check if address is changed)

Greensboro NC 27406-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) MarcusBrandon@gmail.com

Optional Second E-Mail Address

Cecil.Brickman@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) MarcusBrandon.com

2. DATE 05 13 2013

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ✓ NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Cecil A Brockman

Signature of Treasurer C A B Date 05 13 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) ☑ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate: Marcus Brandon

Candidate Party Affiliation: DEM Office Sought: ☑ House ☐ Senate ☐ President State: NC District: 12

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (I.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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FEC Form 1 (Revised 02/2009) Page 3

Write or Type Committee Name

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

CITY STATE ZIP CODE

Title or Position Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Cecil Antonio Brockman

Mailing Address: 1166 Roberts Ln.

High Point NC 27260

CITY STATE ZIP CODE

Title or Position: Treasurer

Telephone number: 980-213-5765

13031070649

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

Telephone number

13031070650

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO BANK

Mailing Address 100 N GREENE ST

GREENSBORO NC 27401

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
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N/A PREPARER	N/A DATE PREPARED

(5/2004)

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