

# 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.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
BRANDON GOODMAN FOR TOWN COUNCIL			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
155 E INDIANA AVE, SOUTHERN PINES, NC 28387		07/02/2021	
c. Committee Website (Optional)		f. Phone Number	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
BRANDON LEE GOODMAN		NON PARTISAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
155 E INDIANA AVE		TOWN COUNCIL	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-334-1330	BRANDON.SOPINES@GMAIL.COM	2025	SOUTHERN PINES
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
FRANK THIGPEN			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
300 PINEHURST AVE			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-585-6518	FRANK@THIGPENJENKINS.CO		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
		FIRST BANK OF NC	
b. Mailing Address (include City, State, and Zip Code)			
205 SE BROAD STREET			
c. Phone Number	d. Email Address	b. Account Code	c. Type
		01	CHECKING
<input type="checkbox"/> Email copy of report notices			
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.			
Frank C. Thigpen		9/25/25	
Printed Name of Treasurer		Signature of Appointed Treasurer	
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.			
BRANDON GOODMAN		9.25.05	
Printed Name of Candidate		Signature of Candidate	