

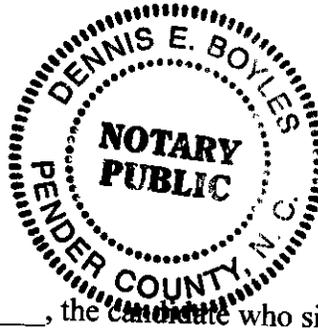
Affidavit Attesting to Nickname
(NCGS § 163-106(a))

I, MARTHA QUINN (Legal name) have been duly sworn, hereby state under oath that I have been commonly known by the nickname, MARTI, for at least five years and request that my name be placed on the ballot as follows: Martha (Marti) Quinn (Name to appear on ballot).

In the event that another candidate with the same last name as mine files notice of candidacy for the same office for which I am a candidate, my name should be listed on the ballot as follows:

Martha Quinn - Marti
(Legal name and nickname)

Marta Q. Quinn
(Signature - legal name)



I hereby certify that MARTHA QUINN, the candidate who signed above, personally signed in my presence.

Sworn to and subscribed before me this 17th day of July, 2009.

Notary
Title of Certifying Officer

Dennis E Boyles
Signature of Certifying Officer

My commission expires: 3/31/2010



North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

Kimberly Westbrook-Strach
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: Martha Ann Quinn
 Treasurer Name: Martha Ann Quinn
 Treasurer Address: 35 Sandy Lane
 (include city, state, & zip) Suitt City, NC 28445

 Treasurer Phone: 910-328-1987

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

7/17/09
 Date Signed

Martha A. Quinn
 Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Certification of Threshold

This Certification is used by Candidate and Party Committees only, to declare or withdraw the committee's intent to raise or spend under \$3,000 in the current election cycle

FILED BY:

Committee Name: Martha Ann Quinn

Treasurer Name: Martha Ann Quinn

Treasurer Address: 35 Sandy Lane

(include city, state, & zip) Suff City, NC 28445

Treasurer Phone: _____

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$3,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

____ I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

7/17/09
 Date Signed

Martha A. Quinn
 Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



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Confidential

Certification of Financial Account Information

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

FILED BY:

Committee Name: Martha Quinn
 Treasurer Name: Martha Quinn
 Treasurer Address: 35 Sandy Lane
 (include city, state, & zip) Surf City, NC 28445
 Treasurer Phone: 910-539-3079

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

The treasurer shall maintain all moneys of the political committee in a bank account or bank accounts used exclusively by the political committee and shall not commingle those funds with any other moneys.

Type of account	Financial Institution	Address	Account Number	Account Code
Checking	SAEFCU	710 Maiden Chapel Dr. 170 ME 21222		

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

8/10/08
 Date Signed

[Signature]
 Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

 Date Signed

 Signature of Candidate or Treasurer

AUG 12 2008



REC'D DEC 29 2009

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Deputy Director – Campaign Reporting

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Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: Martha Quinn
Treasurer Name: Martha Quinn
Treasurer Address: 35 Sandy Lane
(include city, state, & zip) SuCA City NC 28445

Treasurer Phone: (910) 328-1987

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

12/23/09
Date Signed

[Signature]
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.