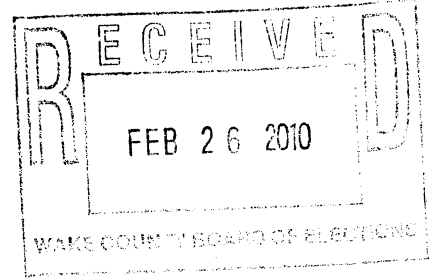




North Carolina  
 State Board of Elections  
 506 N Harrington Street  
 Raleigh, NC 27603



Kimberly Westbrook-Strach  
 Deputy Director – Campaign Reporting

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

**Certification 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: Martin A. Gallagher

Treasurer Name: Same as above

Treasurer Address: 508 Grant Forest Ln  
 (include city, state, & zip) Cary NC 27519

Treasurer Phone: 919 740-7337

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 \$1,000 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 \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

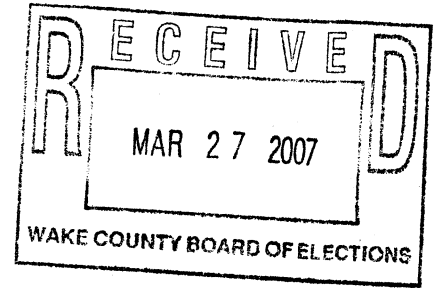
2/26/2010  
 Date Signed

Martin A. Gallagher  
 Signature

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

**FILED BY:**

Committee Name: GALLAGHER FOR TOWN COUNCIL

Treasurer Name: MARTIN GALLAGHER

Treasurer Address: 508 GRANT FOREST LANE  
 (include city, state, & zip) CARY NC 27519

Treasurer Phone: 919-740-7387

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.

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.

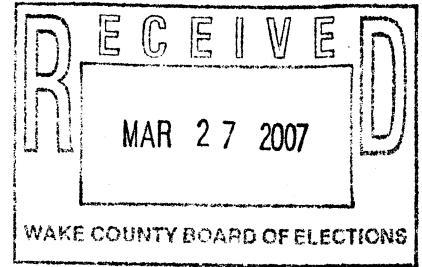
3-27-2007

Date Signed

Martin A. Gallagher  
 Signature



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 State Board of Elections  
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 Raleigh, NC 27603



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 Deputy Director – Campaign Reporting

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

### Certification of Treasurer

**FILED BY:**

Candidate Name: MARTIN GALLAGHER

Treasurer Name: MARTIN A. GALLAGHER

Treasurer Address: 508 GRANT FOREST LANE  
 (include city, state, & zip) CARY NC 27519

Treasurer Phone: 919-740-7387

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.

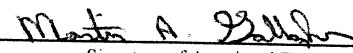
I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy.

03/27/2007  
 Date Signed

Martin A. Gallagher  
 Signature of Candidate

# Statement of Organization - Candidate Committee

Amendment  
 Yes  No

|  |                  |   |   |                   |  |
|--|------------------|---|---|-------------------|--|
| <b>1. Committee Information</b>  |                  | <div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b><br/>                 MAR 27 2007<br/>                 WAKE COUNTY BOARD OF ELECTIONS             </div> |   |                   |  |
| a. Full Name   |                  |   |   | c. ID Number      |  |
| GALLAGHER FOR TOWN COUNCIL   |                  |   |   |                   |  |
| b. Mailing Address (include City, State and Zip Code)  |                  |   |   | d. Date Organized |  |
| 508 GRANT FOREST LANE<br>CARY NC 27519   |                  |   |   | 03/27/2007        |  |
|  |                  | e. Phone Number   |   |                   |  |
|  |                  | (919) 740-7387  |   |                   |  |
| <b>2. Candidate Information</b>  |                  | <input checked="" type="checkbox"/> Candidate's Primary Committee   |   |                   |  |
| a. Full Name   |                  | c. Candidate ID Number  | d. Party Affiliation                            |                   |  |
| MARTIN A. GALLAGHER  |                  |   | NONPARTISAN                                     |                   |  |
| b. Mailing Address (include City, State, and Zip Code)   |                  | e. Office Sought  | f. Jurisdiction                                 |                   |  |
| 508 GRANT FOREST LANE<br>CARY NC 27519   |                  | CARY TOWN COUNCIL   | AT-LARGE  |                   |  |
| <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i>  |                  |   |   |                   |  |
| <b>3. Treasurer Information</b>  |                  | <b>4. Custodian of Books Information</b>  |   |                   |  |
| a. Full Name   |                  | a. Full Name  |   |                   |  |
| SAME   |                  | SAME  |   |                   |  |
| b. Mailing Address (include City, State, and Zip Code)   |                  | b. Mailing Address (include City, State, and Zip Code)  |   |                   |  |
|  |                  |   |   |                   |  |
| c. Phone Number  | d. Email Address | c. Phone Number   | d. Email Address                                |                   |  |
|  | MARTIN9G@AOL.COM |   |   |                   |  |
| <b>5. Assistant Treasurer Information</b>  |                  | <b>6. Account Information</b> (incl. CRO-3500)  |   |                   |  |
| a. Full Name   |                  | a. Financial Institution Full Name  | b. Purpose                                      |                   |  |
|  |                  | SECU  | FOR THE RECEIPT & EXPENDITURE OF CAMPAIGN FUNDS |                   |  |
| b. Mailing Address (include City, State, and Zip Code)   |                  | c. Code   | d. Type   |                   |  |
|  |                  | 1   | CHECKING  |                   |  |
| c. Phone Number  | d. Email Address |   |   |                   |  |
|  |                  |   |   |                   |  |
| <b>CERTIFICATION</b>   |                  |   |   |                   |  |
| I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct. |                  |   |   |                   |  |
| MARTIN A. GALLAGHER  |                  |   | 03/27/2007                                      |                   |  |
| Printed Name of Signer   |                  | Signature of Appointed Treasurer  | Date  |                   |  |