

MARTIN-LAUER ASSOCIATES POLITICAL FUNDRAISING & CONSULTING

FACSIMILE TRANSMITTAL SHEET

TO: Barry Conway	FROM: Neil Quinter
COMPANY: FEC	DATE: 11/14/2004
FAX NUMBER: 202-219-3496	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S PHONE NUMBER: 410-547-8884
RE:	SENDER'S FAX NUMBER: 410-547-1790

- URGENT
 FOR REVIEW
 PLEASE COMMENT
 PLEASE REPLY
 PLEASE RECYCLE

NOTES/COMMENTS:

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1010 HULL ST
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BALTIMORE, MD 21230
(410) 547-8884 PHONE / (410) 547-1790 (FAX)

2605892462

FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

2005 NOV 15 A 7:11

Neil Quinter
8739 Carriage Hills Drive
Columbia, MD 21046
W: 202-756-8027

November 14, 2005

VIA FACSIMILE

Barry Conway
Chief, Authorized Branch
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

Re: Candidate ID Number H6MD03268

Dear Mr. Conway:

Enclosed please find an amended Statement of Candidacy. Since I do not intend to expend personal funds on this election, I left this part of FEC Form 2 blank when I originally filed my Statement of Candidacy. Apparently, I should have entered "0.00" on the form. Therefore, I am filing herewith an amended FEC Form 2 that enters "0.00" at the appropriate places. Please let me know if you need any further information.

Sincerely,



Neil Quinter

250338524624

FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED
FEDERAL ELECTION
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DIVISION

2005 NOV 15 A 7:11

1. (a) Name of Candidate (in full) Neil Folch Quinter		2. Identification Number H6MD03268
(b) Address (number and street) <input type="checkbox"/> Check if address changed 8739 Carriage Hills Drive		3. Is This Statement <input type="checkbox"/> New (N) <input type="checkbox"/> OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Columbia, MD 21046		6. State & District of Candidate MD-03
4. Party Affiliation Democrat	5. Office Sought House of Representatives	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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

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

(a) Name of Committee (in full) Quinter for Congress
(b) Address (number and street) 8739 Carriage Hills Drive
(c) City, State, and ZIP Code Columbia, MD 21046

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	0.00	for the primary election, and
9B	0.00	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 Neil Folch Quinter	Date 11/13/2005
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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. 5437g.

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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.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>Fax to RAD</i>	Date of Receipt or Postmarked <i>11/15/05</i>

JL1
 PREPARER *11/18/05*
DATE PREPARED