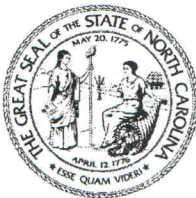


**NORTH CAROLINA  
STATE BOARD OF ELECTIONS**

PO BOX 27255  
RALEIGH, NC 27611  
TELEPHONE 919-733-7173



**NOTICE OF CANDIDACY  
COUNTY AND LEGISLATIVE**

**TO THE PENDER COUNTY BOARD OF ELECTIONS:**

I hereby file notice as a candidate for nomination as \_\_\_\_\_ SCHOOL BOARD DISTRICT 5  
(Name of Office)

District 5, in the \_\_\_\_\_ Party Primary Election scheduled for May 8, 2012.  
(if applicable) (Name of Political Party)

I affiliate with the \_\_\_\_\_ Party, and I certify that I am now registered on the registration records of the precinct in which I reside.

I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor have I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days.

I pledge that if I am defeated in the primary, I will not run for the same office as a write-in candidate in the next general election.

Check "YES" or "NO" I swear to the following to be true, correct, and complete to the best of my knowledge or belief.

YES ☐ NO ☒ Have you ever been convicted of a felony? (Felony conviction need not be disclosed if the conviction was dismissed as a result of reversal on appeal or resulted in a pardon of innocence or expungement.)

If you have been convicted of a felony, you are required to complete the "Candidate Felony Disclosure" form within 48 hours of submitting this notice. See GS § 163-106. The required form can be obtained from any elections office or from the NC State Board of Elections website at [www.ncsbe.gov](http://www.ncsbe.gov).

I swear (affirm) that the statements contained on this form are true, correct and complete to the best of my knowledge or belief.

309 DORAL DR

Residence Address

HAMPSTEAD, NC 28443

City, State, Zip

Mailing Address, if different

City, State, Zip

Karen S. Gonzales

Name as it will appear on Ballot

Karen S. Gonzales

Signature of Candidate

(910) 270-1614

Home Telephone

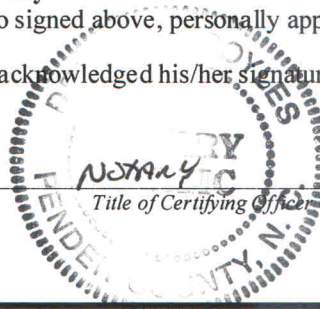
Work Telephone

**Certification of Notice of Candidacy**

I hereby certify that Karen S. Gonzales, the candidate who signed above, personally appeared before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

This 13<sup>th</sup> day of February, 2012.

Dennis C. B. S.  
Signature of Certifying Officer



Title of Certifying Officer

My commission expires: 3/31/2015

**Verification by County Board**

KAREN GONZALES

The undersigned has examined the voter registration records in PENDER County and found \_\_\_\_\_ to be a registered voter, affiliated with the \_\_\_\_\_ Party and that subject candidate has not changed his/her political party affiliation within the past ninety (90) days.

PENDER  
County

2/13/2012  
Date

Dennis C. B. S.  
Chairman or Director

This form is available as a public record in the elections office where filed. A prior felony conviction does not preclude holding elected office if rights of citizenship have been restored.

# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

Amendment

☐ Yes ☐ No

<b>1. Committee Information</b>	
a. Full Name <b>KAREN S. GONZALES</b>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <b>309 DORAL DR HAMPSHIRE NC 28443</b>	d. Date Filed <b>2-13-12</b>
	e. Phone Number <b>270-1614</b>

<b>2. Report Year</b> <b>2012</b>	<b>3. Period Start Date (mm/dd/yy)</b> <b>2-13-12</b>	<b>4. Period End Date (mm/dd/yy)</b> <b>2-13-12</b>	<b>5. Treasurer Full Name</b> <b>KAREN S. GONZALES</b>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>	
<input type="checkbox"/> Booster Fund			
<input type="checkbox"/> Building Fund			
<input type="checkbox"/> Other:			
<b>8. Number of Fundraisers this Report</b>			
<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <b>WELLS FARGO</b>	a. Financial Institution Full Name		
b. Purpose <b>CAMPAIGN FINANCE</b>	b. Purpose		
c. Account Code <b>KS.</b>	c. Account Code		
d. Period Begin Balance <b>\$ 0</b>	d. Period Begin Balance		

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 and that I have been trained by the NC State Board of Elections.

**KAREN S GONZALES**  
Printed Name of Signer

**Karen S. Gonzales**  
Signature of Appointed Treasurer

**2-13-12**  
Date

## FOR OFFICE USE ONLY

Date Received:	<b>2/13/12</b>	Employee:	<b>DB</b>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed  <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.



# Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

Amendment  
☐ Yes ☐ No

## 1. Committee Information

a. Full Name	c. ID Number
KAREN S. GONZALES	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
309 DORAL DR. HAMPSTEAD, NC 28443	2-13-12
	e. Phone Number
	910-270-1614

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
KAREN S. GONZALES		
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	(Indicate Non-partisan if applicable)
309 DORAL DR.	BOARD OF EDUCATION	
c. Phone Number	d. Email Address	h. Next Election Year
910-270-1614		2012
<input type="checkbox"/> Email copy of notices		i. Jurisdiction
		District 5

## 3. Treasurer Information

a. Full Name
SAME AS ABOVE
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

## 4. Custodian of Books Information

a. Full Name
b. Mailing Address (include City, State, and Zip Code)
c. Phone Number
d. Email Address

I prefer to receive notices by email ☐ Yes ☐ No ☐ Email copy of notices

## 5. Assistant Treasurer Information

a. Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	d. Email Address
<input type="checkbox"/> Email copy of notices	

## 6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
WELLS FARGO	
b. Purpose	
CAMPAIGN FINANCE	
c. Account Code	d. Type
KB.	CHECKING

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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.

KAREN S. GONZALES

Printed Name of Signer

Karen S. Gonzales

Signature of Appointed Treasurer

Date

2-13-12



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:

KAREN S. GONZALES

Treasurer Name:

SAME

Treasurer Address:

309 DORA DR

(include city, state, & zip)

HAMPSTEAD, NC. 28443

Treasurer Phone:

910-270-1614

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).

2-13-12  
Date Signed

Karen S. Gonzales  
Signature of Candidate

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





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 Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

**FILED BY:**

Committee Name:

KAREN S. Gougeon

Treasurer Name:

SAME

Treasurer Address:

309 DORAL DR

(include city, state, & zip)

HAMPSTEAD DR 28443

Treasurer Phone:

Check One:

☒ I certify that this committee intends to neither receive nor expend more than \$1,000 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 \$1,000 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 at or under the \$1,000 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.

2-13-12

Date Signed

Karen S. Gougeon

Signature

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



REC'D JAN 14 2013

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:

KAREN GONZALES

Treasurer Name:

KAREN GONZALES

Treasurer Address:

309 DORAL DR

(include city, state, & zip)

HAMPSTEAD NC 28443

Treasurer Phone:

910 270-1614

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.

Jan 10, 2013  
Date Signed

Karen Gonzales  
Signature

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

Pender County Board of Elections  
PO Box 1232  
Burgaw, NC 28425