PENDER COUNTY BOE

910-259-1269

P. 2



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 L. Rouse
Treasurer Name:	1) 1/
Treasurer Address:	P.O. BOX 697
(include city, state, & zip)	Castic Hayne NC 28429
Treasurer Phone:	910 675 3983

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. 165-278.10A. 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 through this election cycle, I un bestand 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.

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

CRO-3600

Certification of Threshold

December 2009

Disclosure Report Co	ver				Amendment Yes No
Use this form for general report		rmation, m	ust be signed and su	bmitted along	
Do not use this form to update in					
1. Committee Information					
a. Full Name				c.	ID Number
Karen L. Ro	use			_	1 HL 862
b. Mailing Address (include City, Star	e and Zip Code)			d.	Date Filed
P.O. DOX 59	7			9	3-17-12
Castle Hayn	e NC 28	429		<u> </u>	Phone Number 710 475 3983
2. Report Year 3. Period Start	Date (mm/dd/yy) 4	. Period E	nd Date (mm/dd/yy)	5. Treasurer	Full Name
2012 2-13			7-12		L. Rouse
6. Type of Committee (Check C	One) 9. Ty	pe of Repo	ort (check only one	type of report	from one category)
Candidate Campaign Par	Munic Munic	ipal	State/County	Re	ferendum
PAC Ref	erendum O	rganizational	Organizati	onal	Organizational
Independent Expenditure I Join	nt Fundraiser	hirty-five day	Quarterly		Pre-referendum
Legal Expense Fund	□ P:	re-primary	First	-	Final
	P	re-election	Secon	nd 📗	Supplemental Final
7. Type of Fund (if applicable,	check one)	re-runoff	Third		Annual
Booster Fund	Se	emi-annual	Fourt	h 🗀	Special
☐ Building Fund		Mid Year	Semi-annu		
		Year End	☐ Mid	Year 10	. Special Report Name
Other:		inal	Year	End	
8. Number of Fundraisers this	Report S	pecial	Final		
0			☐ Special	1	
11. Account Information		a none and new to	11. Account Inform	nation	
a. Financial Institution Full Name			a. Financial Institution	Full Name	
First Citizens	Bank				
b. Purpose	c. Account Code		b. Purpose	c.	Account Code
	d. Period Begin Balan	nce		d.	Period Begin Balance
	\$ 0				
CERTIFICATION	1.				
I certify that the Committee or Fu of the NC General Statutes and the report is complete, true and correct	at no funds are comm	ingled with	prohibited or other no	n-disclosed fund	

Date Data Entered: Employee: Signer has not received mandatory training

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.

Employee:

Employee:

Employee:

Delivery Method

□ Normal Mail□ Registered Mail

Hand Delivered
Electronically Filed

August 2008

Printed Name of Signer

FOR OFFICE USE ONLY

Date Received:

Date Scanned:

CRO-1000

Date Postmarked:

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

NC State Board of Elections

Detailed Summary

Amendment
Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number FINAL Maren L. Rouse 1 HL862 Total this Total this 2012 Start of Election Cycle: January 1, **Election Cycle Reporting Period** 4) Cash on Hand at Start 0 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 1404.45 1404.45 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220)8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds \$ (CRO-1410) 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250)11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources \$ (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ 1604.45 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 1404.45 \$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 1606,45 1404.45 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee \$ (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 1604.45 \$ \$ 1404.45 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)\$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans \$ (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$

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Disbursem	ents				Pa /	of	Amendment Yes No
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	coordinated party ex			r	,		
1. Committee F	full Name (and Fun	d if applicable)					2. ID Number
Ka	ren L. Ro	use					1 HL862
3. Type of Disb		e use separate CR					
Operating Exp		ntributions to Candida	tes/Politic		and with movement	Coor	dinated Party Expenditures
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5. Total only th	nis Page						\$ 1169.87
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(This line goes in	ı line 13c of Detailed Sur	nmary Page CRO-11	00 if Coo	rdinated Party	Expenditur	es)	

O* Other

A* - Media

E - Salaries

I - Postage

C* - Fundraising

G - Political Party

K* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

* Codes require detailed explanation in required remarks field (k)

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

T .				4
Dis	hIII	rser	nen	ts

	0		-	Amendment	
Pg	2	of	2	Yes	V No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full N	ame (and Fun	d if applicable)					2. ID Number
Karen	L. Rol	use					1HL862
3. Type of Disbursen	nent (Please	e use separate CF	RO-1310	forms for e	ach type of	Disburs	ement.)
Operating Expenses		ntributions to Candida	ates/Politic	cal Committees		Coordina	ated Party Expenditures
4. Payee Information	n			Add	Remove		
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7. Purpose Codes							
A* - Media	B* - Print			undraising			other Candidate
E - Salaries	F* - Equip			litical Party			ing Public Office Expenses
I - Postage	J - Penalt	ies	K* - C	office Expen	ises Q	* - Dona	tion to Legal Expense Fund
O* Other * Codes require det	ailed evaluate	tion in required	romark	field (k)			



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 L. Rouse
Treasurer Name:	11 (1 1/
Treasurer Address:	P.O. BOX 397
(include city, state, & zip)	Castle Hayne NC 28429
	,
Treasurer Phone:	910 675 3983
certification, I declare that	ntioned Committee intends to close and cease existence. Upon signing this all funds have been distributed and reported (if required). In addition, no ted 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 a new political committee must be formed and registered with the Board of
my canadate of barrot issue	, a new pointed committee made of formed and registered with the board of

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.

Date Signed

Elections before such activities may commence.

Signature Signature

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