



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:

" " "

Treasurer Address:

P.O. Box 697

(include city, state, & zip)

Castle Hayne NC 28429

Treasurer Phone:

910 675 3983

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 L. Rouse
Signature

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

Disclosure Report Cover

Amendment

☒ Yes ☐ No

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.

1. Committee Information			
a. Full Name		c. ID Number	
Karen L. Rouse		4 HL 862	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
P.O. Box 597 Castle Hayne NC 28429		5-17-12	
		e. Phone Number	
		910 475 3983	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2012	2-13-12	5-17-12	Karen L. Rouse
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. Account Information	
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 Balance		d. Period Begin Balance
	\$ 0		\$
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 L. Rouse		5/17/12	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	8/3/12	Employee:	DR
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method <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	
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.			

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	
Karen L. Rouse		FINAL		1HL862	
Start of Election Cycle: January 1, 2012		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0		\$ 0	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$ 1406.45		\$ 1406.45	
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)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1406.45		\$ 1406.45	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1406.45		\$ 1406.45	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
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)		\$ 1406.45		\$ 1406.45	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0		\$ 0	
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)		\$		\$	

Contributions from Individuals

Pg 1 of 2

Amendment

☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Karen L. Rouse					1 H L 862	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Karen L. Rouse P.O. BOX 597 Castle Hayne NC 28429 910 675 3983				Candidate		
				c. Employer's Name/Specific Field		e. Election Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		2/13/12	\$ 65.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Karen L. Rouse P.O. BOX 597 Castle Hayne NC 28429 910 675 3983				Candidate		
				c. Employer's Name/Specific Field		e. Election Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		4/11/12	\$ 1056.83	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Karen L. Rouse P.O. BOX 597 Castle Hayne NC 28429 910 675 3983				Candidate		
				c. Employer's Name/Specific Field		e. Election Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		4/19/12	\$ 48.04	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1169.87	
5. Total of ALL CRO-1210 Pages					\$ 1606.45	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

Contributions from Individuals

Pg 2 of 2 Amendment ☒ Yes ☐ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Karen L. Rouse						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Karen L. Rouse P.O. Box 597 Castle Hayne NC 28429 910 675 3983			Candidate			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 1606.45	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		4/25/12	\$ 184.58	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Karen L. Rouse P.O. Box 597 Castle Hayne NC 28429 910 675 3983			Candidate			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 1606.45	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		4/30/12	\$ 252.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 436.58	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1606.45	

Disbursements

Pg 1 of 2

Amendment

☐ Yes ☐ 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 Name (and Fund if applicable)						2. ID Number	
Karen L. Rouse						1 HL862	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Pender County Board of Elections P.O. BOX 1232 Burgaw NC 28425 910 259 1220							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 65.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		2/13/12	\$ 65.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Total Image 745A Hwy. 117 South Burgaw, NC 28425 910 259 4446							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1289.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		4/11/12	\$ 1056.83			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Total Image 745A Hwy. 117 South Burgaw NC 28425 910 259 4446							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1289.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		4/19/12	\$ 48.04			
				\$			
5. Total only this Page						\$ 1169.87	
6. Total of ALL CRO-1310 Pages						\$ 1606.45	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 2 of 2 Amendment ☐ Yes ☒ 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 Name (and Fund if applicable)						2. ID Number	
Karen L. Rouse						1HL862	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Total Image 745A Hwy. 117 South Burgaw NC 28425 910 259 6666							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1289.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		4/25/12	\$ 184.58			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Pender-Topsail Post & Voice P.O. box 955 Burgaw NC 28425 910 259 9111							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 252.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		4/30/12	\$ 252.00			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 436.58	
6. Total of ALL CRO-1310 Pages						\$ 1606.45	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



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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:

" " "

Treasurer Address:

P.O. Box 597

(include city, state, & zip)

Castle Hayne NC 28429

Treasurer Phone:

910 675 3983

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.

5/17/12
Date Signed

Karen L. Rouse
Signature

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