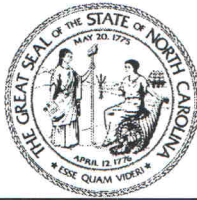


**NORTH CAROLINA  
STATE BOARD OF ELECTIONS**

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 3  
(Name of Office)

District \_\_\_\_\_, 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.

290 HARTS LN  
Residence Address  
ROCKY POINT, NC 28457  
City, State, Zip  
PO BOX 597  
Mailing Address, if different  
CASTLE HAYNE, NC 28429  
City, State, Zip

Karen L. Rouse  
Name as it will appear on Ballot  
  
Signature of Candidate  
(910) 675-3983  
Home Telephone  
Work Telephone

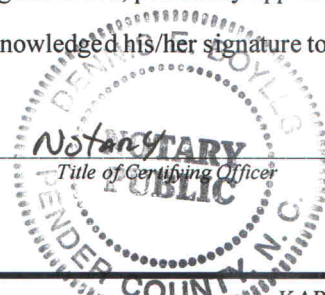
**Certification of Notice of Candidacy**

I hereby certify that Karen L. Rouse, 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.

  
Signature of Certifying Officer

My commission expires: 3/31/2015




**Verification by County Board**

The undersigned has examined the voter registration records in PENDER County and found KAREN ROUSE 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

  
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 <i>Karen L. Rouse</i>		c. ID Number							
b. Mailing Address (include City, State and Zip Code) <i>P.O. box 597 Castle Hayne NC 28429</i>		d. Date Filed <i>2/13/12</i>							
		e. Phone Number <i>910 6753983</i>							
2. Report Year <i>2012</i>	3. Period Start Date (mm/dd/yy) <i>2/13/12</i>	4. Period End Date (mm/dd/yy) <i>2/13/12</i>	5. Treasurer Full Name <i>Karen L. Rouse</i>						
<b>6. Type of Committee (Check One)</b> <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		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input checked="" 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         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> 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 type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>		Municipal	State/County	Referendum	<input checked="" 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	<input type="checkbox"/> Organizational <input type="checkbox"/> 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 type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input checked="" 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	<input type="checkbox"/> Organizational <input type="checkbox"/> 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 type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b> 							
8. Number of Fundraisers this Report									
<b>11. Account Information</b>		<b>11. Account Information</b>							
a. Financial Institution Full Name <i>First Citizens</i>		a. Financial Institution Full Name							
b. Purpose <i>checking</i>	c. Account Code <i>KLR</i>	b. Purpose	c. Account Code						
	d. Period Begin Balance \$ <i>0</i>		d. Period Begin Balance \$						
<b>CERTIFICATION</b> 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.									
<i>Karen L. Rouse</i> Printed Name of Signer		<i>Karen L. Rouse</i> Signature of Appointed Treasurer							
		<i>2/13/12</i> Date							
<b>FOR OFFICE USE ONLY</b>									
Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed							
Date Postmarked: _____	Employee: _____								
Date Scanned: _____	Employee: _____								
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Signer has not received mandatory training							
<b>Please Note:</b> 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 Lynn Rouse	
b. Mailing Address (include City, State and Zip Code)	d. Date Organized
P.O. box 397 Castle Hayne NC 28429	2/13/12
	e. Phone Number
	910 475 3983

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	e. Candidate ID Number	f. Party Affiliation
Karen Lynn Rouse		
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought	
P.O. Box 397 Castle Hayne NC 28429	board of Education	
c. Phone Number	h. Next Election Year	i. Jurisdiction
910 475 3983	2012	District 3
<input type="checkbox"/> Email copy of notices		

## 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	

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

a. Financial Institution Full Name	<input type="checkbox"/> Add <input type="checkbox"/> Remove
First Citizens Bank	
b. Purpose	
campaign finance	
c. Account Code	d. Type
KLR	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 L. Rouse  
Printed Name of Signer

Karen L. Rouse  
Signature of Appointed Treasurer

2/13/12  
Date



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 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 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 L. Rouse

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 L. Rouse

Treasurer Name:

" " "

Treasurer Address:

P.O. Box 597

(include city, state, & zip)

Castle Hayne NC 28429

Treasurer Phone:

910 475 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.