Statement of Organization - Candidate Committee

☐ Yes

No No

1. Committee Info	rmation				
a. Full Name				c. ID Number	
Karen Gordon for l	Register of Deeds				
b. Mailing Address (in			d. Date Organized		
				Feb. 13, 2012	
3640 Foxglove Dr.			e. Phone Number		
			336-816-5451		
2. Candidate Info	rmation		Candid	ate's Primary Committee	
. Full Name		e. Candidate ID Nun	aber	f. Party Affiliation	
Karen Johnson Gordon				Republican	
				(Indicate Non-partican if applicab	
b. Mailing Address (include City, State, and Zip Code)		g. Office Sought	g. Office Sought		
3640 Foxglove Dr., Winston-Salem, NC 27106		Register of Deeds	Register of Deeds		
. Phone Number	d. Email Address	h. Next Election Yea	.	i. Jurisdiction	
336-922-7615	kjg61@triad.rr.com				
Email copy o	f notices		2012	,	
. Treasurer Infor		4. Custodian of J		rmation	
. Full Name	· 图特的主观者的主要分别的计划(数型)	a. Full Name			
Karen J. Gordon				70121 TJ	
. Mailing Address (inc	clude City, State, and Zip Code)	b. Mailing Address (include City,	State, and Zip Code)	
640 Foxglove Dr.,	Winston-Salem, NC 27106	:		DEIN	
. Phone Number	d. Email Address	c. Phone Number	d. Email	Address	
336-922-7615	kjg61@triad.rr.com			D 4:0	
	e notices by email 🗹 Yes 🔲	No Email copy	of notice:		
. Assistant Treasi	\$2.00 kg/s	6. Account Information (incl. CRO-3500) Add a. Financial Institution Full Name Remove			
a. Full Name					a. Financial Instituti
	•	First Community	Bank		
		b. Purpose	b. Purpose		
		Checking for cam	Checking for campaign expenses		
Phone Number	d. Email Address	c. Account Code	d. Type		
		202.44			
	fnotices	ROD 12			
Email copy of					

Printed Name of Signer

Karen J. Gordon

2/21/2012





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 Johnson Gordon	
Treasurer Name:	Karen J. Gordon	20
Treasurer Address:	3640 Foxglove Dr	<u> </u>
(include city, state, & zip)	Winston-Salem, NC 27106	E CE
		— ¥
Treasurer Phone:	336-922-7615	0 :

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).

2-21-2012

Date Signed

Signature of Candidate

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

PORSYTH COMMENT