

COUNTY BOARD OF ELECTIONS

NOTICE OF CANDIDACY
LEGISLATIVE AND COUNTY OFFICES 2006

TO THE PENDER COUNTY BOARD OF ELECTIONS:

I hereby file notice as a candidate for nomination as **Board of Education.**

(Name of Office)

District 2, in the **NON-PARTISAN** Party PRIMARY Election scheduled for May 2, 2006.

I affiliate with the **NON-PARTISAN** Party, and I certify that I am now registered on the registration
(Name of Political Party)

records of the precinct in which I reside as an affiliate of the **NON-PARTISAN** Party.

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 any office as a write-in candidate in the next general election.

309 Doral Dr

Residence Address

Karen Smith Gonzales

Name as it will appear on Ballot

Hampstead NC 28443

City, State, Zip

Karen S. Gonzales

Signature of Candidate

(910) 270-1614

Mailing Address

Home Telephone

Work Telephone

City, State, Zip

State Bar Number (Judicial Offices only)

Certification of Notice of Candidacy

I hereby certify that **Karen Smith Gonzales**, the candidate who signed above, personally appeared before
(Name as it will appear on Ballot)

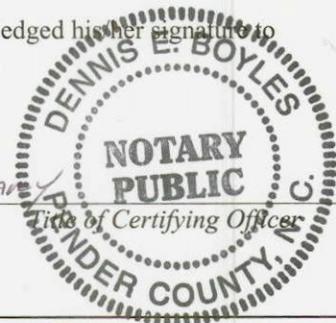
me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her signature to be the same.

This **24th** day of **February**, 2006.

Dennis E. Boyles

Signature of Certifying Officer

Notary



Title of Certifying Officer

My commission expires: 3/31/2010

Verification by County Board

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

Pender

County

2/24/06

Date

Dennis E. Boyles

Chairman or Director

FEB 28 2006

Statement of Organization - Candidate Committee

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Committee Information					
a. Full Name			c. ID Number		
KAREN Smith GONZALES					
b. Mailing Address (include City, State and Zip Code)			d. Date Organized		
309 DORAL DR Hampstead, NC. 28443			FEB 28 06		
			e. Phone Number		
			910-270-1614		
2. Candidate Information				<input checked="" type="checkbox"/> Candidate's Primary Committee	
a. Full Name		c. Candidate ID Number		d. Party Affiliation	
KAREN Smith GONZALES				NONPARTISAN REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		e. Office Sought		f. Jurisdiction	
309 DORAL DR Hampstead, N.C. 28443		BOARD OF EDUCATION <small>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</small>		DISTRICT 2	
3. Treasurer Information			4. Custodian of Books Information		
a. Full Name			a. Full Name		
KAREN Smith GONZALES			KAREN Smith GONZALES		
b. Mailing Address (include City, State, and Zip Code)			b. Mailing Address (include City, State, and Zip Code)		
309 DORAL DR HAMPSTEAD NC 28443			309 DORAL DR HAMPSTEAD, NC. 28443		
c. Phone Number		d. Email Address		c. Phone Number	
910270-1614				910-270-1614	
5. Assistant Treasurer Information			6. Account Information <small>(incl. CRO-3500)</small>		
a. Full Name			a. Financial Institution Full Name		Add <input type="checkbox"/> Remove <input type="checkbox"/>
			WACHOVIA		Remove <input type="checkbox"/>
b. Mailing Address (include City, State, and Zip Code)			b. Purpose		
			CAMPAIGN ACCOUNT		
c. Phone Number		d. Email Address		c. Code	
				d. Type	
				SAVINGS	
CERTIFICATION					
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
KAREN S. GONZALES		Karen S. Gonzales		2-28-06	
Printed Name of Signer		Signature of Appointed Treasurer		Date	





North Carolina
State Board of Elections

506 N Harrington Street
Raleigh, NC 27603

FEB 28 2006

Kimberly Westbrook
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

FILED BY:

Candidate Name:

KAREN Smith GONZALES

Treasurer Name:

KAREN Smith GONZALES

Treasurer Address:

309 ~~Camp~~ DORAL 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.

2-28-06

Date Signed

Karen S. Gonzales
Signature of Candidate





North Carolina
 State Board of Elections
 506 N Harrington Street
 Raleigh, NC 27603

FEB 28 2006

Kimberly Westbrook
 Deputy Director – Campaign Reporting

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Certification of Threshold

FILED BY:

Committee Name: KAREN Smith GONZALES
 Treasurer Name: KAREN Smith GONZALES
 Treasurer Address: 309 DORAL DR
 (include city, state, & zip) HAMPSTEAD NC 28443

 Treasurer Phone: 910 270-1614

Check One:

I certify that this committee intends to neither receive nor expend more than \$3,000 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 \$3,000 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 under the \$3000 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.

2-28-06
 Date Signed

Karen D. Gonzales
 Signature



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 Raleigh, NC 27611-7255
 (919) 733-7173
 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:

Committee Name: KAREN Smith GONZALES
 Treasurer Name: KAREN Smith GONZALES
 Treasurer Address: 309 DORAL DR
 (include city, state, & zip) HAMPSTEAD NC 28443
 Treasurer Phone: 910 - 270 - 1614

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "code" in order to provide account information on required disclosure reports. If an account number is used as the "code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Code
SAVINGS	WACHOVIA	PORTERS NECK BRANCH		76

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

2-28-06
 Date Signed

Karen S. Gonzales
 Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

 Date Signed

 Signature of Candidate or Treasurer