Disclosure Repor				•		Amen	Yes	☐ No
Use this form for general Do not use this form to up		nformati	on, must be s	igned and subi	mitted along with	other de	etailed forms.	
41 Committee Information								
a. Full Name						c. II) Number	
connittee:	to Elect Rp	HEND	Gordon	Regis Dee	ter of			
b. Mailing Address (include C		<u> </u>				d. D	ate Filed	
3640 Fox	glove Or -SAlem, No	<u>م</u> م	~ (n (10	0-27-21	010
Minston	-salen, 10	_ 04	1106				hone Number	<u> </u>
						3	36-922-	7615
2. Report Year 3 Po	eriod Start Date (mm/o	d(yy))	4. Period D (mm/dd/y/)	ntiDate	t reasureratu	jU Namo		
2010	-1-2009		10-2.	7-2010	Kare	<u>0</u> G	Gobro	
6 Type of Committee (C					yone type of tep			
Candidate Campaign PAC	Party Referendum	Municip	aı Organizational	State/Co	unty rganizational	Refe	erendum Organizational	
Independent Expenditure	Joint Fundraiser		Thirty-five day		uarterly		Pre-referendum	
Legal Expense Fund								
	plicable check one)	=	Pre-primary		First		Final	
Building Fund			Pre-election Pre-runoff		Second Third		Supplemental Fin Annual	ıaı
			Semi-annual		Fourth		Special	
Other:			Mid Year Year End	S	emi-annual Mid Year		Special Report	
Culci.			Final		Year End	210-3	aliegaist/chair	y ames se
8. Number of Fundraiser	s this Report		Special	Fi	inal			
NOHE				-	pecial			
11 Account Information a. Financial Institution Full Na	And a second sec			I. Account In . Financial Instit	Control of the Contro			
	BANK (FORMERLY	Tristo		. I Ilmaciai Ilisii	ution 2 dit I tallic	· · · · ·	20	ي. نې
b. Purpose	c. Account Code	com		. Purpose		c. /	Account Code	32
Campaiga contributions	Bool							
contributions	d. Period Begin Balance		ing the second			d. I	Period Begin Balan	ice.
And expenditures	\$ 2162.6	٦, ۲				\$		And the second
CERTIFICATION	V 100.			ing the second	and the second of the second o	<u> </u>		
I certify that the Committe	e or Fund is in complia	ınce with	all applicable	e provisions of	f Article 22A, 22l	3. & 221	0-22M of Cant	—; ег 163 of
the NC General Statutes an	d that no funds are con	nmingle	l with prohibi	ited or other no	on-disclosed fund			
is complete, true and corre		trained b	y the NC Star	te Board of Ele	ections.	1 :	7-20-21	0/0
· · · · · · · · · · · · · · · · · · ·	ted Name of Signer		Sign	ature of Appointed	d Treasurer		Date	<u>,,, o</u>
FOR OFFICE USE ONLY	1./ 1					Daliva	wr Mathad	
Date Received:	10/28/2010	I	Employee:	Jusy	Spear		ry <u>Method</u> Normal Mail	
Date Postmarked:	. <u> </u>	E	Employee:				Registered Mail Hand Delivered	
Date Scanned:		Į	imployee:				Electronically F Signer has not r	
Date Data Entered:		E	Employee:				nandatory traini	
Please Note: This form	cannot be used to ame	nd com	nittee informa	tion such as th	ne committee add	ress, trea	surer, assistant	treasurer,
				, or account in		,	,	, ,
You i	nust amend the Statem	ent of O	rganization (C	CRO-2100A-E) to make commi	ttee char	iges.	

Amendment

Detailed Summary

Use this form to summarize all disclosure reporting forms and to					
12 Committee Full Name (and Fund if applicable) 2. I	ype of Repor	t	3 (1997)	ID Number	建设设施 基础
Committee to Elect KAren FOD F	FINAL				
Start of Election Cycle: January 1,	900		Total this		al this
4) Cash on Hand at Start	<u> </u>	\$ 2	eporting Period	\$ 2) 6	on Cycle
RECEIPES IN COMMENT OF THE PROPERTY OF THE PRO		<u> </u>			2.0.5
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	<u> </u>	\$	-
7) Contributions from Political Party Committees	(CRO-1220)	\$	<u> </u>	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$.000.DD	\$ 100	00.00
9) Loan Proceeds	(CRO-1410)	\$, -00.0	\$	0 9 7 0 0
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)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d a	and 11e)	\$)	000.00	\$),00	00.00
EXPENDITURES AS A TOP OF THE AND A STATE OF					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	60.00	\$ 6	0,00
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)	\$,102.65	\$ 310	2.65
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	d 17)	\$ 3	162.65	\$ 316	2.65
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line	e 18)	\$	- 0 -	\$ _ (o –
ADDUGORATES PORMACIONE SERVICE POPUL				X4 5 4 5 5	
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-2200)	\$		\$	

Contributions to be Refunded

\$

(CRO-1215)

\$

Amendment

No

Contributio	ons from Other Politica	ıl Comi	mittees Pg	<u>1</u> of	<u>1</u>	Yes No
Use this form to r	report contributions from other ca	ndidate, re	ferendum or PAC commit	ttees		
	Ill Name (and Ruad i applicabl	The American State Manager of Programme			200	Number
Committee to Ele	ect Karen Gordon Register of Dec	eds				
.3.Contabuor4		7 T	Add Re	inteye		
a. Full Name, Mailin	e international des		b. Type of Committee		d. Cor	nments
(include city, state	都看到这种说话,因为这种人的人的人的人的人,但是不是一个人的人的人的。		Candidate	PAC		
	ect Holbrook Clerk		Referendum			
516 Surre	cy PATH Trail SALEM, NC 20104		c. Level Registered (Specify			
winston-	SAlem, NC 20104	[Federal State	County: Municipality:	e Flec	ction Sum to Date
					\$	1400.00
f. Account Code	g. Form of Payment	h. In-Kin	d Description	i. Date (mm/dd/yyyy)	j. Amount
R-001	check			9-1-2009		\$ 1000.00
			!			\$
						\$
e). Contribution in	iõimstioo		Addi a Mar Surei	10)Ye		
a. Full Name, Mailing			b. Type of Committee		d. Con	aments
(include city, state,	& zip)		Candidate	☐ PAC		
			Referendum c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Elec	tion Sum to Date
					\$	
f. Account Code	g. Form of Payment	h. In-Kind	l Description	i. Date (mm/dd/yyyy)		j. Amount
						\$
						\$
-						. \$
3).Contributorali			a Avita sa a 📶 ra a a a Ren	$\mathrm{ov}_{G}(\mathbb{R}^{d})$	7.	
a. Full Name, Mailing	多数的多数 新疆性乳疫 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基		b. Type of Committee		d. Com	ments
(include city, state,	& zip)		Candidate Referendum	☐ PAC		
			c. Level Registered (Specify)			÷
			Federal Federal	County:		
			State	Municipality:	e. Elect	ion Sum to Date
					\$	
f. Account Code	g. Form of Payment	h. In-Kind	Description	i. Date (mm/dd/yyyy)		j. Amount
						\$
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kannaniyansi	Kig-		engan and a second		\$	1000.00
S POPPOFAULC PAGITY, CO.SO	RC SPANSFigs. sing copperate Summery costs over	retco):			\$	1000.00

Contributions from Other Political Committees

Amendment

Disbursements				1	ı	Amendment	
Use this form to report expenditures fro	m the committee	e for: operating ext	Pg penses.	contributions t	 o candidate	Yes /political	∐ No
committees and coordinated party exper	nditures.		pomoco,		o oundraun	pointiour	
1. Committee Full Name (and Fund it		ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	<u> </u>	4-40		2. ID Number	2. 网络中央
Committee to Electrical Commit	use senarate CR	0 60-do 2	Keg	ister of	Veeds		en graph den men
(<u> </u>		idates/Political Commi		· _ ·	ENWINERING	arty Expenditure	<u> </u>
4 Payee Information	Control of the Contro	Add	Versionstration	Remove	100		
a. Full Name, Mailing Address & Phone		b. Coordinated Comm	nittee Na	ame	d. Com	nents	
(include city, state, & zip)	.1		,		•		
Tristone Community BANOW- First community BAN	WE E	င. Level Registered (S	pecify)	ĝisto e			
401 Knollwood St.		Federal		County:			
W-5 NC 27103		State	<u> </u>	Municipality:	**************************************	on Sum to Date	e u come acom
					\$ 60) 00	
A CONTRACT OF A	Purpose Code	i. Date (mm/dd/yyy		j. Amount		red Remarks	
RODI From Acet.	۵	08-31-20	010	\$ 6000	mont Fees	the maint	enance
		00 31-80	/10		1 223	FOR FEC	T 4 21
			601 	3			
4. Payee Information:	A STATE OF THE PARTY OF THE PAR	Add		Remove ⊯.s.	d. Comn	and the state	and the state of
(include city, state, & zip)				inc .	u. com	ieuts	
·	<u> </u>	Level Registered (Sp Federal	ecify)	Country			
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f. Account Code g. Form of Payment h.	Purpose Code		× 800 1				
1. Account Code 2. Form of Payment 1.	rui pose code	i, Date (mm/dd/yyy	y)	j. Amount	K. Kequi	red Remarks	
				\$			
				\$			
A Payee Information	estrale per en este sur sur	l Valada a elektronesia antara da		Remove # 12			
a. Full Name, Mailing Address & Phone		. Coordinated Commi	ttee Nar		d. Comm	ents	
(include city, state, & zip)							
		Level Registered (Sp.	onifu)				1
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] [State		Municipality:	e. Electio	n Sum to Date	
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	A CONTRACT OF THE PARTY OF THE	Control of the Contro		\$	00% AND 2016 AND 2017	**************************************	
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				\$			ĺ
5. Potal onlystns Page (1. 1/2 - 1. 1. 1. 1.	ar Processing America	Compression and Section 1			\$ 60	0.00	
6 Foral of ALL CRO-1310 Pages	Page CDO 1100 10						
(This line goes in line 13a of Detailed Summary (This line goes in line 13b of Detailed Summary	= =		Political	Comm)	\$ 6	0.00	
(This line goes in line 13c of Detailed Summary	Page CRO-1100 if (Coordinated Party Exp		•	80	,, UU	
7. Purpose Codes (List detailed expend) A*-Media B*-Printing				D 7- 4	on C	e en	
A*-Media B*-Printing E - Salaries F*-Equipment	C* - Fundrai G - Political P			D - To Anoth H* - Holding			
I - Postage J - Penalties	K* - Office E					Expense Fund	and the second s
O* - Other :** Codes require detailed explanation in	required rema	rks field (k)					

Refunds/Reimbursements From the Committee		of \	Yes No
Use this form to report refunds/reimbursements, including contribution 1. Committee Full Name (and Fund if applicable)	ns returned to the contrib		2. ID Number
committee to Elect Karen Gords	a Register		
	ld Remove *		under sy raking og dinkri gstrop l Parkers og det skalender
a. Full Name, Mailing Address & Phone	d. Type of Committee Candidate	PAC	h, Original Receipt Date
(include city, state, & zip)	Referendum	Party	9-53-5008
KAres Gordon	e. Level Registered (Specify	County:	i. Original Receipt Amount
3640 Foxglove Or	State	Municipality:	\$ 5,500.00
Winston-Salem, AC 20106	f. Purpose Code		j. Election Sum to Date
b. Job Title/Profession c. Employer's Name/Specific Field	g.Comments		SQ, DDO, DO
Corner	*************************************		, ,
Register of Deeds Forsyth County L Form of Payment m. Required Remarks		n. Date (mm/dd/yy	yy) o. Amount
Check Reimbursed expenses		01-07-20	00.000,22 00
3. Payee Information	d. Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee Candidate	PAC	h. Original Receipt Date
KArea Gordoa	Referendum	Party	9-23-2008 i. Original Receipt Amount
THEN GOTOON DE	e. Level Registered (Specify Federal	County:	\$5,500,00
3640 Foxglove Dr Winston-Splen, NC	State State	Municipality:	j. Election Sum to Date
27106			\$3,100.00
b. Job Title/Profession c. Employer's Name/Specific Field	g. Comments		k. Account Code
former of Deeds Forsoth County			•
Register of Oeeds Forsyth County I. Form of Payment m. Required Remarks	***	n. Date (mm/dd/yy	yy) 6. Amount
Register of Decas Forsyn County I. Form of Payment m. Required Remarks Check Reinbursed Expense			(y) 6. Amount 09 \$ 1, 100.00
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Register of Deeds Forsyk County I. Form of Payment m. Required Remarks Check Reimbursed Expense 3. Payce Information Lest a. Full Name, Mailing Address & Phone (include city, state, & zip) KAREN GORDON 3640 FOXGLOUE DT Winston-Salem, NC 20106 b. Job Title/Profession c. Employer's Name/Specific Field Former Register of Oseds Forsyth County I. Form of Payment m. Required Remarks	d. Type of Committee Candidate Referendum Candidate Candi	PAC Party County: Municipality:	h. Original Receipt Date 1-3-2008 i. Original Receipt Amount 5-5-00.00 j. Election Sum to Date 3-102.65 k. Account Code
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Req. ster of Deeds Forsyth County I. Form of Payment m. Required Remarks Check Reinbursed Expense 3. Payer Information a. Full Name, Mailing Address & Phone (include city, state, & zip) KATER GOTDOR 3640 FOXALOUEDT Winston-Salem, NC 20106 b. Job Title Profession c. Employer's Name/Specific Field Former Register of Oseds Forsyth County I. Form of Payment m. Required Remarks Check Reinbursed Expense 4. Total only this Page to 1. 2011 5. Total of ALLS (RO-1320) Pages This line must be of betalled.	d. Type of Committee Candidate Referendum Referendum Federal Candidate Referendum	PAC Party County: Municipality: n. Date (mm/dd/yy) 09-3-20	h. Original Receipt Date 1-3-2008 i. Original Receipt Amount 5-5-00.00 j. Election Sum to Date 3-102.65 k. Account Code
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Amendment