

MAR 10 2014

Amendment
 Yes No

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).

1. Committee Information			
a. Full Name Committee DOROTHEA E. WHITE for N.C. SENATE DIST. 2		c. ID Number OCDK DG	
b. Mailing Address (include City, State and Zip Code) 1811 DURHAM STREET NEW BERN, NORTH CAROLINA 28560		d. Date Organized 2/28/14	e. Phone Number 252-638-8260
2. Candidate Information <input type="checkbox"/> Candidate <input type="checkbox"/> Primary Committee			
a. Full Name DOROTHEA E. WHITE		e. Candidate ID Number OCDK DG	f. Party Affiliation DEMOCRAT <small>(Indicate Non-partisan if applicable)</small>
b. Mailing Address (include City, State, and Zip Code) 1811 DURHAM STREET NEW BERN, NORTH CAROLINA 28560		g. Office Sought N.C. SENATE - DISTRICT 2	
c. Phone Number 252-638-8260	d. Email Address	h. Next Election Year	i. Jurisdiction
<input type="checkbox"/> Email copy of notices			
3. Treasurer Information		4. Custodian of Books Information	
a. Full Name LINDA JORDAN		a. Full Name LINDA JORDAN	
b. Mailing Address (include City, State, and Zip Code) NEW BERN, N.C. 28560 1005 RALEIGH STREET		b. Mailing Address (include City, State, and Zip Code) 1005 RALEIGH STREET NEW BERN, N.C. 28560	
c. Phone Number 252-635-9994	d. Email Address MIN.L.JORDAN@YAHOO	c. Phone Number 252-635-9994	d. Email Address MIN.L.JORDAN@YAHOO.COM
I prefer to receive notices by email <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Email copy of notices	
5. Assistant Treasurer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		6. Account Information <small>(with CRO-3500)</small> <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name		a. Financial Institution Full Name	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	c. Account Code LB2014	d. Type CHECKING
<input type="checkbox"/> Email copy of notices			
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.			
LINDA JORDAN Printed Name of Signer		 Signature of Appointed Treasurer	
		MARCH 5, 2014 Date	

COPY



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

Kim Westbrook Strach
Executive Director

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

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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: Dorothea White

Treasurer Name: LINDA Jordan

Treasurer Address: 1005 Raleigh St

(include city, state, & zip) NEW BERN NC 28560

Treasurer Phone: 252-635-9994

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.

3-5-14
Date Signed

[Signature]
Signature

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

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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: Dorothea White
 Treasurer Name: Linda Jordan
 Treasurer Address: 1005 Raleigh St
 (include city, state, & zip) New Bern, NC 28560

 Treasurer Phone: 252-635-9994

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).

March 5, 2014
 Date Signed

Dorothea E. White
 Signature of Candidate

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

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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: DOROTHEA E. White
 Committee Name: Committee to Elect, DOROTHEA E. WHITE for NC SENATE Dist. 2
 Treasurer Name: LINDA JORDAN
 If Candidate is own treasurer, designate an agent to carry out designations: _____
 Committee ID #: OCDKDG
 Level Registered: (State) [County] If county, specify: _____

I, DOROTHEA E. WHITE, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
 funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>WORD IN TRUTH FELLOWSHIP</u>	<u>50</u>
2. <u>ST. JOHN M.B. CHURCH</u>	<u>50</u>
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Dorothea White
 Date: March 9, 2014

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

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