

# Statement of Organization - Candidate Committee

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

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.

| 1. Committee Information                              |                   |
|---|-------------------|
| a. Full Name  | c. ID Number      |
| JOHN R. HALADA  |                   |
| b. Mailing Address (include City, State and Zip Code) | d. Date Organized |
| 153 MIMOSA BLVD.<br>PINE KNOLL SHORES, N.C. 28512     | 7/7/09            |
|   | e. Phone Number   |
|   | 252 222-3940      |

| 2. Candidate Information                               |   | <input type="checkbox"/> Candidate's Primary Committee |  |
|--|---|--|--|
| a. Full Name   | c. Candidate ID Number  | d. Party Affiliation                                   |  |
| JOHN R. HALADA   |   |  |  |
| b. Mailing Address (include City, State, and Zip Code) | e. Office Sought  | f. Jurisdiction  |  |
| 153 MIMOSA BLVD.<br>PINE KNOLL SHORES, NC<br>28512     | COMMISSIONER  | PKS  |  |
|  | <i>(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)</i> |  |  |

| 3. Treasurer Information                               |  | 4. Custodian of Books Information |                   |
|--|--|-----------------------------------|-------------------|
| a. Full Name   | a. Full Name   |                                   |                   |
| JOHN R. HALADA   | JOHN R. HALADA   |                                   |                   |
| b. Mailing Address (include City, State, and Zip Code) | b. Mailing Address (include City, State, and Zip Code) |                                   |                   |
| SAME AS ABOVE  | SAME AS ABOVE  |                                   |                   |
| c. Phone Number  | d. Email Address                                       | c. Phone Number                   | d. Email Address  |
| 252 222 3940   | JHALADA@EC.NC.COM                                      | 252 222 3940                      | JHALADA@EC.NC.COM |

| 5. Assistant Treasurer Information                           |                                    | 6. Account Information <small>(incl. CRO-3500)</small>       |         |
|--|------------------------------------|--|---------|
| <input type="checkbox"/> Add <input type="checkbox"/> Remove |                                    | <input type="checkbox"/> Add <input type="checkbox"/> Remove |         |
| a. Full Name   | a. Financial Institution Full Name | N/A  |         |
|  | b. Purpose                         |  |         |
| b. Mailing Address (include City, State, and Zip Code)       |                                    |  |         |
|  |                                    |  |         |
| c. Phone Number  | d. Email Address                   | c. Account Code  | d. Type |
|  |                                    |  |         |

**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.

JOHN R. HALADA                      John R Halada                      7/7/09  
 Printed Name of Signer                      Signature of Appointed Treasurer                      Date