

Statement of Organization - Candidate Committee

Amendment
 Yes No

1. Committee Information

a. Full Name: Minister EROKOMY Sm. Th (Mohammad) c. ID Number: _____

b. Mailing Address (include City, State and Zip Code): P.O. Box 9155 Fayetteville, NC 28301 d. Date Organized: 2-28-06

e. Phone Number: 286-4544

Candidate's Primary Committee

2. Candidate Information

a. Full Name: Minister EROKOMY Sm. Th (Mohammad) c. Candidate ID Number: _____ d. Party Affiliation: Democrat

b. Mailing Address (include City, State, and Zip Code): P.O. Box 9155 Fayetteville, NC e. Office Sought: N.C. State Senate f. Jurisdiction: _____

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

3. Treasurer Information

a. Full Name: Same

b. Mailing Address (include City, State, and Zip Code): _____

c. Phone Number: _____ d. Email Address: _____

4. Custodian of Books Information

a. Full Name: Same

b. Mailing Address (include City, State, and Zip Code): _____

c. Phone Number: _____ d. Email Address: _____

5. Assistant Treasurer Information Add Remove

a. Full Name: _____

b. Mailing Address (include City, State, and Zip Code): _____

c. Phone Number: _____ d. Email Address: _____

6. Account Information (incl. CRO-3500) Add Remove

a. Financial Institution Full Name: _____

b. Purpose: _____

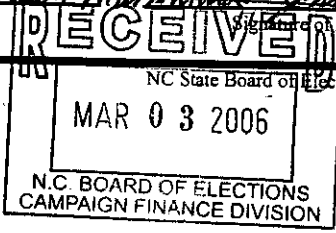
c. Code: _____ d. Type: _____

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.

Minister EROKOMY Sm. Th (Mohammad) Printed Name of Signer Minister EROKOMY Sm. Th (Mohammad) Signature of Appointed Treasurer 2/28/2006 Date

CRO-2100A



May 2003

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