

STATEMENT OF ORGANIZATION		OFFICE USE ONLY	
1. Name and Address of Committee PAC FOR JUSTICE Independent Expenditure-Only PAC POB 850885 New Orleans, LA 70130 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">10/14/2020</div>	Report Number: 90899 Date Filed: 10/14/2020	
	3. Estimated Membership <div style="text-align: center;">100</div>		
	4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <div style="display: flex; justify-content: space-between;"> a. Name b. Position c. Address </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">NORRIS HENDERSON</div> <div style="width: 30%;">Chairperson</div> <div style="width: 30%;">POB 850885</div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="width: 60%;">New Orleans, LA 70130</div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="width: 30%;">Treasurer</div> </div>			
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.) <div style="display: flex; justify-content: space-between;"> a. Name b. Address c. Relationship to Committee </div>			
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <div style="display: flex; justify-content: space-between;"> a. Name b. Address </div> <div style="text-align: center; margin-top: 10px;">On attached sheet</div>			
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee			
b. Name of Candidate		c. Office Sought by the Candidate	
9. a. Name of Person Preparing Report JAMES BURLAND b. Daytime Telephone 225-767-7163			
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This 14th day of October , 2020 . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Norris Henderson</u> Signature of Committee/Chairperson </div> <div style="width: 45%;"> -- Daytime Telephone </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Committee Treasurer, if any </div> <div style="width: 45%;"> _____ Daytime Telephone </div> </div>			

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

GULF COAST BANK & TRUST

b. Address

200 St. Charles Ave
New Orleans, LA 70130