

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;">1/29/2021</div>	Report Number: 95023 Date Filed: 1/29/2021 	
	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: space-between; margin-top: 10px;"> <div></div> <div></div> <div style="width: 30%;">New Orleans, LA 70130</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div></div> <div style="width: 30%;">Treasurer</div> <div></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>			
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 29th day of January , 2021 . <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>			