

STATEMENT OF ORGANIZATION		OFFICE USE ONLY	
1. Name and Address of Committee PAC FOR JUSTICE INDEPENDENT EXPENDITURE PAC POB 791193 New Orleans, LA 70179 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">8/3/2021</div>	Report Number: 98630 Date Filed: 8/3/2021 	
	3. Estimated Membership <div style="text-align: center;">100</div>		
	4. Amended Statement? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input 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%;">MS. SADE DUMAS</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> <div style="margin-top: 20px;"> Additional officers listed on attached sheet </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 3rd day of August , 2021 . <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <u>Sade Dumas</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>			

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

a. Name

b. Position

c. Address

NORRIS HENDERSON

Officer

POB 791193
New Orleans, LA 70179