

Statement of Organization - Political Action Committee

Use this form to create a new or update an existing political action committee (PAC).
 This form must be accompanied by form CRO-3500.

1. Committee Information	
a. Full Name Citizens For Justice PAC	c. ID Number
b. Mailing Address (include City, State and Zip Code) PO Box 954 Chocowinity, NC 27817	d. Date Organized 8/03/2018
	e. Phone Number 252-402-5662
	Beaufort County Board of Elections

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2. Political Action Committee Information	3. Connected Organization or Affiliated Committee
a. Category (Check only one)	a. Full Name
<input checked="" type="checkbox"/> Banking/Finance <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Environment <input checked="" type="checkbox"/> Get Out the Vote <input type="checkbox"/> Health <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Manufacturing <input type="checkbox"/> Minority <input type="checkbox"/> Political Party not part of Party Plan of Org. <input type="checkbox"/> Religious <input type="checkbox"/> Trade <input type="checkbox"/> Utilities <input type="checkbox"/> Other / Not listed	b. Mailing Address (include City, State, and Zip Code)
b. Type (Check only one)	c. Phone Number
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose	d. Relationship
c. Definition of Type	d. Member Definition

4. Treasurer Information	5. Custodian of Books Information
a. Full Name William Ray Leary	a. Full Name William Ray Leary
b. Mailing Address (include City, State, and Zip Code) PO Box 954 Chocowinity, NC 27817	b. Mailing Address (include City, State, and Zip Code) PO Box 33 Chocowinity, NC 27817
c. Phone Number 252-402-5662	c. Phone Number 252-402-5662
d. Email Address willeary@suddenlink.net	d. Email Address willeary@suddenlink.net

6. Assistant Treasurer Information	7. Account Information (incl. CRO-3500)
a. Full Name NA	a. Financial Institution Full Name Crescom Bank
b. Mailing Address (include City, State, and Zip Code) NA	b. Purpose Accept donations and disburse funds for political activities
c. Phone Number	c. Account Code 011
d. Email Address	d. Type Checking

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.

 William Ray Leary
 Printed Name of Signer

Wm R. Leary
 Signature of Appointed Treasurer

 8/03/2018
 Date