

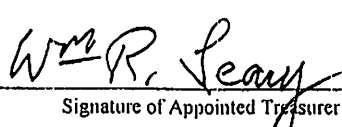
Statement of Organization - Political Action Committee

Amendment

Yes No

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		c. ID Number	
Beaufort County Citizens for Justice PAC			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
PO Box 954 Chocowinity, NC 27817		8/03/2018	
(This amendment is to change the name of the PAC by adding "Beaufort County" to the name)		e. Phone Number	
		252-402-5662	
2. Political Action Committee Information		3. Connected Organization or Affiliated Committee	
a. Category (Check only one)		a. Full Name	
<input type="checkbox"/> Banking/Finance <input type="checkbox"/> Legal <input type="checkbox"/> Building/Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Conservative/Liberal <input type="checkbox"/> Minority <input type="checkbox"/> Environment <input type="checkbox"/> Political Party not part of Party Plan of Org. <input checked="" type="checkbox"/> Get Out the Vote <input type="checkbox"/> Religious <input type="checkbox"/> Health <input type="checkbox"/> Trade <input type="checkbox"/> Information Technology / Telecommunications <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <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 type="checkbox"/> Political Purpose			
c. Definition of Type		d. Relationship	
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
William Ray Leary		William Ray Leary	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
PO Box 954 Chocowinity, NC 27817		PO Box 33 Chocowinity, NC 27817	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
252-402-5662	willeary@suddenlink.	252-402-5662	willeary@suddenlink.net
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
NA		Crescom Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
NA		Accept donations and disburse funds for political activities	
c. Phone Number	d. Email Address	c. Account Code	d. Type
		01	Ckecking
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 R. Leary Printed Name of Signer		 Signature of Appointed Treasurer	
		8/21/2018 Date	