Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information

a. Full Name	c. ID Number
NC FOR JUSTICE PAC	[redacted]
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
PO Box 111 Yanceyville, NC 27379	4-26-2022
RECEIVED NC STATE BOARD OF ELECTIONS	**e. Phone Number** 434-251-8752

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	4-26-2022	5-5-22	Richard David Wiehn

6. Type of Committee (Check One)

- ☐ Candidate Campaign
- ☐ Party
- ☒ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check ...)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name,**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
Fidelity Bank	Checking Acct	CCFB	$ 25.00

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
			$

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 and that I have been trained by the NC State Board of Elections.

Richard David Wiehn | Richard David Wiehn | 4/26/22

Printed Name of Signer | Signature of Appointed Treasurer | Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	04/28/2022	Employee:	KMJ	☐ Normal Mail
Date Postmarked:	04/26/2022	Employee:	KMJ	☐ Registered Mail
Date Scanned:	04/28/2022	Employee:	KMJ	☐ Hand Delivered
Date Data Entered:		Employee:		☐ Electronically Filed

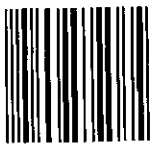
☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

vid Wrenn
Box 111
eyville, NC 27379



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NC STATE BOARD OF ELECTIONS

NC STATE Board of Elections

PO Box 27255

Raleigh, N.C. 27603-7255