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  Chapel Hill Leadership Political Action Committee (CHL-PAC)  b. Mailing Address (include City, State and Zip Code)  3 Mount Bolus Rd. Chapel Hill, NC 27514  MAY 2.5 2017  Chapel Hill, NC 27514  MAY 2.5 2017  DURHAM BOE  2. Report Year  3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  E. Thomas	g de					Amendment	
Do not use this form to update information  1. Committee Information  a. Full Name  Chapel Hill Leadership Political Action Committee (CHL-PAC)  b. Mailing Address (include City, State and Zip Code)  3 Mount Bolus Rd. Chapel Hill, NC 27514  MAY 2.5 2017  C. ID Number  STA-135AH3-C-001  d. Date Filed  3/13/2017  c. Phone Number  DURHAM BOE  919-960-2589  2. Report Year  3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  2017  L/1/2017  6/30/2017  E. Thomas					L	Kamali Land	
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3 Mount Bolus Rd. Chapel Hill, NC 27514  MAY 2 5 2017  E. Phone Number  919-960-2589  2. Report Year  3. Period Start Date (mm/dd/yy)  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  E. Thomas	1					STA-135AH3-C-001	
Chapel Hill, NC 27514  MAY 2 5 2017  DURHAM BOE  2. Report Year  3/13/2017  e. Phone Number  919-960-2589  4. Period End Date (mm/dd/yy)  5. Treasurer Full Name  2017  1/1/2017  6/30/2017  E. Thomas		City, State and Zip Code)		IN PERS	ON	d. Date Filed	
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1 2017   1/1/2017   6/30/2017	2. Report Year 3. Period Start Date (mm/dd/		VVI TERRITEF F		5. Treasurer Full	Name	
Henkel	2017	1/1/2017	6/3	E. Thomas Henkel			
6. Type of Committee (Check One)  9. Type of Report (check only one type of report from one category)	6. Type of Committee (	Check One)	9. Type of Repor	t (check on		from one category)	
Candidate Campaign Party Municipal State/County Referendum							
PAC Referendum Organizational Organizational Organizational		Referendum	Organization:	al	Organizational	Organizational	
Independent	Expenditure	_		ay	Quarterly	Pre-referendum	
7. Type of Fund (if applicable, check one) Pre-primary First Final		applicable, check one)	Pre-primary		First	☐ Final	
"Booster Fund"   Pre-election   Second   Supplemental Final		ppincacie, circui circ)	=	١Ħ	52500000000000000000000000000000000000		
Building Fund Pre-runoff Third Annual		آا		١Ħ	13/58/84/10/05/96/25		
Semi-annual Fourth Special		٦			1900		
Mid Year Semi-annual		I	H				
	Other:	١Ē	Year En			10. Special Report Name	
Final Year End		١Ē	Final		Year End		
8. Number of Fundraisers this Report	8. Number of Fundraise	Special					
O Special							
11. Account Information 11. Account Information							
a. Financial Institution Full Name  a. Financial Institution Full Name  Wells Fargo Bank			a. Financiai Inst	a. Financial Institution Full Name			
		A Account Code		h Dunnesa		- Assaurt Code	
b. Purpose c. Account Code b. Purpose c. Account Code  Maintain		c. Account Code		b. rurpose	5.00	c. Account Code	
funds to One	funds to						
support d. Period Begin Balance d. Period Begin Balance		d. Period Begin Balance	A Test on 15 water	1		d. Period Begin Balance	
CHALT s 270.05		\$ 270.05				\$	
CERTIFICATION							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this reposition complete, true and correct and that I have been trained by the NC State Board of Elections.  E. Thomas Henkel  Printed Name of Signer  Signature of Appointed Treasurer  Date							
FOR OFFICE USE ONLY	FOR OFFICE USE ONLY						
Date Received: Employee: Delivery Method Normal Mail	Date Received:		Employee:		<u>D</u>	Normal Mail	
Date Postmarked:  Employee:  Employee:  Registered Mail Hand Delivered	Date Postmarked:		Employee:			Hand Delivered	
	Date Scanned:	Employee:				Signer has not received	
Date Data Entered: Employee: mandatory training	Date Data Entered:		Employee:			mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasure custodian of books information, or account information.	Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,						

CRO-1000

NC State Board of Elections

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.