| Disclosure R                                   | eport Cover   |                             |                      |                        | Amendment   |
|--|---|-----------------------------|----------------------|------------------------|---|
| Use this form for g                            | eneral report and committee   | e information, must         | be signed and su     | bmitted along with     | Yes No  |
| Do not use this for                            | in to apaate information  |                             |                      |                        |   |
| 1. Committee Info                              | rmation   |                             |                      |                        |   |
|  | rship Political Action Comm   | ****                        |                      |                        | c. ID Number  |
| (CHL-PAC)                                      |   | nittee                      |                      |                        | STA-135AH3-C-001  |
| b. Mailing Address (inc.  3 Mount Bolus Rd.    | clude City, State and Zip Code)                                       |                             | MAI                  |                        | d. Date Filed   |
| Chapel Hill, NC 27                             |   |                             | OCT 2 7              | 2017                   | 10/23/2107  |
|  |   |                             | 001 2 1              | 2011                   | e. Phone Number   |
|  |   |                             | DURHAM               | BOE                    | 919-960-2589  |
| 2. Report Year                                 | 3. Period Start Date (mm/   | /dd/yy) 4. Period (mm/dd/yy | d End Date           | 5. Treasurer Fu        | ıll Name  |
| 2017   | 1/1/2107  |                             | 26/2017              | E. Thomas Hen          | kel   |
| 6. Type of Commit                              |   | 9. Type of Repor            | rt (check on         | ly one type of repo    | ort from one category)  |
| Candidate Campa                                | ,   | Municipal                   | State/C              | County                 | Referendum  |
| PAC Independent                                | Referendum  | Organization                | ial (                | Organizational         | Organizational  |
| Expenditure Legal Expense Fu                   | Joint Fundraiser  | Thirty-five da              | ay (                 | Quarterly              | Pre-referendum  |
| 7. Type of Fund                                | (if applicable, check one)  | Pre-primary                 |                      | 19 <b>44-1</b> 0000000 |   |
| Booster Fund"                                  | (9 spproducts, onco. oncy   | Pre-election                | ᅵ님                   | First                  | Final   |
| Building Fund                                  |   | Pre-runoff                  | 1H                   | Second<br>Third        | Supplemental Final  |
|  |   | Semi-annual                 | ᅵ片                   | Fourth                 | Annual Special  |
|  |   | Mid Yea                     | ar S                 | Semi-annual            | Special   |
| Other:   |   | Year En                     |                      | Mid Year               | 10. Special Report Name   |
| 0 N 6 E . 1                                    |   | Final                       |                      | Year End               | zor ~portar xtepor triame   |
| 8. Number of Fundr                             | aisers this Report  | Special                     | ☐ F                  | inal                   |   |
| 11 1   | 0   |                             | S                    | pecial                 |   |
| 11. Account Informa a. Financial Institution F |   |                             | 11. Account Ir       |                        |   |
| Wells Fargo Bank                               | uli Name  |                             | a. Financial Instit  | tution Full Name       |   |
| b. Purpose                                     | c. Account Code   |                             | b. Purpose           |                        |   |
| Maintain                                       |   |                             | b. rurpose           |                        | c. Account Code   |
| funds to                                       | one   | ,                           |                      |                        |   |
| support  | d. Period Begin Balance   |                             |                      |                        | d. Period Begin Balance   |
| CHALT  | \$ 753.66   |                             |                      |                        |   |
| activities                                     | 700.00  |                             |                      |                        | \$  |
|  | correct and that I have been enkel                                    | minimpled with broni        | tate Board of Ele    | on-disclosed funds.    | , & 22D-22M of Chapter 163 of<br>. I further certify that this report<br>10/23/2017 |
| OD OPEIOR HOR ON                               | Printed Name of Signer  | Si                          | gnature of Appointed | Treasurer              | Date  |
| OR OFFICE USE ON                               | LY  |                             |                      |                        |   |
| Date Received:                                 |   | Employee:                   |                      |                        | Delivery Method ☐ Normal Mail   |
| Date Postmarked:                               |   | Employee:                   | _                    |                        | Registered Mail Hand Delivered  |
| Date Scanned:                                  |   | Employee:                   |                      |                        | Electronically Filed Signer has not received  |
| Date Data Entered                              | :   | Employee:                   |                      |                        | mandatory training  |
|  | form cannot be used to amer<br>custodian<br>ou must amend the Stateme | of books informatio         | on, or account inf   | formation.             | ss, treasurer, assistant treasurer,   |

**Detailed Summary** 

Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Chapel Hill Leadership Political Action Committee 35-Day STA-135AH3-C-001 (CHL-PAC) Total this Total this **Start of Election Cycle:** January 1, 2017 Reporting Period **Election Cycle** Cash on Hand at Start 753.66 \$ 753.66 RECEIPTS **Aggregated Contributions from Individuals** 5) (CRO-1205) \$ 135.00 \$ 135.00 6) Contributions from Individuals (CRO-1210) \$ 982.50 \$ 982.50 7) **Contributions from Political Party Committees** (CRO-1220) 0.00 \$ 0.00 8) **Contributions from Other Political Committees** 0.00 \$ (CRO-1230) \$ 0.00 **Loan Proceeds** 9) 0.00 \$ (CRO-1410) 0.00 Refunds/Reimbursements To the Committee (CRO-1240) \$ 0.00 \$ 0.00 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 0.00 \$ \$ 0.00 11b) Contributions from Not-for-Profit Organizations \$ 0.00 (CRO-1250) \$ 0.00 (CRO-1250) 11c) Outside Sources of Income \$ 0.00 \$ 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ 0.00 11 e) Exempt Purchase Price Sales (CRO-1265) \$ 0.00 \$ 0.00 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 1332.50 \$ 1332.50 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) 350.37 \$ 396.76 13b) Contributions to Candidates/Political Committees (CRO-1310) 0.00 \$ 0.00 13c) Coordinated Party Expenditures (CRO-1310) 0.00 \$ 0.00 14) Aggregated Non-Media Expenditures (CRO-1315) 0.00 \$ 0.00 15) Loan Repayments (CRO-1420) \$ 0.00 \$ 0.00 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ 0.00 \$ 0.00 **In-Kind Contributions** 17) (CRO-1510) \$ 162.50 \$ 162.50 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 512.87 \$ 559.26 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) 1573.29 1526.90 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 0.00 22) Debts and Obligations owed By the Committee (CRO-1610) \$ 0.00 23) Debts and Obligations owed To the Committee (CRO-1620) 0.00 24) **Account Transfers Within the Committee** (CRO-1720) 0.00 MAIL 25) Administrative Support (CRO-1710) 0.00 \$ 0.00 Forgiven Loans 26) OCT 2 7 2017 (CRO-1440) \$ 0.00 \$ 0.00 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 0.00 \$ 0.00 DURHAM BOE 28) Contributions to be Refunded (CRO-1215) 0.00 \$ 0.00

Amendment

X

No

|                   |  | om Individuals   |          | 1                                       | Pg _1             | of <u>4</u>   | 1             | Yes N  |
|-------------------|--|--|----------|---|-------------------|---------------|---------------|--------|
| 1 Com             | s form to report in                          | dividual contributions   | over \$5 | 50 or contributions u                   | nder \$50 if form |               |               |        |
| 1                 |  | e (and Fund if applic  |          |   |                   | 2. ID N       | umber         |        |
|                   |  | olitical Action Comm   | ittee    |   |                   | S             | TA-135AH3     | -C-001 |
|                   | tributor Informat                            |  |          | Add R                                   | emove             |               |               |        |
|                   | ame, Mailing Address                         | s & Phone  |          | b. Job Title/Profession                 | on                | d. Comm       | ents          |        |
|                   | le city, state, & zip)<br>Miller & David Kie | ما   |          |   |                   |               |               |        |
|                   | akeshore Dr.                                 |  |          | c. Employer's Name/                     | Specific Field    |               |               |        |
| CONTRACTOR OF THE | Hill, NC 27514                               |  |          | Self-Employed                           | Specific Field    |               |               |        |
|                   |  |  |          |   |                   | e. Election   | n Sum to Date |        |
|                   |  |  |          |   |                   | \$            | 100.00        |        |
| f. Prior          | g. Account Code                              | h. Form of Payment   | i. In-   | Kind Description                        | j. Date (mm/d     |               | k. Amoun      | it     |
|                   | one  | Check  |          |   | Catalana          | 9/2017        | \$            | 100.00 |
|                   |  |  |          |   |                   |               | \$            |        |
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|                   | e city, state, & zip)                        | CC I HOILE   |          | b. Job Title/Profession                 | 1                 | d. Comme      | nts           |        |
| Rudy Ju           | liano  | MAIL   |          | 1                                       |                   |               |               |        |
| 408 Lyo           |  |  |          | c. Employer's Name/S                    | pecific Field     |               |               |        |
| Chapel I          | Hill, NC 27514                               | OCT 2 7 2017   |          | Retired                                 |                   |               |               |        |
|                   |  | DURHAM BOE   |          |   |                   | e. Election   | Sum to Date   |        |
|                   |  |  |          |   |                   | \$            | 250.00        |        |
| f. Prior          | g. Account Code                              | h. Form of Payment   | i. In-K  | Kind Description                        | j. Date (mm/dd    | /уууу)        | k. Amount     |        |
|                   | one  | PayPal   |          |   | 07/24             | /2017         | \$            | 250.00 |
|                   |  |  |          |   |                   |               | \$            |        |
|                   |  |  |          |   |                   |               | \$            |        |
|                   | ibutor Informatio                            |  |          | Add Ren                                 | move              |               |               |        |
|                   | ne, Mailing Address &                        | & Phone  |          | b. Job Title/Profession                 |                   | d. Commen     | its           |        |
| Joan Guil         | city, state, & zip)                          |  |          |   |                   |               |               |        |
| 246 Glan          | •  |  |          | c. Employer's Name/Sp                   | oniën Field       |               |               |        |
|                   | ill, NC 27514                                |  |          | Retired                                 | ecinc Field       |               |               |        |
|                   |  |  |          |   |                   | e. Election S | Sum to Date   |        |
|                   |  |  |          |   |                   | \$            | 50.00         |        |
| f. Prior          | g. Account Code                              | h. Form of Payment   | i. In-Ki | nd Description                          | j. Date (mm/dd/   | уууу)         | k. Amount     |        |
|                   | one  | Cash   |          |   | 07/26/            | 2017          | \$            | 50.00  |
|                   |  |  |          |   |                   |               | \$            |        |
|                   |  |  |          |   |                   |               | \$            |        |
|                   | only this Page                               |  |          |   |                   | \$            | 1             | 400.00 |
| 5. Total          | of ALL CRO-                                  | 1210 Pages   |          |   |                   |               |               |        |
| (This line        | must be on line 6 of D                       | Detailed Summary Page CI   | RO-1100) |   |                   | \$            |               | 982.50 |

**Contributions from Individuals** 

Amendment

|                       |                        | om Individuals dividual contributions | 53       | F<br>50 or contributions ur     | g <u>2</u><br>der \$50 if form ( | of <u>4</u> | Ye            | es 🛛 N |
|-----------------------|------------------------|---------------------------------------|----------|---------------------------------|----------------------------------|-------------|---------------|--------|
| 1. Com                | mittee Full Name       | e (and Fund if applic                 | cable)   |                                 |                                  | 2. ID N     |               |        |
| Chapel                | Hill Leadership P      | olitical Action Comm                  | ittee    |                                 |                                  | S           | TA-135AH3-    | C-001  |
|                       | ributor Informat       |                                       |          | Add R                           | emove                            |             |               |        |
|                       | ame, Mailing Address   | s & Phone                             |          | b. Job Title/Professio          | n                                | d. Comm     | ients         |        |
|                       | le city, state, & zip) |                                       |          |                                 |                                  |             |               |        |
| Bruce H               |                        |                                       |          |                                 |                                  |             |               |        |
|                       | Hill, NC 27517         |                                       |          | c. Employer's Name/S<br>Retired | Specific Field                   |             |               |        |
| Chaperi               | im, ive 27317          |                                       |          | Retired                         |                                  | a Flordia   | - C - 1 D 1   |        |
|                       |                        |                                       |          |                                 |                                  | e. Electio  | n Sum to Date |        |
|                       |                        |                                       |          |                                 |                                  | \$          | 100.00        |        |
| f. Prior              | g. Account Code        | h. Form of Payment                    | i. In-   | Kind Description                | j. Date (mm/dd/                  | уууу)       | k. Amount     |        |
|                       | one                    | Check                                 |          |                                 | 08/15                            | /2017       | \$            | 100.00 |
|                       |                        |                                       |          |                                 |                                  |             | \$            |        |
|                       |                        |                                       |          |                                 |                                  |             | \$            |        |
| 3. Contr              | ibutor Informati       | ion                                   |          | Add  Re                         | move                             |             |               |        |
|                       | me, Mailing Address    | & Phone                               |          | b. Job Title/Profession         |                                  | d. Comme    | ents          |        |
|                       | city, state, & zip)    | MAIL                                  |          |                                 |                                  |             |               |        |
| Sharon E              | pstein<br>ridence Glen |                                       |          |                                 |                                  |             |               |        |
|                       |                        | OCT 2 7 2017                          |          | c. Employer's Name/S            | pecific Field                    |             |               |        |
| Chapel Hill, NC 27514 |                        | =                                     | Retired  |                                 | TI d                             | 6           |               |        |
|                       |                        | DURHAM BOI                            |          |                                 |                                  | e. Election | Sum to Date   |        |
|                       | 1                      |                                       |          |                                 |                                  | \$          | 35.00         |        |
| . Prior               | g. Account Code        | h. Form of Payment                    | i. In-I  | Kind Description                | j. Date (mm/dd/y                 | ууу)        | k. Amount     |        |
| Ц                     | one                    | Check                                 |          |                                 | 08/24/                           | 2017        | \$            | 35.00  |
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| (include)             | city, state, & zip)    |                                       |          |                                 |                                  |             |               |        |
|                       |                        |                                       |          | c. Employer's Name/Sp           | ecific Field                     | -           |               |        |
|                       |                        |                                       |          |                                 |                                  |             |               |        |
|                       |                        |                                       |          |                                 |                                  | e. Election | Sum to Date   |        |
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| (This line            | must be on line 6 of D | Detailed Summary Page CI              | RO-1100) |                                 |                                  | \$          |               | 982.50 |

**Contributions from Individuals** 

Amendment

|                      |                        | om Individuals          | •        | Pg  | 30                 | f <u>4</u>     | Ye          | es 🛛 No |  |  |
|----------------------|------------------------|-------------------------|----------|---|--------------------|----------------|-------------|---------|--|--|
| 1. Com               | mittee Full Name       | e (and Fund if applic   | over \$: | 50 or contributions und                   | ler \$50 if form C |                |             |         |  |  |
|                      |                        |                         |          |   |                    | 2. ID N        |             |         |  |  |
| Cnapei               | Hill Leadership P      | olitical Action Comm    | ittee    |   |                    | Si             | ГА-135АН3-  | C-001   |  |  |
|                      | ributor Informat       |                         |          |   | move               |                |             |         |  |  |
|                      | ame, Mailing Address   | s & Phone               |          | b. Job Title/Profession                   |                    | d. Comme       | ents        |         |  |  |
| Henry (              | le city, state, & zip) |                         |          | _   |                    |                |             |         |  |  |
|                      | . Lakeshore            |                         |          | c. Employer's Name/Si                     | pecific Field      | -              |             |         |  |  |
| Chapel               | Hill, NC 27514         |                         |          | Retired                                   | Jetine I leid      | -              |             |         |  |  |
|                      |                        |                         |          |   |                    | e. Election    | Sum to Date |         |  |  |
|                      |                        |                         |          |   |                    | \$             | 150.00      |         |  |  |
| f. Prior             | g. Account Code        | h. Form of Payment      | i. In-   | Kind Description                          | j. Date (mm/dd/y   | ууу)           | k. Amount   |         |  |  |
|                      | one                    | PayPal                  |          |   | 09/07/2            | 2017           | \$          | 150.00  |  |  |
|                      |                        |                         |          |   |                    |                | \$          |         |  |  |
|                      |                        |                         |          |   |                    |                | \$          |         |  |  |
| 3. Conti             | ributor Informati      | on                      |          | Add ☐ Ren                                 | nove               |                |             |         |  |  |
| a. Full Na           | me, Mailing Address    | & Phone                 |          | b. Job Title/Profession                   | 10,10              | d. Commer      | nts         |         |  |  |
|                      | e city, state, & zip)  | MAIL                    |          |   |                    |                |             |         |  |  |
| Frank D              |                        | OCT 0 7 2017            |          |   |                    |                |             |         |  |  |
| 408 Holl<br>Chapel H | Hill, NC 27517         | OCT 2 7 2017            |          | c. Employer's Name/Specific Field Retired |                    |                | -           |         |  |  |
| Chaperi              | iii, 140 27517         | DURHAM BOE              |          | Retired                                   |                    | e. Election Su |             |         |  |  |
|                      |                        |                         |          |   |                    |                |             |         |  |  |
|                      |                        |                         |          |   |                    | \$             | 25.00       |         |  |  |
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|                      | one                    | PayPal                  |          |   | 09/19/2            | 017            | \$          | 25.00   |  |  |
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|                      | ne, Mailing Address &  | & Phone                 |          | b. Job Title/Profession                   |                    | d. Commen      | ts          |         |  |  |
| July McC             | city, state, & zip)    |                         |          |   |                    |                |             |         |  |  |
| 614 Beec             |                        |                         |          | c. Employer's Name/Spe                    | cific Field        |                |             |         |  |  |
|                      | ill, NC 27514          |                         |          | Retired                                   | cine Field         |                |             |         |  |  |
|                      |                        |                         |          |   |                    | e. Election S  | Sum to Date |         |  |  |
|                      |                        |                         |          |   |                    | \$             | 162.50      |         |  |  |
| . Prior              | g. Account Code        | h. Form of Payment      | i. In-K  | ind Description                           | j. Date (mm/dd/yyy | /y)            | k. Amount   |         |  |  |
|                      | one                    | Check                   | Video    | ) Services                                | 08/31/20           | 17             | \$          | 162.50  |  |  |
|                      |                        |                         |          |   |                    |                | \$          |         |  |  |
|                      |                        |                         |          |   |                    |                | \$          |         |  |  |
| . Total              | only this Page         |                         |          |   |                    | \$             |             | 337.50  |  |  |
| . Total              | of ALL CRO-            | 1210 Pages              |          |   |                    |                |             |         |  |  |
| (This line           | must be on line 6 of I | Datailad Cumman Daga CL | 0 1100   |   |                    | \$             |             | 982.50  |  |  |

**Contributions from Individuals** 

Amendment

|   |  | m Individuals ividual contributions | over \$5      |                         | Pg <u>4</u><br>nder \$50 if form | of 4           | Amendme Ye  |               |
|---|--|-------------------------------------|---------------|-------------------------|----------------------------------|----------------|-------------|---------------|
|   |  | (and Fund if applica                | - 100 - 100 C | of Continuations a      | naer \$50 ii form                | 2. ID N        |             |               |
| Chapel 1                                | Hill Leadership Po                                       | litical Action Commi                | ttee          |                         |                                  | S              | ГА-135АН3-  | C-001         |
| 3. Conti                                | ributor Informati  | on                                  |               | Add 🗌 R                 | Remove                           |                |             |               |
| 100000000000000000000000000000000000000 | me, Mailing Address                                      | & Phone                             |               | b. Job Title/Profession | on                               | d. Comm        | ents        |               |
| Helen Ta<br>107 Hun                     | e city, state, & zip) auchen stington Dr. Hill, NC 27514 |                                     |               | c. Employer's Name.     | /Specific Field                  |                |             |               |
|   |  |                                     |               |                         |                                  | e. Election    | Sum to Date |               |
|   |  |                                     |               |                         |                                  | \$             | 110.00      |               |
| f. Prior                                | g. Account Code  | h. Form of Payment                  | i. In-        | Kind Description        | j. Date (mm/c                    | ld/yyyy)       | k. Amount   |               |
|   | one  | PayPal                              |               |                         | 09/2                             | 25/2017        | \$          | 110.00        |
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|   |  |                                     |               |                         |                                  | 10             | \$          |               |
| 3. Contr                                | ibutor Informatio  | on                                  |               | Add R                   | emove                            |                |             |               |
|   | me, Mailing Address &<br>city, state, & zip)             | & Phone                             |               | b. Job Title/Profession | n                                | d. Comme       | nts         |               |
|   |  | OCT 2 7 2017  DURHAM BOE            |               | c. Employer's Name/     | Specific Field                   | e. Election    | Sum to Date |               |
| f. Prior                                | g. Account Code  | h. Form of Payment                  | i. In-F       | Kind Description        | j. Date (mm/d                    | d/yyyy)        | k. Amount   |               |
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| 3. Contri                               | ibutor Informatio  | n                                   |               | Add Re                  | emove                            |                |             |               |
|   | ne, Mailing Address &                                    | 2 Phone                             |               | b. Job Title/Profession | n                                | d. Comme       | nts         |               |
| (include                                | city, state, & zip)                                      |                                     |               | 1                       |                                  |                |             |               |
|   |  |                                     |               | c. Employer's Name/S    | Specific Field                   |                |             |               |
|   |  |                                     |               |                         |                                  | e Flection     | Sum to Date | Military Town |
|   |  |                                     |               |                         |                                  | \$             | Sum to Date |               |
| f. Prior                                | g. Account Code  | h. Form of Payment                  | i. In-K       | ind Description         | j. Date (mm/do                   |                | k. Amount   | - T- 128      |
|   |  |                                     |               |                         |                                  |                | \$          |               |
|   |  |                                     |               |                         |                                  |                | \$          |               |
|   |  |                                     |               |                         |                                  |                | \$          |               |
| 4. Total                                | only this Page   |                                     |               |                         |                                  | \$             |             | 110.00        |
| 5. Total                                | of ALL CRO-  | 1210 Pages                          |               |                         |                                  | •              |             |               |

(This line must be on line 6 of Detailed Summary Page CRO-1100)

982.50

\$

## **Aggregated Contributions from Individuals**

Page

<u>1</u> of <u>1</u>

Amendment

Yes 🖂

No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                |                              |                    | d if applicable)             |                           |                        | 2. ID Nu | mber         |
|----------------|------------------------------|--------------------|------------------------------|---------------------------|------------------------|----------|--------------|
| Chape<br>(CHL- | el Hill Political .<br>-PAC) | Action Commi       | ittee                        |                           |                        | STA-     | 135AH3-C-001 |
| 3. Con         | tributor Infor               | mation             |                              |                           |                        |          |              |
| a. Amen        | ıd                           | b. Account<br>Code | c. Form of Payment           | d. In-Kind<br>Description | e. Date<br>(mm/dd/yyyy | () f.    | Amount       |
|                | Add<br>Remove                | one                | Check                        |                           | 07/25/20               | )17      | \$ 35.00     |
|                | Add<br>Remove                | one                | Check                        |                           | 08/31/20               | )17      | \$ 40.00     |
|                | Add<br>Remove                | one                | Check                        |                           | 08/31/20               | 017 5    | \$ 25.00     |
|                | Add                          | one                | Check                        |                           | 08/31/20               | 17 5     | \$ 35.00     |
|                | Remove<br>Add                |                    |                              |                           | 00/31/20               |          |              |
|                | Remove                       |                    |                              |                           |                        | 9        | <u> </u>     |
|                | Add<br>Remove                | -                  | MAIL                         |                           |                        | 9        | 3            |
|                | Add<br>Remove                |                    | OCT 2 7 2017                 |                           |                        | 9        | 3            |
| П              | Add                          |                    | 001 2 1 2011                 |                           |                        |          |              |
|                | Remove                       | 1                  | DURHAM BOE                   |                           |                        | \$       | •            |
|                | Add                          |                    |                              |                           |                        |          | ,            |
|                | Remove                       |                    |                              |                           |                        | \$       | ,            |
| Ц              | Add                          |                    |                              |                           |                        | \$       |              |
| <u> </u>       | Remove                       |                    |                              |                           |                        | Ф        | E            |
| Η              | Add                          | -                  |                              |                           |                        | \$       |              |
| $\vdash$       | Remove                       | 1                  |                              |                           |                        |          |              |
|                | Remove                       |                    |                              |                           |                        | \$       |              |
|                | Add                          | -                  |                              |                           |                        | \$       |              |
| <u> </u>       | Remove                       |                    |                              |                           |                        |          | 9<br>        |
|                | Add<br>Remove                |                    |                              |                           |                        | \$       |              |
|                | Add                          |                    |                              |                           |                        |          |              |
|                | Remove                       |                    |                              |                           |                        | \$       |              |
|                | Add                          |                    |                              |                           |                        | \$       |              |
| $\dashv$       | Remove Add                   | -                  |                              |                           |                        |          |              |
|                | Remove                       |                    |                              |                           |                        | \$       |              |
|                | Add                          |                    |                              |                           |                        |          |              |
|                | Remove                       |                    |                              |                           |                        | \$       |              |
|                | Add                          |                    |                              |                           |                        |          |              |
|                | Remove                       |                    |                              |                           |                        | \$       |              |
|                | Add                          |                    |                              |                           |                        | \$       |              |
|                | Remove                       |                    |                              |                           |                        | Φ        | -            |
| + -            | Add<br>Remove                |                    |                              |                           |                        | \$       | 2            |
|                | Add                          |                    |                              |                           |                        |          |              |
|                | Remove                       |                    |                              |                           |                        | \$       |              |
|                | only this P                  |                    |                              |                           |                        | \$ 135   | 5.00         |
|                | al of ALL CI                 |                    | nges<br>nmary Page CRO-1100) |                           |                        | \$ 135   | 5.00         |
|                |                              |                    |                              |                           |                        |          |              |

## Amendment **In-Kind Contributions** Pg $\boxtimes$ No Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days. 1. Committee Full Name (and Fund if applicable) 2. ID Number Chapel Hill Leadership Political Action Committee STA-135AH3-C-001 (CHL-PAC) 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Julie McClintock Candidate 614 Beech Tree Ct. Party Chapel Hill, NC 27514 PAC Referendum d. Election Sum to Date Other Receipt Source 162.50 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Payment to Leyla Moavenzadeh, 311 Burlage Cir, 09/17/2017 162.50 Chapel Hill, NC 27514 for video services \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual MAIL Candidate Party OCT 2 7 2017 PAC Referendum d. Election Sum to Date DURHAM BOE Other Receipt Source e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Candidate Party PAC Referendum d. Election Sum to Date Other Receipt Source e. Description g. Fair Market Amount f. Date (mm/dd/vvyy) \$ \$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

\$

162.50

162.50

| committees and  | o report expenditures<br>d coordinated party e   | expenditures.  | Pg<br>ttee for; operating expenses                             | 1 of s, contributions t                   |                                |  |
|---|--|--|--|---|--------------------------------|--|
|   | Full Name (and Fu  |  |  |   | 2. ID Number                   |  |
|   | adership Political A   |  |  |   | STA-135AH3-C-001               |  |
| 3. Type of Disl   | The state of the s |  | CRO-1310 forms for each  |   |                                |  |
| Operating   |  |  | andidates/Political Committees                                 |   | Coordinated Party Expenditures |  |
| 4. Payee Inform   |  | $\square$  | Add  | Remove                                    |                                |  |
|   | ling Address & Phone   |  | b. Coordinated Committee N                                     | Vame                                      | d. Comments                    |  |
| (include city, state  |  |  |  |   |                                |  |
| US Postal Serv<br>125 S. Estes D<br>Chapel Hill, No   | r.   |  | c. Level Registered (Specify)  Federal  State                  | County: Municipality:                     | e. Election Sum to Date        |  |
|   |  |  |  |   | \$ 98.00                       |  |
| f. Account Code   | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount                                 | k. Required Remarks            |  |
| one   | Debit Card   | I  | 07/19/2017   | \$49.00                                   | R. Required Remarks            |  |
| one   | Debit Card   | I  | 09/15/2017   | \$49.00                                   |                                |  |
| 4. Payee Inform   | nation   |  | Add $\square$  | Remove                                    |                                |  |
| a. Full Name, Mail  | ling Address & Phone   |  | b. Coordinated Committee N                                     | lame                                      | d. Comments                    |  |
| (include city, state, & zip)  Envelopes.Com 5300 New Horizons Blvd Amityville, NY 11707  DURHAM BOE |  | c. Level Registered (Specify)  Federal County: State Municipality: |  | e. Election Sum to Date                   |                                |  |
|   |  |  |  |   | \$ 128.41                      |  |
| f. Account Code   | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount                                 | k. Required Remarks            |  |
| one   | Debit Card   | С  | 09/05/2017   | \$128.41                                  | Remittance<br>Envelopes        |  |
|   |  |  |  | \$  |                                |  |
| 4. Payee Inform   | nation   |  | Add  | Remove                                    |                                |  |
| a. Full Name, Maili   | ing Address & Phone  |  | b. Coordinated Committee Na                                    | ame                                       | d. Comments                    |  |
| (include city, state, & zip) Staples 1710 E. Franklin St. Chapel Hill, NC 27514                     |  | c. Level Registered (Specify)  Federal County: State Municipality: |  | e. Election Sum to Date                   |                                |  |
| f. Account Code   | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount                                 | k. Required Remarks            |  |
| one   | Debit Card   | С  | 09/18/2017   | \$51.56                                   | Paper &<br>Envelopes           |  |
| one   | Debit Card   | С  | 09/19/2017   | \$52.68                                   | Printing                       |  |
| 5. Total only thi   | s Page   |  |  |   | \$ 330.65                      |  |
| (This line goes in  | CRO-1310 Pages<br>line 13a of Detailed Sum<br>line 13b of Detailed Sum   |  | ) if Operating Expenses)<br>) if Contrib to Candidates/Politic | al Comm)                                  | \$ 350.37                      |  |
|   |  |  | ) if Coordinated Party Expenditu                               | 30000 00 - 00 - 00 00 00 00 00 00 00 00 0 |                                |  |
| 7. Purpose Code   | es (List detailed exp  | enditure code in (   | h.) above)   |   |                                |  |

\* Codes require detailed explanation in required remarks field (k) CRO-1310

O\* - Other

A\* - Media
E - Salaries
I - Postage

B\* - Printing

J - Penalties

F\* - Equipment

C\* - Fundraising

G - Political Party

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

|               |    |   |             | Amei | ndment |             |    |
|---------------|----|---|-------------|------|--------|-------------|----|
| Disbursements | Pg | 2 | of <u>2</u> |      | Yes    | $\boxtimes$ | No |
|               |    |   |             |      |        |             |    |

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| 1. Committee I  | Full Name (and Fun   | id if applicable)                       |                                     |                  | 2                 | 2. ID Number                        |
|---|--|---|-------------------------------------|------------------|-------------------|-------------------------------------|
| Chapel Hill Le  | adership Political Ac  | tion Committee                          |                                     |                  |                   | STA-135AH3-C-001                    |
| 3. Type of Dish   | oursement (Ple   | ase use separate (                      | CRO-1310 forms for each i           | type of Disburse | ment.)            |                                     |
| Operating I   |  |   | andidates/Political Committees      |                  |                   | Party Expenditures                  |
| 4. Payee Inform   | mation   |   | Add                                 | Remove           |                   |                                     |
|   | ling Address & Phone   |   | b. Coordinated Committee N          |                  | d. Comr           | ments                               |
| (include city, state,<br>PayPal   |  |   |                                     |                  |                   |                                     |
| 2211 North Fire   | st Street  |   | c. Level Registered (Specify)       |                  |                   |                                     |
| San Jose, CA 9  |  |   | Federal                             | County:          |                   |                                     |
| 888-221-1161  |  |   | State                               | Municipality:    | e. Electi         | on Sum to Date                      |
| 000 221   |  |   |                                     |                  | \$ 21.            |                                     |
| f. Account Code   | g. Form of Payment   | h. Purpose Code                         | i Data (mm/dd/sussa)                | T : Amount       |                   |                                     |
| I. Account Coue   | g. Form of Payment   | h. I ui pose code                       | i. Date (mm/dd/yyyy)                | j. Amount        |                   | ired Remarks                        |
| one   | Account Chg  | С                                       | 7/24-9/25/17                        | \$19.72          | 4 Servi<br>Charge |                                     |
|   |  |   |                                     | \$               |                   |                                     |
| 4. Payee Inform   |  |   | Add                                 | Remove           |                   |                                     |
| a. Full Name, Mail  | ling Address & Phone   |   | b. Coordinated Committee N          | ame              | d. Comm           | nents                               |
| (include city, state,   | & zip)   | AIL                                     |                                     |                  |                   |                                     |
|   | nct  | 2 7 2017                                | c. Level Registered (Specify)       |                  |                   |                                     |
|   | 001  | 2 1 2011                                | Federal                             | County:          | $\dashv$          |                                     |
|   | חוום   | IAM DOE                                 | State                               | Municipality:    | e. Electio        | on Sum to Date                      |
|   | DUKE   | HAM BOE                                 |                                     |                  |                   |                                     |
| 20 <u>20 20 20 20 20 20 20 20 20 20 20 20 20 2</u>  | The state of the s |   |                                     |                  | \$                |                                     |
| f. Account Code   | g. Form of Payment   | h. Purpose Code                         | i. Date (mm/dd/yyyy)                | j. Amount        | k. Requir         | red Remarks                         |
|   |  | С                                       |                                     | \$               |                   |                                     |
|   |  |   |                                     | \$               |                   |                                     |
| 4. Payee Inform   | nation   |   | Add                                 | Remove           |                   |                                     |
| a. Full Name, Maili   | ing Address & Phone  |   | b. Coordinated Committee Na         | ame              | d. Comm           | ients                               |
| (include city, state,   |  |   | -                                   |                  |                   |                                     |
|   |  |   | c. Level Registered (Specify)       |                  | -                 |                                     |
|   |  |   | Federal                             | County:          |                   |                                     |
|   |  |   | State                               | Municipality:    | e. Electio        | on Sum to Date                      |
|   |  |   |                                     |                  | \$                |                                     |
| f. Account Code   | g. Form of Payment   | h. Purpose Code                         | i. Date (mm/dd/yyyy)                | j. Amount        |                   | red Remarks                         |
|   | 9.   |   |                                     | \$               |                   |                                     |
|   |  |   |                                     | Ψ                | +                 |                                     |
|   |  |   |                                     | \$               |                   |                                     |
| 5. Total only thi   |  |   |                                     |                  | \$                | 19.72                               |
|   | CRO-1310 Pages   |   |                                     |                  |                   |                                     |
|   | line 13a of Detailed Sum   |   |                                     |                  | \$                | 350.37                              |
|   |  |   | 0 if Contrib to Candidates/Politica | (5)              | Ψ .               | 330.37                              |
| THE RESERVE AND ADDRESS OF THE PARTY OF THE | NAME OF TAXABLE PARTY OF TAXABLE PARTY.  |   | 0 if Coordinated Party Expenditu    | res)             |                   |                                     |
|   | es (List detailed exp  |   |                                     |                  |                   |                                     |
| A* - Media E - Salaries I - Postage   | B* - Printing F* - Equipment J - Penalties   | C* - Fund<br>G - Politic<br>K* - Office |                                     |                  | g Public Of       | te<br>fice Expenses<br>Expense Fund |
| O* - Other  * Codes require   | e detailed explanation   | on in required re                       | emarks field (k)                    |                  |                   |                                     |

## Chapel Hill Leadership Political Action Committee 3 Mount Bolus Rd. Chapel Hill, NC 27514

Telephone: 919-960-2589

Email: thenkel1@nc.rr.com

October 23, 2017

Durham County Board of Elections PO Box 868 Durham, NC 27702

Ref: 2017 35-Day Report

Gentlemen:

The enclose report is submitted late because my computer crashed on 9/29/2017, and I lost all my files. It was not possible for me to reconstitute everything before I left for a trip to France from 10/6/2017 to 10/18/2017. My files are now in order, and our next report will be submitted on time.

Thanks for your understanding.

Regards,

E. Thomas Henkel

Treasurer

MAIL

OCT 2 7 2017

DURHAM BOE