

Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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)	c. ID Number STA-135AH3-C-001
b. Mailing Address (include City, State and Zip Code) 3 Mount Bolus Rd. Chapel Hill, NC 27514	d. Date Filed 03/13/2017
	e. Phone Number 919-960-2589

2. Report Year 2018	3. Period Start Date (mm/dd/yy) 01/01/2018	4. Period End Date (mm/dd/yy) 12/31/2018	5. Treasurer Full Name E. Thomas Henkel
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input checked="" type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo Bank		a. Financial Institution Full Name	
b. Purpose Maintain funds to support CHL <u>CHL</u> PAC <u>CHL</u> activities	c. Account Code one	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 679.18		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.

E. Thomas Henkel Printed Name of Signer E. Thomas Henkel Signature of Appointed Treasurer 01/05/2018 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

MAIL
JAN 08 2018
DURHAM BOE

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.

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	
Chapel Hill Leadership -Political Action Committee (CHL-PAC)		STA-135AH3-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
3 Mount Bolus Rd. Chapel Hill, NC 27514		03/13/2017	
		e. Phone Number	
		919-960-2589	
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 <input type="checkbox"/> Get Out the Vote <input type="checkbox"/> Plan of Org. <input type="checkbox"/> Health <input type="checkbox"/> Religious <input type="checkbox"/> Information Technology / <input type="checkbox"/> Trade <input type="checkbox"/> Telecommunications <input type="checkbox"/> Utilities <input type="checkbox"/> Insurance <input checked="" type="checkbox"/> Other / Not listed		Chapel Hill Alliance for a Livable Town - (CHALT)	
b. Type (Check only one)		b. Mailing Address (include City, State, and Zip Code)	
<input type="checkbox"/> Parent Entity <input type="checkbox"/> Economic Interest <input checked="" type="checkbox"/> Political Purpose		614 Beech Tree Court Chapel Hill, NC 27514	
c. Definition of Type		c. Phone Number	
Support Candidates		919-967-3661	
		d. Relationship	
		Volunteer Group	
d. Member Definition			
Town Citizens			
4. Treasurer Information		5. Custodian of Books Information	
a. Full Name		a. Full Name	
E. Thomas Henkel			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
3 Mount Bolus Rd. Chapel Hill, NC 27514			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
919-960-2589	thenkell@nc.rr.com		
6. Assistant Treasurer Information		7. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Rudolph Juliano		Wells Fargo Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
408 Lyons Road Chapel Hill, NC 27514		Maintain funds to support CHL-PAC activity	
c. Phone Number	d. Email Address	c. Account Code	d. Type
919-619-2001	rudyjuliano@ hotmail.com	one	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.			
E. Thomas Henkel		01/05/2018	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

MAIL
JAN 08 2018
DURHAM BOE