	Amendment	
Disclosure Report Cover	⊠ Yes	No
	The same of the sa	

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	in	formation	

Do not use this form	to update information						
1. Committee Infor	mation						
a. Full Name							c. ID Number
Chapel Hill Leaders (CHL-PAC)	hip Political Action Comm	ittee			78. 6		STA-135AH3-C-001
	ude City, State and Zip Code)				IV	IAIL	d. Date Filed
3 Mount Bolus Rd. Chapel Hill, NC 275	514				JAN	1 0 2019	03/13/2017
				**	211721	MAROE	e. Phone Number
		20.0		L	JUKF	IAM BOE	919-960-2589
2. Report Year	Year 3. Period Start Date (mm/dd/yy) 4. Period (mm/dd/yy			End Da	te	5. Treasurer Full	Name
2017	1/1/2107		12/3	1/2017		E. Thomas Henke	el
6. Type of Committe	ee (Check One)	9. Typ	e of Report	(c.	heck o	nly one type of report	t from one category)
Candidate Campa	ign Party	Municip				County	Referendum
PAC     PAC	Referendum	П	Organizational			Organizational	Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day			Quarterly	Pre-referendum
Legal Expense Fu	nd						
7. Type of Fund	(if applicable, check one)	П	Pre-primary			First	Final
"Booster Fund"		ΙĒ	Pre-election		$\overline{\Box}$	Second	Supplemental Final
Building Fund			Pre-runoff		П	Third	Annual
_		_	Semi-annual		П	Fourth	Special
			Mid Year	38		Semi-annual	
Other:		$\boxtimes$	Year End			Mid Year	10. Special Report Name
			Final			Year End	
8. Number of Fundr	aisers this Report		Special	1		Final	
*	0					Special	
11. Account Informa	ation			11. Ac	count	Information	
a. Financial Institution F	ull Name			a. Finan	cial In	stitution Full Name	
Wells Fargo Bank							
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
Maintain							
funds to	one	2					
support	d. Period Begin Balance						d. Period Begin Balance
CHALT	0 1555.00						
activities	\$ 1775.38						\$
CERTIFICATION							
the NC General Status	tes and that no funds are concorrect and that I have been	mmingle	d with prohi	bited or	other	non-disclosed funds. Elections.	& 22D-22M of Chapter 163 of I further certify that this report 1/7/2019
saturnorius alain il alain il alain il	Printed Name of Signer		Sig	gnature of	Appoi	nted Treasurer	Date
FOR OFFICE USE OF	NLY						
Date Received:		1	Employee:				Delivery Method Normal Mail
Date Postmarked		1	Employee:				Registered Mail Hand Delivered
Date Scanned:		1	Employee:				Electronically Filed Signer has not received
Date Data Entere	d:	1	Employee:				mandatory training
Please Note: This						the committee addre	ss, treasurer, assistant treasurer,

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

## **Detailed Summary**

Amendment

Yes No

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	t	3. ID Number
Y	ear-End		STA-135AH3-C-001
2000 D 00000000 COD COD D 0000 D 00000 D 0000 D 000	emi-annual	Total this	Total this
Start of Election Cycle: January 1,	2017	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 1775.38	\$ 270.05
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 100.00
6) Contributions from Individuals	(CRO-1210)	\$ 225.20	\$ 5522.70
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) 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	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 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, 1.	ld and 11e)	\$ 225.20	\$ 5622.70
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1841.21	\$ 5570.88
13b) Contributions to Candidates/Political Committee	s (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
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 10	6 and 17)	\$ 1841.21	\$ 5733.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	t line 18)	\$ 159.37	\$ 159.37
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	
25) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum OURHAM BOE	(CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

## **Contributions from Individuals**

				Amen	dment		
Pg	1	of	2	ASS	Yes	X	No
100		rancon realization and the				/	

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Number		
Chapel H	Hill Leadership PA	ıC						STA-135AH3-C-001		
3. Contr	ibutor Informati	on		Add		Ren	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Commen	ts	
	city, state, & zip)			Unkno	own					
Leigh Th										
Unknow	n					me/Sp	ecific Field			
				Unkno	own			F1		
								e. Election S	sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	one	PayPal					11/01/2	2017	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Profe	ssion		d. Comment	ts	
	city, state, & zip)			Retired	i					
Harret So										
Unknown	1			c. Emplo	yer's Na	me/Spe	ecific Field			
						e. Election S	um to Date			
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	one	PayPal					11/21/2	017	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Ti	town and the second	ssion		d. Comments	s	
	city, state, & zip)			Consul	tant					
E. Thoma		MAIL								
3 Mount I	ill, NC 27514			Henkel			cific Field			
919-960-2		JAN 1 0 2019		Helikei	Solal I	nc.		e. Election St	um to Date	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2505								3	
f. Prior	- 1(0.1	DURHAM BC		· 10 ·				\$	305.20	
I. Frior	g. Account Code	h. Form of Payment	1. III-K	ind Descrip	puon		j. Date (mm/dd/yy)		k. Amount	25.20
	one	PayPal				-	11/21/20	-	\$	25.20
	one	Checks					04/04/2		\$	230.00
	one	PayPal					05/11/2		\$	50.00
	only this Page							\$		175.20
	of ALL CRO-							\$		225.20
(This line	must be on line 6 of L	Detailed Summary Page Ch	RO-1100)							

~				W	
Con	tribi	ifions	s trom	Indi	viduals

					Amei	ndment		
Contributions from Individuals	Pg	_2	of	2_		Yes	$\boxtimes$	No
se this form to report individual contributions over \$50 or contributions	under	\$50 if form	n CRO	1205 is no	t need			

1. Comn	mittee Full Name	(and Fund if applica	ble)					2. ID Number		
Chapel F	Hill Leadership PA	ıC						STA-135AH3-C-001		
3. Contr	ibutor Informati	on		Add		Ren	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Commen	ts	
	city, state, & zip)			Retire	d					
Sankey E										
411 Lyon				c. Emple	oyer's Na	me/Spe	ecific Field			
	Hill, NC 27514									
919-967-	-8270							e. Election S	Sum to Date	
								\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	intion		j. Date (mm/dd/yy	vv)	k. Amount	
	one	Check			-prion		12/21/2		\$	50.00
$\boxtimes$	one	Check					10/18/2	2017	\$	100.00
									\$	
3. Contri	ibutor Informatio	on		Add	П	Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	itle/Profe			d. Comment	s	
(include	city, state, & zip)								The state of the s	
							- Mar			
c. Employer's Name/Specific Field						cific Field				
						e. Election S	um to Date			
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	one								\$	
									\$	
									\$	
	butor Informatio			Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profe	ssion		d. Comments	8	
(include	city, state, & zip)		46							
		MAIL		c. Employ	uonto Non	ma/6ma	oif a Field			
		4 ~ 2010		C. Emplo	yei siyai	ne/Spec	cilic Field			
		JAN 1, 0 2019						e. Election Si	ım to Date	
		DURHAM BOE						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	ption		j. Date (mm/dd/yyy	y)	k. Amount	
							-		\$	
									\$	
									\$	
4. Total	only this Page							\$		50.00
5. Total	of ALL CRO-	-1210 Pages						\$		225.20
(This line	must be on line 6 of L	Detailed Summary Page CR	0-1100)					Φ		223.20

## **Disbursements**

Pg <u>1</u>

of 2

Amendment Yes

/ N

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

1. Committee F	Full Name (and Fun	id if applicable)		1. Committee Full Name (and Fund if applicable)  2. ID Number							
	adership Political Ac	ction Committee			STA-135AH3-C-001						
3. Type of Disb	ursement (Plea	ase use separate C	CRO-1310 forms for each t	vpe of Disbursen	nent.)						
Operating B			indidates/Political Committees		oordinated Party Expenditures						
4. Payee Inform	nation		Add	Remove							
	ling Address & Phone		b. Coordinated Committee N		d. Comments						
(include city, state,											
PayPal	CL E.P.		1		1						
2211 North Firs	st Street		c. Level Registered (Specify)		1						
San Jose, CA 95			Federal	County:	-						
888-221-1161	3131				e. Election Sum to Date						
888-221-1101			State	Municipality:	e. Election Sum to Date						
					\$ 27.14						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
1. Account Code			1. Date (Illianda/yyyy)	J. Alliount	Service Charges						
one	Account Chg	C	11/1-21/17	\$4.95	Service Charges						
				SAS							
				\$							
4. Payee Inform	nation		Add	Remove							
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments						
(include city, state,	0										
Wells Fargo Bar											
129 S. Estes Dr.			c. Level Registered (Specify)		4						
AND THE RESERVE AND A STREET AN		-		Country	-						
Chapel Hill, NC	2/514	!	Federal	County:							
919-967-7061			State	Municipality:	e. Election Sum to Date						
					\$ 47.89						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
ana		K	11/08/2017	\$3.00	Fee						
one		K	11/08/2017	\$3.00							
				\$							
4. Payee Inform			Add	Remove	T						
	ing Address & Phone		b. Coordinated Committee Na	ıme	d. Comments						
(include city, state,	& zip)										
Staples											
1710 E. Franklin	n St. MA	11	c. Level Registered (Specify)								
Chapel Hill, NC	27514	,11-	Federal	County:							
919-942-4115	JAN 1	2019	State 🖂	Municipality:	e. Election Sum to Date						
	JAIT 1	0 2010		- Wasters	6 792.25						
		POF			\$ 782.25						
f. Account Code	g. Form of Payment	M. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks						
one	Check #1004	В	11/01/2017	\$782.25	Printing						
One	Check ii 100.	ь	11/01/2017	\$ 702.23	Posters						
				\$							
5 T-4-1 - why this					700.20						
5. Total only this					\$ 790.20						
	CRO-1310 Pages	CDO 1100			4						
	line 13a of Detailed Sum			- the second sec	\$ 1841.21						
140 300 300 100 100 100 100 100 100 100 10	the second control of		) if Contrib to Candidates/Politica								
			if Coordinated Party Expenditur	res)							
7. Purpose Code		penditure code in (l									
A* - Media	B* - Printing	C* - Fundi		D - To Anothe							
E - Salaries	F* - Equipment				Public Office Expenses						
I - Postage O* - Other	J - Penalties	K" - Office	e Expenses	Q* - Donation	n to Legal Expense Fund						
	e detailed explanation	on in required re	marks field (k)								

A .							
					Ame	endment	
Disbursements	Pg	2	of	2	$\boxtimes$	Yes	N
Use this form to report expenditures from the committee for; operating	expenses,	contri	butions to	cand	idate/poli	tical	
committees and accordinated montry arm and itumes							

	coordinated party ex							
	1. Committee Full Name (and Fund if applicable)  2. ID Number							
	adership Political Ac				STA-135AH3-C-001			
3. Type of Disb			CRO-1310 forms for each t					
Operating E			ndidates/Political Committees		oordinated Party Expenditures			
4. Payee Inform	nation		Add	Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments			
(include city, state,	& zip)							
4 Imprint USA								
101 Commerce	St.		c. Level Registered (Specify)		7			
Oshkosh, WI 54	4901		Federal	County:	1			
800-355-5043			State	Municipality:	e. Election Sum to Date			
			- Inches		110.05			
					\$ 443.95			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
NAMES OF ASSESSED OF STREET		_			Gifts for			
one	Check #1005	О	12/23/2017	\$443.95	Volunteers			
					V Oranico II			
				\$				
4. Payee Inform	action		Add	Remove				
	ing Address & Phone		b. Coordinated Committee N		d. Comments			
			Di Cooi dilitated Committee	ame	u. Comments			
PMSI	& zip)		1					
			I Desistered (Specify)		-			
PO Box 98115	(2)	1	c. Level Registered (Specify)		-			
Raleigh, NC 276	524	/	Federal	County:				
		1	State	Municipality:	e. Election Sum to Date			
					\$ 2313.30			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
					R. Required Issuarias			
one	Check	В	10/24/17	\$607.06				
				\$				
4 Daylor Inform	4.0							
4. Payee Inform			Add	Remove	1.0			
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state, &	& zip)		1	/				
					-			
	MAIL		c. Level Registered (Specify)					
			Federal	County:				
	JAN 1 0 2	<i>L</i> 019	State 🖂	Municipality:	e. Election Sum to Date			
			ĺ	1	\$			
		BOE						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
		Í		\$				
		<u> </u>						
				\$				
5. Total only this	s Page				\$ 1051.01			
	CRO-1310 Pages							
	line 13a of Detailed Sum	mary Page CRO-1100	) if Operating Expenses)		* 1011.01			
All and the second of the seco			) if Contrib to Candidates/Politic	cal Comm)	\$ 1841.21			
		ACIDA MARINA PER CANADA MANAGAMBAN MANAGAMBA	) if Coordinated Party Expenditu	NOTES ASSESSED CHANGES				
	es (List detailed exp		<del></del>					
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate			
E - Salaries	F* - Equipment	G - Politica	9		Public Office Expenses			
I - Postage	J - Penalties	K* - Offic	e Expenses	Q* - Donation	n to Legal Expense Fund			
O* - Other								
* Codes require	e detailed explanation	on in required re	marks field (k)					