4								Amer	ndment		
Disclosure R	eport	Cover							Yes	\boxtimes	No
		eport and committee	informat	ion, must be	signed	and sul	bmitted along with	other d	letailed forms.		
Do not use this form											
1. Committee Info	rmatio	n									
a. Full Name					4			c.	ID Number		
Chapel Hill Leader (CHL-PAC)	ship Po	olitical Action Commi	ittee						STA-135AH	3-C-0	001
b. Mailing Address (inc	clude Cit	v, State and Zip Code)						d.	Date Filed		
3 Mount Bolus Rd. Chapel Hill, NC 27		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							03/13/2	017	
Chaper fill, NC 27	314							e 1	Phone Number		
									919-960-	2589	
2. Report Year	3. Pe	riod Start Date (mm/c	ld/vv)	4. Period	End Da	te	5. Treasurer Fu	ll Nam	ıe		
				(mm/dd/yy)			E. Thomas Henk	zal			
2019		09/25/2019			21/2019						
6. Type of Commit	ttee (Cl	neck One)	-	e of Report	t (ci		nly one type of repo				
Candidate Camp	oaign	Party	Municip	pal		State/C		Re	ferendum		
		Referendum		Organizationa	ıl		Organizational		Organizational		
Independent Expenditure		Joint Fundraiser		Thirty-five day	y		Quarterly		Pre-referendum	i	
Legal Expense I	und										
7. Type of Fund		plicable, check one)		Pre-primary		П	First	ΙП	Final		
"Booster Fund"	(3 11			Pre-election		Ħ	Second		Supplemental F	inal	
Building Fund			ΙĦ	Pre-runoff		Ħ	Third		Annual		
				Semi-annual	1	Ħ	Fourth		Special		
				Mid Yea	r	_	Semi-annual		•		
Other:			lП	Year End	i	\boxtimes	Mid Year	10.	Special Repor	rt Nan	ne
			lП	Final		П	Year End				
8. Number of Fund	lraisers	s this Report		Special		П	Final				
	0		—			П	Special				
11. Account Inform	nation				11 Ac		Information				
a. Financial Institution		ne					titution Full Name				
Wells Fargo Bank	ruii ivai	iic			a. Finan	iciai ilis	titution Fun Ivanic				
b. Purpose		c. Account Code			b. Purp	ose			Account Code		
Maintain		c. Account Couc			b. r urp	- OSC			Trecount Cour		
funds to		one	e								
		d. Period Begin Balance						d	. Period Begin Bal	ance	
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activities		\$ 1736.18						\$			
	r										-
CERTIFICATION		D 11 1 11		1 11 11	1.1		CA 41-1-22A 22T		D 22M -f.Ch-	17	(2 - 5
I certify that the Coi	mmittee	e or Fund is in compli- d that no funds are co	ance wit	n all applica	ible prov	/ISIONS	of Article 22A, 22E	3, & 22	ther cortification	thic re	03 01
		et and that I have been						5. 1 Iui	mer certify mai	unsic	sport
E. Thomas			i ii aiiieu	by the NC-2		Me		10/25	5/2019		
E. THOMAS		ed Name of Signer					ited Treasurer	10/20	Date		
FOR OFFICE USE O		ed rame of Signer		3.	ignature 01	Appoin	Treasurer		Date		
		Malania				14	12100)	Deliv	ery Method		
Date Received:		1421/2017		Employee:	(41	· Jule	X	Normal Mail		
D . D	,	•		r. 1				Ti	Registered Ma	iil	
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Date Scallied.				Lilipioyee.					C: 1	+ man = :	

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer custodian of books information, or account information.

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

Date Data Entered:

Employee:

Detailed Summary Use this form to summarize all disclosure reporting forms an	d to total monetary	information.	Amendment Yes No
	2. Type of Report		3. ID Number
Chapel Hill Leadership Political Action Committee (CHL-PAC)	35-Day		STA-135AH3-C-001
Start of Election Cycle: January 1,	2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1736.18	\$ 525.78
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 4475.00	\$ 5815.00
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 Organizatio	ns (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,	11d and 11e)	\$ 4475.00	\$ 5815.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4079.16	\$ 4208.76
13b) Contributions to Candidates/Political Committee	ees (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
7) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 4079.16	\$ 4208.76
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	act line 18)	\$ 2132.02	\$ 2132.02

19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract li	ine 18)	\$ 2132.02	\$ 2132.02
AD	DITIONAL INFORMATION			
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00	MAN
21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00	2010
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00	OCT 2 9 2019
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00	DURHAM BOE
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	(CRO-2220)	\$ 0.00	\$ 0.00
28)	Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00

		om Individuals		50 or conti	ributions u	Pg <u>1</u> nder \$50 if for	of <u>1</u> m CRO 1205 i	Amend 3 S not used	ment Yes 🔀 No
1. Con	ımittee Full Nam	e (and Fund if applic	cable)					Number	
Chapel	Hill Leadership P	AC					5	STA-135AH	3-C-001
	tributor Informa			Add	□ F	temove			
	ame, Mailing Addres	s & Phone			itle/Professi	on	d. Com	nents	
Diane V	de city, state, & zip) Willis			Retire	d				
	nderwood Ln.			c. Emplo	ver's Name	Specific Field			
Chapel	Hill, NC 27514			Retired		- Former 1 total			
							e. Electio	on Sum to Date	
							\$	75.00	
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		,						\$	
	ributor Informati			Add	☐ R	emove			
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	e city, state, & zip)			Retired					
	ch Tree Ct.			c. Employ	er's Name/S	pecific Field	3,000		
	Hill, NC 27514			Retired	or situation	pecific Ficia			
919 967	-3661						e. Election	Sum to Date	
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	city, state, & zip)	x Phone		b. Job Titl Retired	e/Profession		d. Comme		AIL
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411 Lyon				c. Employe	er's Name/S _l	ecific Field		OCT	2 9 2019
ларет н 919-967-	ill, NC 27514 8270			pioy	- STAME/S				DOF
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(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

600.00

4475.00

\$

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used	
Chapel Hill Leadership PAC	ıt
3. Contributor Information	ıt
A. Full Name, Mailing Address & Phone (include city, state, & zip) Retired	
Retired Ret	
Fred Lampe	
1710 Michaux Rd. Chapel Hill, NC 27514 919-942-2735 Retired.	
Chapel Hill, NC 27514 Retired.	
Pilopoper Page Pa	
\$ 100.00 f. Prior g. Account Code h. Form of Payment one Checkl 09/30/2019 \$ S. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas B. Grizzle 1541 Ferrell Rd. Chapel Hill, NC 27517 919-967-5199 The g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount is 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ Add Remove is 100.00 \$ C. Employer's Name/Specific Field is 100.00 Self is 100.00 \$ C. Employer's Name/Specific Field is 100.00 C. Employer's Name/Specific Field is 100.00 C. Election Sum to Date	
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\$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas B. Grizzle 1541 Ferrell Rd. Chapel Hill, NC 27517 919-967-5199 Add Remove b. Job Title/Profession Toxicologist c. Employer's Name/Specific Field Self e. Election Sum to Date	100.00
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Lillian Blackburn 405 Lyons Rd.	ZU19
Chanal Hill NC 27514 c. Employer's Name/Specific Field	-
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Chapel I	Hill Leadership PA	AC				ST	CA-135AH3-	·C-001
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	Hill, NC 27514			Retired.	//Specific Field	-		
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Amendment

Col	ntributions f	rom Individua	ls		Pg 4	of		dment Yes 🔀
1. Co	mmittee Full Na	individual contribution me (and Fund if app	ns over	\$50 or contribution	s under \$50 if form			
	el Hill Leadership		iicabie)			2. ID	Number	
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	el Hill, NC 27517			c. Employer's Na	me/Specific Field			
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(Inis line	must be on line 6 of D	etailed Summary Page CR	0-1100)			\$		4475.00

Use th	is form to report in	ndividual contribution	is over §	\$50 or contribution	Pg ns unc	_ <u>5</u> ler \$50 if form (of <u>1</u>	is not used	es 🖂
1. Con	umittee run Nam	ie (and Fund if appli	icable)					Number	
Chape	l Hill Leadership F	PAC						STA-135AH3	-C-001
	tributor Informa			Add \square	Rei	nove			
	Name, Mailing Addres	ss & Phone		b. Job Title/Prof		nove	d. Comr		
	de city, state, & zip)			Retired			u. Comi	nents	
	Clements								
	urtis Rd.			c. Employer's Na	me/Sp	ecific Field			
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919-90	7-4184						e. Electio	on Sum to Date	
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Chapel F	Hill, NC 27514			c. Employer's Nam	ie/Spec	cilic Field	-		
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	NC 27510		ŀ	c. Employer's Name	Specia	ic Field			_
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							e. Election S		
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							\$		1475.00
ms une n	msi ve on une 6 of De	etailed Summary Page CR	0-1100)				Φ		4475.00

Contributions from Individuals

Amendment

Amendment **Contributions from Individuals** 13 \bowtie No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Chapel Hill Leadership PAC STA-135AH3-C-001 3. Contributor Information M Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Unknown Nicci Gafinowitz Unknown c. Employer's Name/Specific Field e. Election Sum to Date 50.00 f. Prior h. Form of Payment g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount one PayPal 10/05/2019 \$ 50.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Unknown Peter Calingaert Unknown. c. Employer's Name/Specific Field e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount one PayPal 10/05/2019 \$ 100.00 \$ \$

Add

Remove

3. Contributor Information

		m Individuals	fr		Pg	7 of		Amendme Ye	
		lividual contributions (and Fund if applica	CANADA CONTRACTOR	or contributions un	nder	+ \$50 if form CI	2. ID Nu		
	Hill Leadership PA							A-135AH3-	C-001
3. Cont	ributor Informati	on		Add \square R	Remo	ove			
a. Full Na	ame, Mailing Address	& Phone		b. Job Title/Profession			d. Commer	nts	
(includ	e city, state, & zip)			Unknown					
	Garrison								
Unknow	/n			c. Employer's Name/	Spec	cific Field			
								G	
							e. Election	Sum to Date	
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	2							\$	
						8		\$	
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a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession			d. Commen	ts	
(include	e city, state, & zip)			Professor					
Mark Bo	orsuk								
4 Mt. Bo				c. Employer's Name/S	Spec	ific Field			
	Hill, NC 27514			Duke University					
603-667-	-7454						e. Election S	Sum to Date	
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(include Michael	city, state, & zip) Murphy			Unknown				OCT 29	2019
Unknow				c. Employer's Name/S	Speci	fic Field			POE
								DURHAM	BUL
							e. Election S	um to Date	
							\$	35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j	j. Date (mm/dd/yy	yy)	k. Amount	
	one	PayPal				10/07/20)19	\$	35.00
								\$	
								\$	

5. Total of ALL CRO-1210 Pages

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

4475.00

185.00

\$

					Amei	iament		
Contributions from Individuals	Pg	8	of	13_		Yes	\boxtimes	N
11 11 6	1	050 .00	~~ ~					

		rg	_8	01	13	ш	•
	Use this form to report individual contributions over \$50 or contributions	under	\$50 if form	CRO	1205 is n	ot used	
	1. Committee Full Name (and Fund if applicable)				2. ID Nui	mber	
- 1							

1. Comi	mittee Full Ivallie	(and Fund if applica	ibic)			2. 1D Null	illoci	
Chapel I	Hill Leadership PA	ıC				STA	A-135AH3-C	:-001
3. Contr	ibutor Informati	on		Add Rei	move			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	ts	
(include	e city, state, & zip)			Unknown				
Peter Ha	ff							
Unknow	n			c. Employer's Name/Sp	pecific Field	1		
						Ī		
						e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	one	PayPal			10/07/2	.019	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Ren	move			
a. Full Nar	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Retired				
Roscoe E		-			-			
	750 Weaver Dairy Rd. #149 Chapel Hill, NC 27514			c. Employer's Name/Sp	-			
Chapel Hill, NC 27514 919-614-0172						- FI4 C	t- Data	
919-614-0172						e. Election S	um to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	one	Check			10/07/20	019	\$	25.00
							\$	
							\$	
	ibutor Informatio			Add Ren	nove			
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	MAIL	
(include David Ki	city, state, & zip)			Consultant			OCT 2 9 2	019
220 Lake				c. Employer's Name/Spo	ecific Field			
	ill, NC 27514		3	Self			OURHAM E	30E
919-967-						e. Election Su	ım to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
	one	Check			10/07/20)19	\$	100.00
							\$	
							\$	
4. Total	only this Page	3				\$		175.00
5. Total	of ALL CRO-	-1210 Pages				\$		4475.00
		Detailed Summary Page Cl	DO 1100			Φ		4473.00

Amendment \boxtimes Yes No Pg 13

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Chapel Hill Leadership PAC STA-135AH3-C-001 X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Unknown Charles Humble 910 Emory Dr. c. Employer's Name/Specific Field Chapel Hill, NC 27514 e. Election Sum to Date 919-942-0669 100.00 j. Date (mm/dd/yyyy) f. Prior i. In-Kind Description k. Amount g. Account Code h. Form of Payment \$ 100.00 10/07/2019 one Check \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Felix Bloch c. Employer's Name/Specific Field 7 Mt. Bolus Rd. Chapel Hill, NC 27514 919-903-8618 e. Election Sum to Date 25.00 g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 10/07/2019 \$ 25.00 Check one \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone OCT 2 9 Z019 (include city, state, & zip) Attorney **Lundsford Long** DURHAM BOE 9 Mt. Bolus Rd. c. Employer's Name/Specific Field Chapel Hill, NC 27514 Self 919-929-0408 e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ one Check 10/07/2019 50.00 \$ \$ 4. Total only this Page \$ 175.00

5. Total of ALL CRO-1210 Pages

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

4475.00

		m Individuals ividual contributions	over \$5	0 or contri	P _i	_			Amendmen Yes	
		(and Fund if applica		o or contri	butions un	uci c	pso ii ioiiii ci	2. ID Nun		
	Hill Leadership PA	-					A-135AH3-0	C-001		
3. Conti	ibutor Informati	on		Add	Re	emov	ve			
	me, Mailing Address	& Phone		b. Job Tit	le/Profession	n		d. Commen	ts	
	e city, state, & zip)			Accoun	tant					
716 Casy	Stroemer			T		1	P. T. 1.1	-		
	Hill, NC 27514			H&R B	er's Name/S	specii	ic Fleid	-		
Chaperr	III, 110 27314			TICK D	IOCK			e. Election S	Sum to Date	
									100.00	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	tion	j	. Date (mm/dd/y	ууу)	k. Amount	
	one	Check					10/07/2	2019	\$	100.00
									\$	
									\$	
3. Contr	ibutor Informatio	on		Add	Re	mov	re e			
	me, Mailing Address	& Phone			le/Profession	1		d. Comment	s	
	city, state, & zip)			Physicia	n					
Mohan C				F 1	1 NI 10			-		
15 Mt. B	ill, NC 27514			c. Employer's Name/Specific Field Durham Family Medicine				+		
919-967-								e. Election S	e. Election Sum to Date	
, , , , , ,										· · · · · · · · · · · · · · · · · · ·
	4		· · · · · · · · · · · · · · · · · · ·					\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	tion	j.	Date (mm/dd/yy	yy) k. Amount		
	one	Check				_	10/08/2	019	\$	250.00
									\$	
									\$	_
3. Contri	ibutor Informatio	n		Add [Rei	mov	e			
	ne, Mailing Address &	& Phone		b. Job Title/Profession				d. Comments ALL		
(include John Moi	city, state, & zip)			Retired				00	CT 2 9 2019	
614 Beech Tree Ct				c. Employe	er's Name/Sp	pecifi	c Field			
Chapel Hill, NC 27514								DUE	RHAM BO	E
919-967-3661			e. Election Sum to Date							
								\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	ion	j.	Date (mm/dd/yy	yy)	k. Amount	
	one	Check					10/09/20	019	\$	1000.00
									\$	
П									¢	

5. Total of ALL CRO-1210 Pages

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

4475.00

1350.00

\$

		m Individuals dividual contributions	over \$:		Pg nder			Amendmo	100	
The second second second second		(and Fund if applic					2. ID Nu			
Chapel	Hill Leadership PA	AC					STA	А-135АН3-	C-001	
3. Cont	ributor Informati	ion		Add R	emo	ve				
	ime, Mailing Address	& Phone		b. Job Title/Profession	on		d. Commen	ıts		
	e city, state, & zip)			Unknown						
1	S. Berlin									
	efield Rd. Hill, NC 27514			c. Employer's Name/S	Speci	fic Field	_			
412-736							e Flection	Sum to Date		
		_					\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j	j. Date (mm/dd/y	ууу)	k. Amount		
	one	Check				10/10/2	2019	\$	250.00	
								\$		
								\$		
	ibutor Information			Add Re	emov	ve				
	me, Mailing Address	& Phone		b. Job Title/Profession	n		d. Comment	ts		
	city, state, & zip)			Physician						
Mary C.				a Francisco No. 16		* - T7* 1.1	-			
	2112 Markham Dr. Chapel Hill, NC 27514			c. Employer's Name/S Durham Family M		-				
919-933-9794				Durnam rammy iv	icuit	e. Election S	e. Election Sum to Date			
							\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j.	. Date (mm/dd/yy	yy)	k. Amount		
	one	Check				10/08/2	019	\$	250.00	
								\$		
								\$		
3. Contri	ibutor Informatio	n		Add Re	mov	e		SEATI		
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1		d. Comments	SIVIAIL		
	city, state, & zip)			Broker				OCT 2 9 20	119	
Linda Ca				E I I I I I						
1203 Hillview Rd. Chapel Hill, NC 27514				c. Employer's Name/Sp Berkshire Hathawa	c Field	D	URHAM B	OE		
919-815-8200				Deiksille Hatilawa	ay		e. Election St			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j.	Date (mm/dd/yy		k. Amount		
	one	Check		^	3.	10/14/20		\$	150.00	
						***************************************		\$		
								\$		

5. Total of ALL CRO-1210 Pages

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

650.00

\$

		om Individuals dividual contributions		50 or contribut	Pg tions und		<u>12</u> o 550 if form Cl		Amendme Ye		
		e (and Fund if applic						2. ID Nu			
Chapel	Hill Leadership P.	AC					A		A-135AH3-	C-001	
3. Cont	ributor Informat	tion		Add	Rei	mov	re e				
	a. Full Name, Mailing Address & Phone				Profession			d. Commer	nts		
	le city, state, & zip)			Unknown							
Firoz M	•										
	mpshire Pl.			c. Employer's	s Name/Sp	oecifi	ic Field				
919-929	Hill, NC 27516										
719-929	7-0900							e. Election	Sum to Date		
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	1	j.	Date (mm/dd/y	ууу)	k. Amount		
	one	Check					10/17/2	2019	\$	50.00	
									\$		
									\$		
3. Conti	ibutor Informati	ion		Add	Ren	nove	е				
a. Full Na	me, Mailing Address	& Phone		b. Job Title/P	rofession			d. Commen	ts		
	e city, state, & zip)			Retired							
Susan R.											
	sington Dr.			c. Employer's	Name/Sp	ecific	Field				
Chaperr	Hill, NC 27514							Fil d 6			
								e. Election S	oum to Date		
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j.	Date (mm/dd/yy	yy)	k. Amount		
	one	Check					10/19/2	019	\$	50.00	
									\$		
									\$		
	ibutor Informatio			Add	Rem	ove			BAAIR		
	ne, Mailing Address	& Phone		b. Job Title/Profession				d. Comments			
	city, state, & zip)			Retired				0	CT 2 9 2019		
David Ad											
1700 Ferrell Rd. Chapel Hill, NC 27517				c. Employer's	Name/Spe	cific	Field	DURHAM BOE			
919-967-5536											
J17-J07-,	3330							e. Election Si	um to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. D	Date (mm/dd/yy	yy)	k. Amount		
	one	PayPal					10/18/20)19	\$	100.00	
				***					\$		
									\$		

5. Total of ALL CRO-1210 Pages

4475.00

200.00

\$

		m Individuals	over \$50	0 or contri	Pg butions unde			Amendment Yes ot used	No No	
Company of the last of the las		(and Fund if applica					2. ID Num			
	Iill Leadership PA						STA	-135AH3-C-	001	
3. Contr	ibutor Informati	on		Add	Ren	nove				
a. Full Nar	ne, Mailing Address	& Phone			tle/Profession		d. Comment	s		
	city, state, & zip)			Profess	or					
John Qui		D		P 1	1. N. /C	e ruli				
	therston Dr. Unit l	D			er's Name/Spe hapel Hill	ecinc Field	-			
Chaperin	IIII, NC 27514			one c	парсттт		e. Election S	um to Date		
							•	50.00		
	Y				***	·	\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount		
	one	PayPal				10/19/20	019	\$	50.00	
								\$		
								\$		
3. Contri	ibutor Informatio	on		Add	Rem	nove				
	ne, Mailing Address &	& Phone		b. Job Title/Profession			d. Comments	S		
	city, state, & zip)			Unknown						
Richard (Unknown	-			c Employ	er's Name/Sne	ecific Field				
Ulikilowi	1.			c. Employer's Name/Specific Field						
							e. Election Sum to Date			
							\$ 25.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	tion	j. Date (mm/dd/yy)	yy)	k. Amount		
	one	PayPal				10/19/20	019	\$	25.00	
								\$		
								\$		
	butor Informatio			Add	Rem	ove				
	ie, Mailing Address &	& Phone			e/Profession		d. Comments			
Michael S	city, state, & zip)			Unknow	vn		MAIL			
Unknown				c. Employ	er's Name/Spe	cific Field	OCT 2 9 2019			
Clikilowii				c. Employ	er s rumerspe	cine i iciu				
							e. Election Sum to Date			
							\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/yyy	yy)	k. Amount		
	one	PayPal				10/18/20)19	\$	50.00	
								\$		
_			1					_		

5. Total of ALL CRO-1210 Pages

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

125.00

4475.00

\$

					Amer	idment		
Disbursements	Pg	1	of	2		Yes	\boxtimes	No
Use this form to report expenditures from the committee for: operating e	xnenses	contrib	outions to	candi	date/polit	ical		

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

1. Committee I	2. ID Number								
	adership Political Ac	ction Committee			STA-135AH3-C-001				
3. Type of Dish	ment.)								
Operating I	Expenses	Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures				
4. Payee Inform	nation		Add	Remove					
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	Name	d. Comments				
(include city, state,									
Staples			7						
1710 E, Frankli	in St.		c. Level Registered (Specify))	7				
Chapel Hill, NO			Federal	County:	7				
919-942-4115			State	Municipality:	e. Election Sum to Date				
313 3 12 1115					U Zicelion sum to zute				
					\$ 1069.53				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
one	Check	В	10/01/2019	\$610.00	Printing of				
one	Clieck	В	10/01/2019	\$010.00	Flyers				
000	Debit Card	В	10/17/2019	\$450.52	Printing of				
one	Debit Card	Б	10/17/2019	\$459.53	Flyers				
4. Payee Inform	nation		Add	Remove					
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	Name	d. Comments				
(include city, state,	& zip)								
PayPal									
800-221-1161			c. Level Registered (Specify)						
			Federal	County:					
			State 🖂	Municipality:	e. Election Sum to Date				
					\$ 52.40				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
one	Wire Transf	С	09/3,17/19	\$9.30	Fees				
one	Wire Transf	С	09,10Various	\$43.10	Fees				
4. Payee Inform	ation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments A A 11				
(include city, state,	& zip)				1017				
PMSI					OCT 2 9 2019				
2012 TW Alexa	nder Dr.		c. Level Registered (Specify)						
Durham, NC 27			Federal	County:	DURHAM BOE				
919-354-8800			State 🖂	Municipality:	e. Election Sum to Date				
					\$ 2078.53				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
one	Check	B,I	10/02/2019	\$2078.53	Printing & Mailing Cards				
				\$	Maning Cards				
5. Total only thi	s Page				\$ 3191.16				
	CRO-1310 Pages				Ψ 3191.10				
		mary Page CRO-1100	0 if Operating Expenses)						
	\$ 4079.16								
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
	es (List detailed exp								
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate				
E - Salaries	F* - Equipment	G - Politic			g Public Office Expenses				
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund				
O* - Other	1 . 1								
* Codes require	* Codes require detailed explanation in required remarks field (k)								

			ee	Pg for; operating expenses	2 of s, contributions to	2 candida	Amendment Yes Nate/political
	Full Name (and Fur						2. ID Number
	adership Political Ac						STA-135AH3-C-001
3. Type of Disb	ursement (Plea	ase use separate C	R	0-1310 forms for each	type of Disburser	nent.)	
Operating E	Expenses	Contributions to Car	ıdi	dates/Political Committees	□ c	oordinated	d Party Expenditures
4. Payee Inform	nation	\boxtimes	F	Add 🔲	Remove		
a. Full Name, Mail	ing Address & Phone		b	o. Coordinated Committee N	lame	d. Co	mments
(include city, state,	& zip)						
WCHL							
201 S. Estes Dr			c	. Level Registered (Specify)			
Chapel Hill, NO	27514			Federal	County:		
919-933-4165				State 🖂	Municipality:	e. Elec	ction Sum to Date
						\$ 2	288.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Red	quired Remarks
one	Check	С		10/16/2019	\$288.00	Radio Adve	o ertising
					\$		
4. Payee Inform	ation		A	\dd	Remove		
a. Full Name, Maili	ng Address & Phone		b	. Coordinated Committee N	ame	d. Con	nments
(include city, state, & zip) Indyweek PO Box 1772 Durham, NC 27702				Level Registered (Specify)			
919-286-1972	702		F	State	County: Municipality:	e Elec	etion Sum to Date
) 1) 200 1) / 2					manoparty.		The state of the s
						\$ 6	00.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
one	Check	С		10/21/2019	\$600.00	Adve	rtising
					\$		
4. Payee Inform	ation			.dd 🔲	Remove		MAIL
a. Full Name, Mailir	ng Address & Phone		b.	Coordinated Committee Na	ame	d. Con	
(include city, state, o	& zip)						OCT 2 9 2019
			c.	Level Registered (Specify) Federal	County:	-	DURHAM BOE
				State	Municipality:	e. Elec	tion Sum to Date
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
					\$		
					\$		
5. Total only this	s Page					\$	888.00

7. Purpose Codes (List detailed expenditure code in (h.) above)

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

A* - Media B* - I

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries F* - Equipment I - Postage J - Penalties

6. Total of ALL CRO-1310 Pages

G - Political Party
K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

\$

4079.16

O* - Other

* Codes require detailed explanation in required remarks field (k)

CRO-1310