Disclosure Re	port Cover					Amendment Yes No
Use this form for gen	neral report and committee	informat	tion, must be	signed and s	ubmitted along with	
Do not use this form	to update information					
1. Committee Infor	mation					
a. Full Name	11 7 11 1 1 2					c. ID Number
(CHL-PAC)	ship Political Action Comm	ittee 				STA-135AH3-C-001
	ude City, State and Zip Code)					d. Date Filed
223 Cedar Breeze L Chapel Hill, NC 275						12/31/2021
						e. Phone Number
						919-593-5510
2. Report Year	3. Period Start Date (mm/	/dd/yy)	4. Period I (mm/dd/yy)	End Date	5. Treasurer F	
2021	10/19/2021		12/3	1/2021	E. Thomas Hen	kel
6. Type of Committ			e of Report			ort from one category)
Candidate Campa		Munici			/County	Referendum
PAC Independent	Referendum	빌	Organizational		Organizational	Organizational
Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day	′	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary		First	Final
Booster Fund"			Pre-election		Second	Supplemental Final
Building Fund			Pre-runoff		Third	Annual
			Semi-annual Mid Year		Fourth Semi-annual	Special
Other:			Year End		Mid Year	10. Special Report Name
						10. Special Report Name
			Final		Year End	
8. Number of Funda	raisers this Report		Special		Year End Final	
8. Number of Funda	raisers this Report					
11. Account Inform	0 ation			11. Account	Final	
11. Account Inform a. Financial Institution F	0 ation				Final Special	
11. Account Informa. Financial Institution F Wells Fargo Bank	0 ation 'ull Name			a. Financial In	Final Special t Information	
11. Account Informa. Financial Institution F Wells Fargo Bank b. Purpose	0 ation				Final Special t Information	c. Account Code
11. Account Informa. Financial Institution F Wells Fargo Bank	0 ation 'ull Name	ne		a. Financial In	Final Special t Information	c. Account Code
11. Account Informa. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support	0 ation Full Name c. Account Code			a. Financial In	Final Special t Information	c. Account Code d. Period Begin Balance
11. Account Informa. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT	0 ation Full Name c. Account Code			a. Financial In	Final Special t Information	d. Period Begin Balance
11. Account Informa. a. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT activities	0 ation Full Name c. Account Code On d. Period Begin Balance			a. Financial In	Final Special t Information	
a. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and E. Thomas F	c. Account Code on d. Period Begin Balanc \$ 1318.49 amittee or Fund is in completes and that no funds are cocorrect and that I have been Henkel Printed Name of Signer	iance wit	th all applicated with prohiby the NOS	b. Purpose ble provisions	Final Special t Information stitution Full Name s of Article 22A, 22 r non-disclosed functive functions.	d. Period Begin Balance
a. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and	c. Account Code on d. Period Begin Balanc \$ 1318.49 amittee or Fund is in completes and that no funds are cocorrect and that I have been Henkel Printed Name of Signer	iance wit	th all applicated with prohiby the NOS	b. Purpose ble provisions bited or othe fate Board of	Final Special t Information stitution Full Name s of Article 22A, 22 r non-disclosed functive functions.	d. Period Begin Balance \$ B, & 22D-22M of Chapter 163 of ds. I further certify that this report 12/31/2021
a. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and E. Thomas F	c. Account Code on d. Period Begin Balanc \$ 1318.49 amittee or Fund is in completes and that no funds are cocorrect and that I have been Henkel Printed Name of Signer	iance wit	th all applicated with prohiby the NOS	b. Purpose ble provisions bited or othe fate Board of	Final Special t Information stitution Full Name s of Article 22A, 22 r non-disclosed functive functions.	d. Period Begin Balance \$ B, & 22D-22M of Chapter 163 of ds. I further certify that this report 12/31/2021
a. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and E. Thomas F FOR OFFICE USE O	c. Account Code d. Period Begin Balance \$ 1318.49 mittee or Fund is in completes and that no funds are concorrect and that I have been Henkel Printed Name of Signer NLY	iance with the comming to the commin	th all applicated with prohiby the NOS	b. Purpose ble provisions bited or othe fate Board of	s of Article 22A, 22 r non-disclosed functions.	d. Period Begin Balance \$ B, & 22D-22M of Chapter 163 of its. I further certify that this report 12/31/2021 Date Delivery Method
a. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and E. Thomas F FOR OFFICE USE Of Date Received:	c. Account Code d. Period Begin Balance \$ 1318.49 mittee or Fund is in completes and that no funds are concorrect and that I have been Henkel Printed Name of Signer NLY	iance with the comming to the commin	th all applicated with prohiby the NOS	b. Purpose ble provisions bited or othe late Board of Apport	s of Article 22A, 22 r non-disclosed functions.	d. Period Begin Balance \$ B, & 22D-22M of Chapter 163 of its. I further certify that this report 12/31/2021 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
a. Financial Institution F Wells Fargo Bank b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and E. Thomas F FOR OFFICE USE Of Date Postmarked	c. Account Code on d. Period Begin Balance \$ 1318.49 amittee or Fund is in completes and that no funds are concorrect and that I have been Henkel Printed Name of Signer NLY	iance wit	th all applicated with prohiby the No Signature. Employee:	b. Purpose ble provisions bited or othe late Board of Apport	s of Article 22A, 22 r non-disclosed functions.	d. Period Begin Balance \$ B, & 22D-22M of Chapter 163 of lls. I further certify that this report 12/31/2021 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
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Amendment

Detailed Summary

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

3. ID Number 2. Type of Report 1. Committee Full Name (and Fund if applicable) Chapel Hill Leadership Political Action Committee STA-135AH3-C-001 Year-End (CHL-PAC Total this Total this 2021 Start of Election Cycle: January 1, **Election Cycle** Reporting Period \$ 1,318.49 \$ 637.58 Cash on Hand at Start RECEIPTS **Aggregated Contributions from Individuals** 0.00 \$ 215.00 (CRO-1205) \$ 5) (CRO-1210) \$ 0.00 \$ 3,725.00 Contributions from Individuals 6) \$ 0.00 \$ 0.00 **Contributions from Political Party Committees** (CRO-1220) 7) \$ 0.00 \$ 0.00 (CRO-1230) **Contributions from Other Political Committees** 8) 0.00 \$ 0.00 \$ **Loan Proceeds** (CRO-1410) 9) (CRO-1240) \$ 0.00 \$ 0.00 Refunds/Reimbursements To the Committee **Other Receipt Sources** 11) \$ 0.00 \$ 0.00 (CRO-1250) 11a) Interest on Bank Accounts \$ 0.00 \$ 0.0011b) Contributions from Not-for-Profit Organizations (CRO-1250) (CRO-1250) \$ 0.00 \$ 0.00 11c) Outside Sources of Income (CRO-1270) \$ 0.00 \$ 0.00 11d) Legal Expense Fund - Other Sources 11 e) Exempt Purchase Price Sales (CRO-1265) \$ 0.00 \$ 0.00 \$ \$ 0.00 3,940.00 **TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) EXPENDITURES 13) Disbursements 711.86 \$ 3,970.95 (CRO-1310) 13a) Operating Expenditures 13b) Contributions to Candidates/Political Committees \$ \$ 0.00 (CRO-1310) 0.00 \$ 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 (CRO-1420) Loan Repayments 15) Refunds/Reimbursements From the Committee \$ 0.00 \$ 0.00 (CRO-1320) 16) \$ 0.00 **In-Kind Contributions** (CRO-1510) \$ 0.00 17) \$ 3,970.95 \$ 711.86 **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 606.63 \$ 606.63 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) ADDITIONAL INFORMATION (CRO-1330) \$ 0.00 20) Non-Monetary Gifts Given to Other Committees (CRO-1430) \$ 100.00 21) Outstanding Loans (incl. ones from other campaigns) 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 All (CRO-1720) \$ 0.00 0.00 (CRO-1710) 0.00 \$ 25) Administrative Support - IAN 0 5 2022 \$ 0.00 (CRO-1440) \$ 0.00 26) Forgiven Loans DURHAM BOE \$ 0.00 48-Hour Notice Reports Sum (CRO-2220) \$ 0.00 27) 28) Contributions to be Refunded 0.00 \$ 0.00 (CRO-1215)

Amendment

No.

,							Amendment	
Disbursen				Pg	1 of	1	□ v _{ee} □	
Use this form t	to report expenditure	s from the commit	tee for; operating	expenses	s, contributions t	o candida	ite/political	
committees and	d coordinated party	expenditures.					pontion	
1. Committee	Full Name (and Fu	nd if applicable)					2. ID Number	
	eadership Political A						STA-135AH3-C-00	
3. Type of Dis	A Comment	ase use separate (CRO-1310 forms	for each	type of Disburs	ement.)		
Operating	Expenses	Contributions to Ca	ndidates/Political Co	mmittees			l Party Expenditures	
4. Payee Infor			Add		Remove			
	iling Address & Phone		b. Coordinated C	ommittee N	Name	d. Cor	nments	
US Postal Serv								
1								
1	125 S. Estes Dr. Chapel Hill, NC 27514			d (Specify)				
919-929-9892	C 27314		Federal County:					
717-727-7092			State Municipality:			e. Election Sum to Date		
						\$ 2	6.10	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/do	l/yyyy)	j. Amount		uired Remarks	
one	Debit Card	I	10/21/2021		\$26.10	Postage		
					\$			
4. Payee Inform			Add		Remove			
	ling Address & Phone		b. Coordinated Co	mmittee N		d. Comments		
(include city, state,								
Julie McClinto								
614 Beech Tree			c. Level Registered	I (Specify)				
Chapel Hill, NO	C 27514		Federal		County:			
919 967-3661			State M		Municipality: e. Ele		ction Sum to Date	
	11					\$ 68	35.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/уууу)	j. Amount	k. Requ	uired Remarks	
One	Check #1109	В	11/1/2021		\$685.76 Print			
					\$	Vista	Time	
4. Payee Inform	nation		Add		Remove	4		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Co	mmittee Na		d. Com	ments	
(include city, state,	& zip)					ui com	in cuts	
			c. Level Registered	(Specify)				
			Federal		County:			
			State		Municipality:	e. Electi	ion Sum to Date	
				A 5.5		\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	yyyy	j. Amount		ired Remarks	
					\$	no recqu	neu Remai RS	
			JAM U	5 2022				
5 Total only 41.	n Dago		DURH	AM BOE	\$	\$		
5. Total only this Page 6. Total of ALL CRO 1310 Pages							711.86	
6. Total of ALL CRO-1310 Pages (This line goes in line 13s of Detailed Symmetry Page CRO 1100 CO.								
(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)						\$ 711.86		
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	ij Continatod Dam.	Evnandia.	u Comm)	1		
7. Purpose Code		enditure code in (1		xpenauui	ea)			
A* - Media	B* - Printing	C* - Fund			D To Anna	or Cor 1: 1	nto	
E - Salaries	l Party		D - To Anoth H* - Holding		ate Office Expenses			
I - Postage	J - Penalties	K* - Office					I Fynanca Fund	

O* - Other

K* - Office Expenses

Q* - Donation to Legal Expense Fund