to a final state of								Amend	lment
Disclosure Re	port	Cover					l.		Yes No
Use this form for ge	meral re	eport and committee i	nformati	ion, must be	signed	and sub	mitted along with otl	ner de	tailed forms.
Do not use this form	1 to upd	late information							
1. Committee Info	rmatio	1							
a. Full Name								с. П	) Number
Chapel Hill Leader (CHL-PAC)	ship Po	litical Action Commi	ttee						STA-135AH3-C-001
b. Mailing Address (inc	lude Cit	y, State and Zip Code)						d. D	ate Filed
223 Cedar Breeze I Chapel Hill, NC 27									01/03/2022
Chaper 11111, 110 = 7								e. Pl	hone Number
									919-593-5510
2. Report Year	3. Per	riod Start Date (mm/d	ld/yy)	4. Period l	End Da	te	5. Treasurer Full	Name	е
2021		07/01/2021			1/2021		E. Thomas Henke	1	
6. Type of Commit	tee (Ch	eck One)	9. Typ	e of Report	(c	heck on	ly one type of report	from	one category)
Candidate Camp		Party	Munici			State/C		7	erendum
PAC	[	Referendum		Organizational			Organizational		Organizational
Independent Expenditure	[	Joint Fundraiser		Thirty-five day	i	(	Quarterly		Pre-referendum
Legal Expense F	und								
7. Type of Fund		olicable, check one)		Pre-primary			First		Final
"Booster Fund"				Pre-election			Second		Supplemental Final
Building Fund				Pre-runoff			Third		Annual
				Semi-annual			Fourth		Special
			닏	Mid Year		, ·	Semi-annual	10	Carriel Day and Name
Other:			lH	Year End Final			Mid Year Year End	10.	Special Report Name
8. Number of Fund	luaisau	this Donort	lH	Special		_	Final		
o. Number of Func	0	this Report		Special			Special		
11. Account Inform	nation				11. Ac	ecount l	nformation		
a. Financial Institution	Full Nar	ne			a. Fina	ncial Inst	itution Full Name		
Wells Fargo Bank									
b. Purpose		c. Account Code			b. Purp	ose		C.	Account Code
Maintain		on	e						
funds to		d Dawied Desir Delane						a	Period Begin Balance
support CHALT		d. Period Begin Balance	e					u.	reriou degia daiance
activities		\$ 932.58						\$	
CERTIFICATION	J								
		or Fund is in compli	ianaa wi	th all applies	hla nro	vicione .	of Article 22 A 22B	R- 22	D-22M of Chapter 163 of
									ther certify that this report
		ct and that I have been			state Bo	ard of E	lections/		and colony made and report
E. Thomas				2	1ho	mas 1		01/03	/2022
	Prin	ted Name of Signer		S	ignature o	of Appoin	ted Treasurer		Date
FOR OFFICE USE	ONLY								
Date Received:				Employee:	M	AIL	-	Deliv	ery Method Normal Mail
Date Postmark	ed:			Employee:			Same and the same and	닠	Registered Mail Hand Delivered
					JAN	18.70	l .	H	Electronically Filed
Date Scanned:				Employee:			25		Signer has not received
	•			D 1	DUR	HAM B	OF		mandatory training
Date Data Ente	red:			Employee:					-

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.

Amendment

Yes

No

 $\boxtimes$ 

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

2. Type of Report		3. ID Number		
Year-End Simi-A	nnual	STA-135AH3-C-001		
2021	Total this	Total this		
	<del></del>			
	\$ 932.58	\$ 637.58		
(CRO-1205)		\$ 45.00		
(CRO-1210)		\$ 250.00		
(CRO-1220)	\$ 0.00	\$ 0.00		
(CRO-1230)	\$ 0.00	\$ 0.00		
(CRO-1410)	\$ 0.00	\$ 0.00		
(CRO-1240)	\$ 0.00	\$ 0.00		
		128   方子方式看了在1984年		
(CRO-1250)	\$ 0.00	\$ 0.00		
tions (CRO-1250)	\$ 0.00	\$ 0.00		
(CRO-1250)	\$ 0.00	\$ 0.00		
(CRO-1270)	\$ 0.00	\$ 0.00		
(CRO-1265)	\$ 0.00	\$ 0.00		
11c, 11d and 11e)	\$ 3,645.00	\$ 3,940.00		
(CRO-1310)	\$ 3,970.95	\$ 3,970.95		
aittees (CRO-1310)	\$ 0.00	\$ 0.00		
(CRO-1310)	\$ 0.00	\$ 0.00		
(CRO-1315)	\$ 0.00	\$ 0.00		
(CRO-1420)	\$ 0.00	\$ 0.00		
(CRO-1320)	\$ 0.00	\$ 0.00		
(CRO-1510)	\$ 0.00	\$ 0.00		
l, 15, 16 and 17)	\$ 3,970.95	\$ 3,970.95		
subtract line 18)	\$ 606.63	\$ 606.63		
(CRO-1330)	\$ 0.00			
igns) (CRO-1430)	\$ 100.00			
(CRO-1610)	\$ 0.00			
(CRO-1620)	\$ 0.00			
(CRO-1720)	\$ 0.00			
(CRO-1710)	\$ 0.00	\$ 0.00		
3OE (CRO-1440)	\$ 0.00	\$ 0.00		
(CRO-2220)	\$ 0.00	\$ 0.00		
	Year-End Simi-And	CRO-1205  \$ 170.00     (CRO-1210) \$ 3,475.00     (CRO-1220) \$ 0.00     (CRO-1230) \$ 0.00     (CRO-1240) \$ 0.00     (CRO-1250) \$ 0.00     (CRO-1263) \$ 0.00     (CRO-1263) \$ 0.00     (CRO-1263) \$ 0.00     (CRO-1310) \$ 3,970.95     (CRO-1310) \$ 0.00     (CRO-1310) \$ 0.00     (CRO-1320) \$ 0.00     (CRO-1320) \$ 0.00     (CRO-1510) \$ 0.00     (CRO-1510) \$ 0.00     (CRO-1510) \$ 0.00     (CRO-1510) \$ 0.00     (CRO-160) \$ 0.00     (CRO-160) \$ 0.00     (CRO-160) \$ 0.00     (CRO-1620) \$ 0.00     (CRO-1720) \$ 0		

Aggrega	ted Contrib	outions from I	ndividuals Page	of	1	Amendmen Yes	nt No			
Optional for	m used to repor	t NC Contributions	From Individuals of \$	50 or less						
1. Committee	Full Name (and)	Fund if applicable)				lumber				
CHAPEL HILL LEADERSHIP POLITICAL ACTION COMMITTEE STA-135AH3-C-001										
	or Information		1	V - 40 (mm on (d))		f. Amount				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	иуууу)	I. Amount				
Add Remove	ONE	Check		09/29/202	21	\$	20.00			
Add Remove	ONE	Check		10/05/202	21	\$	50.00			
Add Remove	ONE	Check		10/05/202	21	\$	50.00			
Add Remove	ONE	Check		10/07/202	21	\$	50.00			
4. Total or	nly this Page				\$		\$170.00			
	5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)  \$ 170.00									
CRO-1205			C State Board of Elections				April 2007			

CRO-1205

MAIL
JAN 1 8 2022
DURHAM BOE

Amendment

Contributions from Individuals	Pg	_ 1	of	5	☐ Yes	X	No
Use this form to report individual contributions over \$50 or contribution	ons und	ier \$50	if fon	n CRO 120	5 is not use	ed	

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	_
CHAPI	EL HILL LEADE	RSHIP POLITICAL	ACTION CO	MMITTEE		5	STA-135AH3-C-001	
3. Cont	ributor Informati	on		Add Re	emove			_
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	rofession	d. (	Comments	
(inclu	de city, state, & z	ip)		NOT EMPLO	OYED			
CHAR	LES S BERLIN							
	UEFIELD RD			c. Employer's	Name/Specific Field			
CHAP	EL HILL, NC 27	517				L,		_
						e. 1	Election Sum to Date	_
						\$	250.00	0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	  cription	j. Date (mm/dd/yyyy)	_	k. Amount	-
	ONE	Check		•	09/24/2021		\$ 250.00	0
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	move	_		_
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	_
(inclu	de city, state, & z	ip)		NOT EMPLO	OYED			
SYLVI	A CLEMENTS							
1603 C	URTIS RD.			c. Employer's	Name/Specific Field	1		
CHAPI	EL HHILL, NC 2	27514				L.		_
						e. I	<b>Dection Sum to Date</b>	_
						\$	100.00	)
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount	_
	ONE	Check			09/29/2021		\$ 100.00	)
							\$	
							\$	
3. Contr	ributor Informati	OH OH		Add 🔲 Re	move		*	
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. (	Comments	
(inclu	de city, state, & zi	ip)		NOT EMPLO	YED			
	RAH FINN					1		
	EAVER DAIRY			c. Employer's	Name/Specific Field	1		
CHAPE	EL HILL, NC 27	514				a 1	lection Sum to Date	_
						C. E		-
				1		\$	75.00	)
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check			10/05/2021		\$ 75.00	)
				MAIL			\$	
				JAN 1.8 700			\$	
4. Tota	al only this Pa	ge				\$	425.00	,
	of ALL CRO			DURHAME				_
		6 of Detailed Summary 1	Page CRO-1100)			\$	3,475.00	1

Amendment

C	ontril	hution	s from	Indix	riduals
W					

				Zimcud	THE C IL C	
Pg	2	of	5	☐ Ye	s X	No

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

		and Fund if applicable					2. ID Number		
CHAPE	L HILL LEADE	RSHIP POLITICAL A	ACTION COM	MITTI	EE		S	TA-135AH3	3-C-001
	ributor Informatio				Ren				
	ame, Mailing Add				litle/Pro		d. C	comments	
	de city, state, & zi	p)		NOT EMPLOYED					
	NIA H GRAY THER CT.			c. Empl	oyer's N	ame/Specific Field			
	EL HILL, NC 27:	517							
							e. E	lection Sum	to Date
							\$		100.00
f. Prior	g. Account Code		i. In-Kind Desc	ription		j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check	7			10/05/2021		\$	100.00
								\$	
					- 1			\$	
100	ributor Informatio				☐ Ren				
	ame, Mailing Add				litle/Pro		d. C	Comments	
	de city, state, & zi	(p)		NOT E	EMPLO	YED			
	GUILKEY ANDON DR,			c. Employer's Name/Specific Field					
	EL HILL, NC 27.	514		e. Election Sum to Date					
	•						e. F	lection Sum	
							\$		250.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check				09/29/2021		\$	250.00
								\$	
								\$	
	ributor Informati			Add	Rei		2 -	Comments	
	Name, Mailing Add ide city, state, & z			-		ofession	a. (	omments	
<u> </u>	LES HUMBLE	· Ľ/		INUIT	EMPLO	IEU			
	MORY DR.			c. Emp	loyer's l	Name/Specific Field			
CHAP	EL HILL, NC 27	514					e. I	Dection Sum	to Date
							\$	· · · · · · · · · · · · · · · · · · ·	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	 cription	1	j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Electric Funds Tran				10/05/2021		\$	200.00
					!!			\$	
				N	NAII			\$	
4. Tot	al only this Pa	ge		11	N 18	7022	\$		550.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			N BOE	\$		3,475.00

## **Contributions from Individuals**

				Ашеваш	eut	
Pg	3	of	5	☐ Yes	X	No

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

		(and Fund if applicable				2. ID Number		
CHAPE	EL HILL LEADE	RSHIP POLITICAL	ACTION COM	MITTEE		S	STA-135AH3-C-001	
3. Conti	ributor Informatio	On On		Add Re	emove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/P	rofession	d. Comments		
	de city, state, & zi	ip)		NOT EMPLOYED				
	) H KIEL . LAKESHORE I	)R		c. Employer's	Name/Specific Field			
CHAPEL HILL, NC 27514								
						e. E	lection Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check			10/05/2021		\$ 100.00	
							\$	
							\$	
	ributor Informati			Add Re				
	lame, Mailing Add de city, state, & z			b. Job Title/P		d. C	Comments	
	LAMPE	(4)		NOT EMPL	JYED			
	IICHAUX RD			c. Employer's	Name/Specific Field			
	EL HILL, NC 27	514				L.	71 4° C 4 70 4	
						e. F	lection Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check			10/05/2021		\$ 100.00	
							\$	
							\$	
	ributor Informati				emove			
	Vame, Mailing Ado ide city, state, & z			b. Job Title/P		d. C	Comments	
-	MCCLINTOCK	193		NOT EMPL	OYED			
	EECH TREE CT.			c. Employer's	Name/Specific Field	1		
	EL HILL, NC 27	514					Dection Sum to Date	
						$\vdash$		
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Electric Funds Tran	MAIL	•	10/18/2021		\$ 500.00	
			JAN 1.8 20	122			\$	
			DURHAM	BOE			\$	
4. Total only this Page						\$	700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	3,475.00	

## **Contributions from Individuals**

				Amename	nt	
Pg	4	of	5	Yes Yes	X	No

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

1. Comr	nittee Full Name	(and Fund if applicabl	e)				2. I	D Number	
		RSHIP POLITICAL		имітте	E		S	TA-135AH3-C-001	
3. Contr	ributor Informati	on		Add [	Rei	move	1		
a. Full N	lame, Mailing Add	Iress & Phone		b. Job T	itle/Pr	ofession	d. (	Comments	
(inclu	ide city, state, & zi	ip)		PROFE	SSOR	OF POLITICAL			
DONA	LD D SEARING			SCIEN					
307 CC	DUNTRY CLUB	RD.		c. Emplo	oyer's )	Name/Specific Field			
CHAPI	EL HILL, NC 27	514		UNIVE	ERSIT	Y OF NORTH			
				CARO	LINA	AT CHAPEL HILL	e. Election Sum to Date		
							\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check				10/07/2021		\$ 1,000.00	
								\$	
								\$	
	ributor Informati				Re				
ı	lame, Mailing Add			b. Job T	itle/Pr	ofession	d. C	Comments	
(inclu	ide city, state, & zi	ip)		NOT E	MPLC	YED			
	KA K SOLL								
	D LARKSPUR V			c. Emplo	oyer's	Name/Specific Field			
CHAPI	EL HILL, NC 27	516					_	Total Communication	
							e. r	Aection Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check				10/08/2021		\$ 100.00	
								\$	
								\$	
	ributor Informati			2144		move			
a. Fuil N	Name, Mailing Add	iress & Phone		b. Job T	itle/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		NOT E	MPLC	OYED			
SAND	RA A TURBEVI	LLE							
	JNTINGTON DR			c. Emplo	oyer's	Name/Specific Field			
CHAPI	EL HILL, NC 27	514					_	To the Ones to Date	
							e. r	Dection Sum to Date	
1							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	ONE	Check	MAIL			10/07/2021		\$ 500.00	
			JAN 1 8 2022					\$	
			DURHAM B	OE				\$	
4. Tot	al only this Pa	ge					\$	1,600.00	
5. Tota	al of ALL CR	<b>O-1210 Pages</b>					\$	3,475.00	
(This	line must be on line	6 of Detailed Summary 1	Page CRO-1100)					-,	

		om Individuals			5 of5		Yes	X No		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used										
1. Comr	nittee Full Name	(and Fund if applicabl	e)			2. ID Number				
CHAPE	EL HILL LEADE	RSHIP POLITICAL	ACTION COM	IMITTEE		ST	STA-135AH3-C-001			
3. Contributor Information										
a. Full Name, Mailing Address & Phone b. Job Title/Profession										
	de city, state, & z			NOT EMPLO	YED					
750 WI	ON P WHITAKE EAVER DAIRY EL HILL, NC 27	RD, #166	c. Employer's N	ame/Specific Field	e. Election Sum to Date					
						\$		200.00		
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	) [	k. Amour	1t		
	ONE	Check			09/25/2021		\$	200.00		
							\$			
							\$			
4. Tot	4. Total only this Page							200.00		
5. Total of ALL CRO-1210 Pages						\$		3,475.00		

NC State Board of Elections

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

CRO-1210

Amendment

April 2007

MAIL JAN 1 8 2022 DURHAM BOE

							Amend	lmant	
Disbursem	ante				n. 1 .e	1			
		C			Pg 1 of		_		
	report expenditures coordinated party ex		e tor o	perating expen	ses, contributi	ons to	candidate	ронисат	
	ll Name (and Fund i						2. ID Num	ber	
	LEADERSHIP PO		N CO	MMITTEE			STA-13	5AH3-C-001	
3. Type of Disbu		ise separate CRO							
Operating Exp	enses Contr	ibutions to Candidat	es/Politi	ical Committees	☐ Coo	ordinat	ed Party Exp	enditures	
4. Payee Informa	ation			Add	Remove				
a. Full Name, Ma	iling Address & Pho	one		b. Coordinated	d Committee N	ame	d. Comme	n ts	
(include city, sta	te, & zip)								
JULIE MCCLI					1.60				
614 BEECH TR				Federal	tered (Specify)  County		-		
CHAPEL HILL	, NC 27514			State			e Election	Sum to Date	
(919) 967-3661				State	L Withiel	Janty.	t. Mettion	Sum to Date	
							\$	685.76	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Ren	narks	
ONE	Check	В		1/01/2021	\$ 685.76	REI	MBURSEN	MENT FOR	
					\$	PAY	MENTIC	)	
							-		
4. Payee Inform				Add   Coordinates	Remove d Committee N	0 m 0	d. Comme	n ta	
	ailing Address & Pho	one		D. Coordinates	d Committee N	ашс	u. Comme	птэ	
(include city, sta		TNIC		†					
PO BOX 91565	AL MAIL SERVICE	, INC.		c. Level Regist	tered (Specify)		1		
RALEIGH, NC				☐ Federal	County	:			
				☐ State ☐ Municipality			: e. Dection Sum to Date		
							\$	3,197.88	
f Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m /dd/vyvy)	i. Amount	k. Re	quired Ren		
ONE	Check	В		0/11/2021	\$ 3,197.88	+	DVERTISING		
					\$	1-			
		L		A 3.4 [7]	Remove	_			
4. Payee Inform	ation ailing Address & Ph	200		Add  Coordinate	d Committee N	9 m e	d. Comme	nts	
(include city, sta	_	one		b. Coordinate	u committee !		u. commo		
US POSTAL SI				1					
125 S. ESTES I				c. Level Regis	tered (Specify)		1		
CHAPEL HILL				☐ Federal	☐ County	:			
(919) 929-9892				State	☐ Munici	pality:	e. Election	Sum to Date	
							\$	26.10	
f Account Code	g. Form of Payment	h. Purnose Code	i Date	(m m /dd/www)	i Amount	k. Re	quired Ren		
ONE	Debit Card	I		0/21/2021	\$ 26.10		-	1	
OND	Debit Card	1	1	0/21/2021		-			
					\$		-		
5. Total only thi	s Page						\$	3,909.74	
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S	Summary Page CRO	-1100 ij	Operating Expe	nses)		\$	3,909.74	

A\*-Media B\*-Printing C\*-Fundraising D-To Another Candidate

E - Salaries F\*-Equipment G-Political Party H\*-Holding Public Office Expenses

I - Postage J - Penalties K\*-Office Expenses Q\*-Donation to Legal Expense Fund

O\* Other

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

(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)

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

Amendmen
----------

Aggregated Non-Media Expenditures

	Amendi	C III			
Page1_ of1_	☐ Yes	X	No		

Optional form used to report NC Non-Media Expenditures of \$50 or less.

. Committe	e Full Name (and	d Fund if applicable)				2, ID N	lumber			
-		HIP POLITICAL AC	TION COMMIT	TEE	-	STA-135AH3-C-001				
3. Payee Info										
. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy	уу)	f. Amo	unt	g. Required Remarks		
Add Remove	ONE	Cash	0	10/17/2021		\$ 40.00		CANVASSING BY HIGH SCHOOL		
Add Remove	ONE	Electric Funds Tran	С	10/05/2021	21 \$		6.28	SERVICE FEE		
Add Remove	ONE	Electric Funds Tran	С	10/18/2021		\$	14.94	TRANSACTION FEE		
4. Total or	nly this Page					\$		61.22		
	f ALL CRO-1 nust be on line 14 a	315 Pages of Detailed Summary Pa	ge CRO-1100)			\$		61.22		
6. Purpose	e Codes (List	detailed expenditu	re code in (d) a	ibove)						
	B*	- Printing				To Another Candidate				
E - Salar	ies F*	- Equipment	G - Political Party			- Holding Public Office Expenses				
I - Posta	ge J-	Penalties	K* - Office Expenses Q*				- Donations to Legal Expense Fund			
O* - Ot	her									
* Codes	require deta	iled explanation i	n required rea	marks field (g)						

CRO-1315

NC State Board of Elections

December 2009

MAIL

Debts and Obligations Owed By the Committee  $P_g = 1$  of 4  $\square$  Yes Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases. 2. ID Number 1. Committee Full Name (and Fund if applicable) STA-135AH3-C-001 CHAPEL HILL LEADERSHIP POLITICAL ACTION COMMITTEE □ Add □ Remove 3. Creditor Information a. Full Name, Mailing Address & Phone Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor. (include city, state, & zip) b. Description of Creditor E THOMAS HENKEL 223 CEDAR BREEZE LN. TO MAINTAIN CASH BALANCE IN BANK ACCOUNT CHAPEL HILL, NC 27517 (919) 593-5510 d. Total Amount Paid e. Total Amount Incurred f. Remaining Balance c. Beginning Balance 100.00 0.00 100.00 0.00 \$ \$ \$ \$ g. Incurred Debts (what the committee received this period) g2. Date (mm/dd/yyyy) g1. Purchase Place Full Name, Mailing Address & Phone g3. Amount (include city, state, & zip) \$ g4. Purpose Code g5. Required Remarks g2. Date (mm/dd/yyyy) g3. Amount gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) g4. Purpose Code g5. Required Remarks g2. Date (mm/dd/yyyy) g3. Amount g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip) \$ g4. Purpose Code g5. Required Remarks g3. Amount gl. Purchase Place Full Name, Mailing Address & Phone g2. Date (mm/dd/yyyy) (include city, state, & zip)

g4. Purpose Code

g4. Purpose Code

g2. Date (mm/dd/yyyy)

gl. Purchase Place Full Name, Mailing Address & Phone

(include city, state, & zip)

MAIL

g5. Required Remarks

g3. Amount

g5. Required Remarks

\$

JAN 1.8 2022

3. Creditor Information									
a. Full Name, Mailing Address	& Phone		Note: All payments made toward debts should be listed on						
(include city, state, & zip)			form CRO-1310 with the payee listed as this creditor.						
E THOMAS HENKEL 223 CEDAR BREEZE LN			b. Description of Creditor  LOAN WAS TO MAINTAIN MINIMUM BANK ACCOUNT BALANCE						
CHAPEL HILL, NC 27517			LOAN W	VAS TO	) MAINTA	IN MININ	4UN	1 BANK ACCO	UNT BALANCE.
c. Beginning Balance	d. Total Amount Paid		e. Total	Amou	ent Incurr	red		f. Remaining	Balance
\$ 100.00	\$	0.00	\$			0.0	0	\$	100.00
g. Incurred Debts (what the co									
g1. Purchase Place Full Name,	Mailing Address & Ph	one	g2. Date	e (mm/	/dd/yyyy)	g3.	Amo	ount	
(include city, state, & zip)			1			\$			
			g4. Pur	pose C	ode	g5. Req	uire	d Remarks	
g1. Purchase Place Full Name,	, Mailing Address & Ph	one	g2. Date	e (mm/	/dd/yyyy)	g3.	Amo	ount	
(include city, state, & zip)						s			
			c4 P	ma	nde 1			d Dame :	
			g4. Pur	pose C	oue	go, Req	uire	d Remarks	
						l			
g1. Purchase Place Full Name	, Mailing Address & Ph	one	g2. Date	e (mm/	/dd/yyyy)	g3.	\m c	ount	
(include city, state, & zip)							e.		
.,,						\$			
			g4. Pur	pose C	ode	g5. Req	uire	d Remarks	
g1. Purchase Place Full Name	, Mailing Address & Ph	one	g2. Date	e (mm/	/dd/yyyy)	g3.	Amo	ount	
(include city, state, & zip)						\$			
			g4. Purpose Code g5. Required Remarks						
			9						
g1. Purchase Place Full Name	, Mailing Address & Ph	one	g2. Date	e (mm/	/dd/yyyy)	g3.	Amo	ount	
(include city, state, & zip)				,		\$			
			g4. Pur	mass C	ode		quired Remarks		
			ga. rur	Pose C	JUE	ga. Keq	uire	o vemalks	
4. Total only this Page							4		200.00
(This should be the sum of a	ll items 'g3.' from this p	age)			5 101		\$		200.00
5. Total of ALL CRO-1						21 =	¢		400.00
(This line must be on line 22		age CRO-	1100)	100			\$		400.00
6. Pupose Codes (List o									
A*-Media B*-Printing C*-F				-				other Candida	
	- Equipment		litical Pa					_	fice Expenses
	Penalties		Office Exp	penses	\$	O* - O	thei	r	
* Codes require detailed expl CRO-1610		narks field NC State Bo		ections			_		February 2011
CV6-1010	1	TO DIRECTOR	THE TO BE THE	APPENDING.					. worming 2011

MAIL

JAN 1 8 2022

Use this form to report any un	paid debts or obligations	owed	by the committee, to ir	nclude	camp	aign credit ca	ard purchases.		
1. Committee Full Name (and	Fund if applicable)			2. ID Number					
CHAPEL HILL LEADERSH	IIP POLITICAL ACTION	COM	MITTEE		STA-135AH3-C-001				
3. Creditor Information			Add Remov						
a. Full Name, Mailing Address	& Phone		Note: All payments	made	towar	d debts shoul	d be listed on		
(include city, state, & zip)			form CRO-1310 v		e pay	ee listed as th	is creditor.		
E THOMAS HENKEL			b. Description of Cred	litor			VE		
223 CEDAR BREEZE LN. CHAPEL HILL, NC 27517 (919) 593-5510			TO MAINTAIN CASH BA	ALANC	E IN B	BANK ACCOUN	VT		
c. Beginning Balance	d. Total Amount Paid		e. Total Amount Incurred f. Remaining Balan						
\$ 100.00	\$	0.00	\$	(	0.00	\$	100.00		
g. Incurred Debts (what the co	mmittee received this peri	od)							
g1. Purchase Place Full Name			g2. Date (mm/dd/yyyy	) g:	3. Am	ount			
(include city, state, & zip)	-	5	\$						
			g4. Purpose Code	g5. R	equir	ed Remarks			
g1. Purchase Place Full Name	, Mailing Address & Phone		g2. Date (mm/dd/yyyy	) g.	3. Am	ount			
(include city, state, & zip)			-		\$				
			g4. Purpose Code	95 B	eoni-	ed Remarks			
			ga. 1 at pose Code	gs. K	equir	en vematus			
g1. Purchase Place Full Name	. Mailing Address & Phone		g2. Date (mm/dd/yyyy	y) g	3. Am	ount			
(include city, state, & zip)	,				\$				
			g4. Purpose Code	g5. R	equir	ed Remarks			
al Brankon Diago Euli Nove	Moiling Address & Dhone		g2. Date (mm/dd/yyyy	() [	3. Am	ount			
g1. Purchase Place Full Name (include city, state, & zip)	, maining Address & Fudne	,	Sw. Date (minian)		\$				
			g4. Purpose Code g5. Required Remarks						
			12 Post ( 173)		.2 4				
g1. Purchase Place Full Name (include city, state, & zip)	, Mailing Address & Phone	<b>:</b>	g2. Date (mm/dd/yyy)	, ,	3. Am \$	. Amount			
(									
			g4. Purpose Code	g5. R	lequir	ed Remarks			
4. Total only this Page					0		100.00		
(This should be the sum of a	ll items 'g3.' from this page	)		172	\$		100.00		
5. Total of ALL CRO-1 (This line must be on line 22)		CRO-	1100)	a Spik	\$		400.00		
6. Pupose Codes (List									
	- Printing	C* - F	undraising	D-7	Γο An	other Candid	late		
E - Salaries F*	- Equipment	G - Po	litical Party			10 A) A	ffice Expenses		
I - Postage J	- Penalties		Office Expenses	O* -	Othe	er MA	IL		
* Codes require detailed exp CRO-1610			(g5.) ard of Elections			1AN 1 Q	February 201		

February 2011 JAN 1 8 2022

Amendment

Debts and Obligations Owed By the Committee Pg 3 of 4 1 yes 1

Debts and Obligations Owed By the Committee $Pg = \frac{3}{100}$ of	4 Yes No
Use this form to report any unpaid debts or obligations owed by the committee, to include ca	mpaign credit card purchases
1 Committee Full Name (and Fund if applicable)	2. ID Number

1. Committee Full Name (and	Fund if applicable	)						2. ID Numbe	r		
CHAPEL HILL LEADERSI			MMIT	ΓEE			STA-135AH3-C-001				
3. Creditor Information			Add		Remov	/e					
a. Full Name, Mailing Address (include city, state, & zip)	s & Phone		No	Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.							
E. THOMAS HENKEL 223 CEDAR BREEZE LN. CHAPEL HILL, NC 27517 (919) 593-5510				b. Description of Creditor  CASH LOAN TO MAINTAIN BANK BALANCE							
c. Beginning Balance	d. Total Amount P	aid	e. To	tal Am	ount Incu	rred		f. Remaining Balance			
\$ 100.00	\$	0.0	0 \$			C	0.00	\$	100.00		
g. Incurred Debts (what the co											
g1. Purchase Place Full Name (include city, state, & zip)	, Mailing Address &	& Phone	g2. I	ate (m	m/dd/yyyy	() g3	3. Am	ount			
			g4. P	'u rpose	Code	g5. Re	eguir	ed Remarks			
g1. Purchase Place Full Name	. Mailing Address A	& Phone	ø2. L	ate (m	m/dd/yyyy	93	3. Am	ount			
(include city, state, & zip)	,					\$					
			g4. P	urpose	Code	g5. Re	equir	ed Remarks			
g1. Purchase Place Full Name, Mailing Address & Phone		g2. I	Date (m	m/dd/yyyy	r) g3	3. Am	ount				
(include city, state, & zip)							<b>S</b>				
			g4. F	urpose	Code	g5. Re	equir	ed Remarks			
g1. Purchase Place Full Name (include city, state, & zip)	, Mailing Address d	& Phone	g2. I	ate (m	m/dd/yyyy	yyy) g3. Amount					
			g4. P	urpose	Code	g5. Re	equir	ed Remarks			
g1. Purchase Place Full Name	, Mailing Address	& Phone	g2. I	Date (m	m/dd/yyyy	r) g.	3. Am	ount			
(include city, state, & zip)							\$ 				
			g4. F	urpose	Code	g5. Re	equir	ed Remarks			
4. Total only this Page (This should be the sum of a	Il items 'a3' from th	nis nage)					\$		100.00		
5. Total of ALL CRO-1 (This line must be on line 22)	610 Pages		0-1100)	X S			\$		400.00		
6. Pupose Codes (List				4.)	M. T.	Bill	18	E TRUE			
A* - Media B: E - Salaries F*	- Printing - Equipment - Penalties	C* - G - : <b>K</b> * -	- <b>Fundr</b> a Political - <b>Office</b>	ising Party	es		Hold	- A - A - A - A - A - A - A - A - A - A	ffice Expenses		

CRO-1610

NC State Board of Elections

February 2011 JAN 1 8 2022