Disclosure Re	-						☐ Yes 🛛 No
Use this form for ge	neral report and committee	informat	tion, must be	signed	and s	ubmitted along with ot	her detailed forms.
	to update information	-					
1. Committee Infor	mation						
a. Full Name							c. ID Number
Chapel Hill Leaders (CHL-PAC)	ship Political Action Comm	ittee					STA-135AH3-C-001
	ude City, State and Zip Code)						d. Date Filed
Chapel Hill, NC 27:							03/13/2017
							e. Phone Number
							919-593-5510
2. Report Year	3. Period Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer Full	Name
2023	07/01/2023		09/2	26/2023		E. Thomas Henke	1
6. Type of Committ	ee (Check One)	9. Typ	e of Report	(0	heck o	only one type of report	from one category)
Candidate Campa	nign Party	Munici	pal			County	Referendum
	Referendum		Organizational		П	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	$\boxtimes$	Thirty-five day	y		Quarterly	Pre-referendum
Legal Expense Fu					_		
7. Type of Fund	(if applicable, check one)	님	Pre-primary			First	Final
"Booster Fund"		ᄖ	Pre-election			Second	Supplemental Final
Building Fund		📙	Pre-runoff			Third	Annual
			Semi-annual			Fourth	Special Special
Other:		닏	Mid Year			Semi-annual	
Other:			Year End			Mid Year	10. Special Report Name
O Novel - CE		님	Final		닏	Year End	
8. Number of Funda	raisers this Report		Special			Final	
	0				Ш	Special	
11. Account Inform						Information	
a. Financial Institution F	'uli Name			a. Fina	ncial In	stitution Full Name	
Wells Fargo Bank						MAIL	
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
Maintain funds to	one	e				OCT 0 2 2023	
support	d Davied Davie Polemes					71031	
election	d. Period Begin Balance	-				DURHAM BOE	d. Period Begin Balance
activities	\$ 553.97					DOM MAIN BUL	\$
CERTIFICATION							
	mittee or Fund is in compli	ance wit	h all annlice	hla nea	riciano	of Amiolo 22 A 22D	& 22D-22M of Chapter 163 of
the NC General Statu	tes and that no funds are co	mminol	n an appnea ed with prob	ihited o	r other	non-disclosed funds	I further certify that this report
is complete, true and	correct and that I have been	trained	by the NCS	tate#Ro	ard of	Flections .	i further certify that this report
E. Thomas I	Henkel					/ /_ // W	09/28/2023
	Printed Name of Signer		Si	V V V		nted Treasurer	Date
FOR OFFICE USE O					P-P-O-	114000.41	Dute
Date Received:	10/2/23		Employee:		8	K	Delivery Method  Normal Mail
Date Postmarked	9128123		Employee:			K	Registered Mail Hand Delivered
Date Scanned:			Employee:		_		Electronically Filed Signer has not received
Date Data Entere	ed:		Employee:				mandatory training
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.							
				,			

Amendment  $\boxtimes$ 

☐ Yes

No

**Detailed Summary**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		3. ID Number		
Chapel Hill Leadership PAC CHL-PAC	35-Day		STA-135AH3-C-001		
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 553.97	\$ 553.97		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 8170	\$ 8170		
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 0.00		
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 Organizat	tions (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, 1	1c, 11d and 11e)	\$ 8170	\$ 8170		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1241.24	\$ 1241.24		
13b) Contributions to Candidates/Political Comm	· · · · ·	\$ 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, 16 and 17)	\$ 1241.24	\$ 1241.24		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 7482.73	\$ 7482.73		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00			
21) Outstanding Loans (incl. ones from other campaig	gns) <i>(CRO-1430)</i>	\$ 100.00	May May 1		
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	(CRO-2220)	\$ 0.00	\$ 0.00		
28) Contributions to be Refunded DURHAM E	(CRO-1215)	\$ 0.00	\$ 0.00		
CDO 1100					

		n Individuals				Pg	1	of	4_	☐ Ye	s 🛛	No
		vidual contributions o		or contrib	butions	under	\$50 if for	n CRC				
1. Comm	ittee Full Name (	and Fund if applicat	ole)						2. ID Num	ber		
Chapel H	ill Political Action	Committee							STA	-135AH3-	C-001	
	butor Informatio		$\boxtimes$	Add		Rem	ove					
	ie, Mailing Address &	2 Phone		b. Job Title/Profession					d. Comments			
	city, state, & zip)			Retired								
Linda K.	Brown dbridge Ln.			c. Employ	zor's No	me/Sne	rific Field					
	ill, NC 27514			c. Employ	CI SIVA	шеюре	DINC FICAG					
984-999-4									e. Election Su	ım to Date		
				ļ.					\$	30.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Lind Descrip	ption		j. Date (mn	ı/dd/yy	yy)	k. Amoun	t	
										\$		
										\$		
										\$		
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	ove					
a. Full Nan	ne, Mailing Address &	Phone		b. Job Tit	tle/Profe	ession			d. Comments	3		
	city, state, & zip)			Writers								
	Amy Miller, David Kiel 2020 S. Lakeshore Dr						.te. 121.3.4					
	2020 S. Lakeshore Dr. Chapel Hill, NC 27514				c. Employer's Name/Specific Field Self-Employed					+		
	•			Sen-Employed					e. Election Sum to Date			
313 301	919-967-5549								\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	ind Descrip	otion		j. Date (mn	n/dd/yy	vy)	k. Amoun	t	
		•								\$		
										\$		
		W.								\$		
3. Contri	ibutor Informatio	n		Add		Rem	ove					
a. Full Nan	ne, Mailing Address é	k Phone		b. Job Ti	tle/Prof	ession			d. Comments	8		
	city, state, & zip)	MAIL	it	Retired								
	. Whitaker				1 57	40	*** *** * *					
	ver Dairy Rd. #160	oct 0 2 <sub>202</sub>	3	c. Employ	yer's Na	ıme/Spe	eific Field					
919-918-	Hill, NC 27514	D1100							e. Election S	um to Date		
717-710-	3030	DURHAM B	OE						\$	1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	otion		j. Date (mr	n/dd/vv	vv)	k. Amoun	t	
										\$		
										\$		
										\$		
4. Tota	l only this Pag	e							\$		153	80.00
5. Tota	5. Total of ALL CRO-1210 Pages								\$			8170
(This line must be on line 6 of Detailed Summary Page CRO-1100)									φ			01/0

Contri	ibutions fron	n Individuals			Pg	of	4	Yes Yes	No No	
Use this f	form to report indi-	vidual contributions o	ver \$50	or contrib	utions unde	er \$50 if form CR	O 1205 is no	t used		
1. Comm	ittee Full Name (	and Fund if applicab	le)				2. ID Num	ber		
Chapel H	ill Leadership Poli	itical Action Committe	ee				STA	-135AH3-C-	-001	
3. Contri	butor Informatio	n	$\boxtimes$	Add [	Ren	nove				
а. Full Naп	e, Mailing Address &	2 Phone		b. Job Title	e/Profession		d. Comments	d. Comments		
	city, state, & zip)			Retired						
Barbara I				D. I	1 31 . 10	. 440. 330.33	-			
	terbury Dr.			c. Employe	er's Name/Sp	ecine Field	-			
336-212-	n, NC 27215						e. Election Su	ım to Date		
330-212-	7011									
							\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descript	ion	j. Date (mm/dd/y	ууу)	k. Amount		
								\$		
								\$		
								\$		
3. Contri	butor Informatio	n	$\boxtimes$	Add [	Ren	nove				
a. Full Nan	ne, Mailing Address &	Phone		b. Job Title	e/Profession		d. Comments	3		
	city, state, & zip)			Retired						
Julie McC										
225 Carolina Meadows Villa				c. Employe	er's Name/Sp	ecific Field	-			
Chapel Hill, NC 27517 919 259-0036							e. Election St	um to Data		
919 239-(	0030						\$	500.00		
c m .	10.1	1 T		2 115 14		1.5.4.4.4114	Ļ			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript	ion	j. Date (mm/dd/y	ууу)	k. Amount		
								\$		
								\$		
								\$		
3. Contri	butor Informatio	n	$\boxtimes$	Add [	Ren	nove				
	ie, Mailing Address &	Phone			e/Profession		d. Comments	8		
	city, state, & zip)	MAIL		Professo	r					
Edward N					1 37 60	10 TH 11	-			
PO Box 1	6217 ill, NC 27516	OCT 0 2 20	23	Duke Ur	er's Name/Sp	ecific Field	-			
919-265-	•			Duke Of	nversity		e. Election St	um to Date		
717-205-	7010	DURHAM E	BOE							
f. Prior	g. Account Code	h. Form of Payment	i In L	kind Descript	ion	j. Date (mm/dd/y	\$	650.00 k. Amount		
LITIO	g. Account Code	n. Form of rayment	1. 111-10	and Descript	1011	J. Date (mm/du/y	333)			
								\$		
								\$		
4 777								\$		
	only this Page						\$		1650.00	
	of ALL CRO					\$		8170		
(This line	e must be on line 6 of i	Detailed Summary Page C	RO-1100	)						

					Amen	ament		
Contributions from Individuals	Pg	3	of	4		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	m CRO	1205 is n	ot used			

1. Comm	ittee Full Name (	and Fund if applicab	le)					2. ID Number		
Chapel H	ill Leadership Poli	tical Action Committe	ее					STA-	135AH3-C-001	
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	ove			
a. Full Nan	ie, Mailing Address &	Phone		b. Job Ti	itle/Prof	ession		d. Comments		
	city, state, & zip)			CEO						
	ison Brooks									
1302 East				c. Employer's Name/Specific Field						
Dallas, T				B2 Arc	chitectu	re & L	Design			
214-454-3	3942							e. Election Su	m to Date	
							\$	1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
									\$	
									\$	
									\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	Phone		b. Job Ti	tle/Prof	ession		d. Comments		
(include	city, state, & zip)			Retired	1					
Charles D	). Liner									
360 Tenn	•			c. Emplo	yer's Na	me/Spe	cific Field			
_	ill, NC 27514							e. Election Sum to Date		
919-933-	7685							e. Election Su	m to Date	
								\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
									\$	
									\$	
									\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	iove			
a. Full Nan	ne, Mailing Address &	Phone		b. Job T	itle/Prof	ession		d. Comments		
	city, state, & zip)	MAII		Retired	d					
Kathleen										
1916 Try		OCT 0 2 20	177	c. Emplo	yer's Na	ıme/Spe	ecific Field			
	ill, NC 27517	00 2 //	14.1					. 10141	4 70 4	
919-967-	/250	DURHAM I	ROF					e. Election Su	IM to Date	
								\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
									\$	
									\$	
									\$	
4. Total only this Page								\$	1250.00	
	of ALL CRO							\$	817	
(This line must be on line 6 of Detailed Summary Page CRO-1100)										

		n Individuals				Pg	_4 of	4_	Yes	No
		vidual contributions o		or contri	butions	under	\$50 if form CR			
1. Comm	ittee Full Name (	and Fund if applicat	le)					2. ID Num	ber	
Chapel H	ill Leadership Poli	itical Action Committ	ee					STA	-135AH3-C	-001
	butor Informatio		$\boxtimes$	Add		Rem	ove			
	ie, Mailing Address &	<b>Phone</b>		b. Job Tit		ssion		d. Comments		
	city, state, & zip)			Retired						
Susan S. 7 Lone Pi				c. Employ	1- NT	(6)	.te. T2.12			
	ill, NC 27514			IBM	yer's Nai	пе/эре	chic rieid			
919-933-	-			IDIVI				e. Election Si	ım to Date	
313 300										
								\$	3000	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	
									\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	ove			
	ne, Mailing Address &	2 Phone		b. Job Tit				d. Comments		
<u> </u>	city, state, & zip)			Managi	ing Dire	ector				
Karl Bru				- 121						
301 Laure Chapel H		c. Employer's Name/Specific Field  JLL								
917-509-						e. Election St	ım to Date			
)	, , , , , , , , , , , , , , , , , , , ,							\$	640	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Descrip	ption		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	
									\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	ove			
	ıe, Mailing Address &	k Phone		b. Job Ti	tle/Profe	ssion		d. Comments		
	city, state, & zip)			Owner						
Terry G.		MAIL				100				
	y Bluff Trail ill, NC 27517	IAIN FIRM		Psycho			cific Field			
919-933-	•	OCT 0 2 202	ζ	rsycho	logy A:	SSUCIA	ies	e. Election Si	um to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment		ind Descri	ption		j. Date (mm/dd/yy	vv)	k. Amount	
	5								\$	
									\$	
									\$	
4 00 4		T					3740			
4. Tota	l only this Page	e						\$		
	only this Page of ALL CRO							\$		8170

Disburseme				Pg	<u>1</u> of 2			
			ee for; operating expe	nses,	contributions to c	andidate/political		
	coordinated party ex	-				A ID N		
	ull Name (and Fund					2. ID Number STA-135AH3-C-001		
3. Type of Disbu	dership Political Act		RO-1310 forms for e	ach t	na of Dichuscam			
Operating Ex			didates/Political Committe			ordinated Party Expenditures		
4. Payee Inform			Add	П	Remove			
	ng Address & Phone	Stand	b. Coordinated Commi	ttee Na		d. Comments		
(include city, state,								
US Postal Service								
125 S. Estes Dr.			c. Level Registered (Spe	ecify)				
Chapel Hill, NC	27514		Federal		County:			
800-275-8777			State		Municipality:	e. Election Sum to Date		
						\$ 66		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	7)	j. Amount	k. Required Remarks		
I. ALLOHNI COUL				,				
one	Debit Card	I	08/04/2023		\$66			
					\$			
4. Payee Inform	ation		Add	П	Remove			
	ng Address & Phone	Name of Street	b. Coordinated Commi	ttee Na	ıme	d. Comments		
(include city, state,	_							
Julie McClintoc	k							
225 Carolina Me			c. Level Registered (Sp	ecify)				
Chapel Hill, NC	27517		Federal County:			a Flastian Sum to Data		
919 259-0036			State		Municipality:	e. Election Sum to Date		
						\$ 457.33		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y)	j. Amount	k. Required Remarks		
one	Check 1073	В	08/23/2023		\$457.33	Vista Print		
						Waltham, MA.		
					\$			
4. Payee Inform	ation		Add		Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commi	ttee Na	ame	d. Comments		
(include city, state,								
Edward Marsha	ll, Ph.D	IAIL	T 10 10 114 114 116					
PO Box 16217		[/*\	c. Level Registered (Sp	ecity)	County:	1		
Chapel Hill, NC 919-265-9616		0 2 2023	State	$\boxtimes$	Municipality:	e. Election Sum to Date		
919-203-9010	UUI	2 71123	Suite	KZI	Transcripting.			
	CUD	DANIBAT				\$ 643.49		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy)	y)	j. Amount	k. Required Remarks		
one	Check 1074	F	09/14/2023		\$643.49	Canvassing		
Offic	CHECK 1074	1	03/11/2023		ψ0 13.13	materials		
					\$			
5. Total only th	ie Page	l	_			\$ 1166.82		
	CRO-1310 Pages					7 22002		
		nmary Page CRO-110	0 if Operating Expenses)			\$ 1241.24		
(This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	00 if Contrib to Candidates			\$ 1241.24		
			0 if Coordinated Party Exp	penditi	ures)			
	es (List detailed ex				1974 PST A A	0.111		
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun G - Politi			D - To Anoth	er Candidate g Public Office Expenses		
I - Postage	J - Penalties		cal Farty ce Expenses			on to Legal Expense Fund		
O* - Other			-		_			

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

Disbursem	ents			P	g	<u>2</u> of	2	Yes	$\boxtimes$	No
Use this form to	report expenditures	from the committ	ee f	for; operating expens				ate/political		
committees and	coordinated party ex	penditures.								
	ull Name (and Fun							2. ID Number		
	dership Political Act							STA-135AH	3-C-00	1
3. Type of Disbu				0-1310 forms for eac						
Operating E			_	ates/Political Committees	7		ordinate	ed Party Expenditures		
4. Payee Inform			_	dd		Remove	1.0			
	ng Address & Phone		b.	. Coordinated Committe	e Na	ame	d. Co	omments		
(include city, state,	& zip)		-							
PayPal 800-221-1161			-	Lovel Designand (Speci	Gr.)		-			
800-221-1101			С.	Level Registered (Speci	1 <i>y)</i>	County:	-			
			ᅡ	State	<u>.</u>	Municipality:	e El	ection Sum to Date		
			-	_ State	7	within orparity.	C. ER	ction Sum to Date		
							\$	74.42		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	equired Remarks		
		<u> </u>						nsaction		
one	Wire Trans	C		9/14,16,23/		\$74.42	Fees	3		
						•				
						\$				
4. Payee Inform	ation		A	\dd [		Remove				
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committe	e Na	ame	d. Co	omments		
(include city, state,	& zip)									
							1			
			c.	. Level Registered (Speci	fy)					
			L	Federal	_	County:				
			L	State	_	Municipality:	e. El	ection Sum to Date		
ļ							\$			
	7 47	h Duwnaga Cada	Ц.,	1.5.4.4.124.5		T	1.5	1 17	_	
f. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)		j. Amount	K. Re	equired Remarks		_
1						\$				
							1			
1			- 7			\$	1			
4. Pavee Inform	ation	т П	A	Add	7	Remove				
*	ing Address & Phone	MAIL	-	. Coordinated Committe	e N	ame	d. Co	omments		
(include city, state,	<del>-</del>	4.4.4								
		OCT 0 2 2023	1							
1		71175	c.	. Level Registered (Speci	fy)					
1	0	URHAM BOE		Federal [		County:				
	U	UNITAIN SUE		State		Municipality:	e. El	ection Sum to Date		
1							\$			
		Υ					-			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	equired Remarks		
						\$				
1						\$				
	<u> </u>		_	l						
5. Total only th							\$	74.42		
	CRO-1310 Pages line 13a of Detailed Sur	umami Daga CDO 110	0 14	Onandina Evnavaal						
	-		-	Operating Expenses)    Contrib to Candidates/Po	alisi.	cal Camm)	\$	1241.24		
	•		_	Coordinated Party Exper						
	es (List detailed ex		_			** 00/				
A* - Media	B* - Printing	C* - Fun			-	D - To Anot	ner Can	didate		
E - Salaries	F* - Equipment	Party				ic Office Expenses				
I - Postage	J - Penalties	K* - Offi						egal Expense Fun		
O* - Other										
* Codes requir	e detailed explanat	ion in required r	em	arks field (k)						

		m Individuals		Pg		4_	Amendment Yes	No No
		vidual contributions of		or contributions und	ler \$50 if form CR			
		and Fund if applical				2. ID Nun		
Chapel Hi	ill Leadership Pol	itical Action Committ	tee			STA	-135AH3-C-0	01
3. Contri	butor Informatio	on		Add Re	move			
	e, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			CEO				
1	ison Brooks							
1302 East				c. Employer's Name/S				
Dallas, T				B2 Architecture &	Design			
214-454-3	3942					e. Election S	oum to Date	
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
							\$	
							\$	
3. Contri	butor Informatio	on		Add Re	move			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Retired				
Charles D	). Liner							
360 Tenn	ey Circle			c. Employer's Name/S	pecific Field	_		
	ill, NC 27514							
919-933-1	7685					e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
							\$	
							\$	
3. Contri	butor Informatio	on		Add 🗌 Re	move			
a. Full Nam	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)	2 // 11		Retired				
Kathleen		WAIL	e ]			_		
1916 Try				c. Employer's Name/S	pecific Field	4		
	ill, NC 27517	OCT 0 2 2ng	3					
919-967-	7250					e. Election S	Sum to Date	
		DURHAM B	OE			\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
							\$	
							\$	
4. Total	l only this Pag	ge				\$		1250.00
5. Total								

						_4 of	4_	Yes	
		vidual contributions or		or contribu	tions unde	r \$50 if form CR	PC-1		
1. Comm	ittee Full Name (	and Fund if applicab	le)				2. ID Num	ber	
Chapel H	ill Leadership Pol	itical Action Committe	ee				STA-	-135AH3-C-0	001
	ibutor Informatio		$\boxtimes$	Add [	Rem	ove	,		
	ne, Mailing Address &	& Phone		b. Job Title	/Profession		d. Comments	\$	
	city, state, & zip)			Retired					
Susan S. 7 7 Lone Pi				c Employe	r's Name/Spe	ecific Field			
	iili, NC 27514			IBM	эташоэр	CINC PICIO			
919-933-				IDIVI			e. Election Su	ım to Date	
							\$	3000	
	1					r	1		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descripti	on	j. Date (mm/dd/y)	уу)	k. Amount	
								\$	
								\$	
								\$	
3. Contri	ibutor Informatio	n	$\boxtimes$	Add [	Rem	nove			
	ne, Mailing Address &	& Phone		b. Job Title			d. Comments	3	
	city, state, & zip)			Managin	g Director				
Karl Brun				a Employa	r's Name/Spe	naifia Field			
	301 Laurel Hill Rd Chapel Hill, NC 27514				г з маше/эр	ecinc Field			
917-509-				JLL			e. Election Sum to Date		
	, , , ,								
							\$	640	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	on	j. Date (mm/dd/y	l	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	on	j. Date (mm/dd/y	l	,	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	on	j. Date (mm/dd/y	l	k. Amount	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	ion	j. Date (mm/dd/y	l	k. Amount	
	g. Account Code		i, In-l	Kind Descript		j. Date (mm/dd/y	l	k. Amount \$	
		on			Ren		l	k. Amount \$ \$	
3. Contri	ibutor Informatione, Mailing Address & city, state, & zip)	on & Phone		Add [	Ren		/yy)	k. Amount \$ \$	
3. Contra a. Full Nan (include Terry G.	ibutor Informatione, Mailing Address & city, state, & zip) Vance	on		Add [ b. Job Title Owner	Ren	nove	/yy)	k. Amount \$ \$	
3. Control a. Full Nan (include Terry G. 1419 Gra	ibutor Informatione, Mailing Address & city, state, & zip) Vance  by Bluff Trail	on & Phone		Add [ b. Job Titte Owner c. Employe	Ren Profession	nove	/yy)	k. Amount \$ \$	
3. Contri a. Full Nan (include Terry G. 1419 Gra Chapel H	ibutor Informatione, Mailing Address & city, state, & zip) Vance sy Bluff Trail Hill, NC 27517	on & Phone		Add [ b. Job Titte Owner c. Employe	Ren	nove	d. Comments	k. Amount  \$ \$ \$	
3. Control a. Full Nan (include Terry G. 1419 Gra	ibutor Informatione, Mailing Address & city, state, & zip) Vance sy Bluff Trail Hill, NC 27517	on & Phone	<b>≥</b>	Add [ b. Job Titte Owner c. Employe	Ren Profession	nove	/yy)	k. Amount  \$ \$ \$	
3. Contri a. Full Nan (include Terry G. 1419 Gra Chapel H	ibutor Informatione, Mailing Address & city, state, & zip) Vance ay Bluff Trail Hill, NC 27517	Phone  MAIL  OCT 0 2 2002  DURHAM B	<b>⊠</b> 33 <b>⊝</b> E	Add [ b. Job Titte Owner c. Employe	Ren //Profession r's Name/Spogy Associa	nove	d. Comments  e. Election St	k. Amount \$ \$ \$ s	
3. Control a. Full Nan (include Terry G. 1419 Gra Chapel H 919-933-	ibutor Informatione, Mailing Address & city, state, & zip) Vance sy Bluff Trail Hill, NC 27517	Phone  MAIL  OCT 0 2 2002	<b>⊠</b> 33 <b>⊝</b> E	Add [ b. Job Titte Owner  c. Employe Psycholo	Ren //Profession r's Name/Spogy Associa	nove	d. Comments  e. Election St	k. Amount \$ \$ \$ \$ um to Date 100	
3. Control a. Full Nan (include Terry G. 1419 Gra Chapel H 919-933-	ibutor Informatione, Mailing Address & city, state, & zip) Vance ay Bluff Trail Hill, NC 27517	Phone  MAIL  OCT 0 2 2002  DURHAM B	<b>⊠</b> 33 <b>⊝</b> E	Add [ b. Job Titte Owner  c. Employe Psycholo	Ren //Profession r's Name/Spogy Associa	nove	d. Comments  e. Election St	k. Amount  \$ \$ \$ \$ s  um to Date  100 k. Amount	
3. Control a. Full Nan (include Terry G. 1419 Gra Chapel H 919-933-	ibutor Informatione, Mailing Address & city, state, & zip) Vance ay Bluff Trail Hill, NC 27517	Phone  MAIL  OCT 0 2 2002  DURHAM B	<b>⊠</b> 33 <b>⊝</b> E	Add [ b. Job Titte Owner  c. Employe Psycholo	Ren //Profession r's Name/Spogy Associa	nove	d. Comments  e. Election St	k. Amount \$ \$ \$ \$ s  um to Date 100 k. Amount \$	
3. Control a. Full Nan (include Terry G. 1419 Gra Chapel H 919-933-	ibutor Informatione, Mailing Address & city, state, & zip) Vance ay Bluff Trail Hill, NC 27517	DIN Se Phone  IMAIL  OCT 0 2 2002  DURHAM BE  h. Form of Payment	<b>⊠</b> 33 <b>⊝</b> E	Add [ b. Job Titte Owner  c. Employe Psycholo	Ren //Profession r's Name/Spogy Associa	nove	d. Comments  e. Election St	k. Amount \$ \$ \$ \$ s  um to Date 100 k. Amount \$	3740
3. Control a. Full Nan (include Terry G. 1419 Gra Chapel H 919-933-	ibutor Informatione, Mailing Address & city, state, & zip) Vance ay Bluff Trail Hill, NC 27517 6848  g. Account Code	DURHAM B h. Form of Payment	<b>⊠</b> 33 <b>⊝</b> E	Add [ b. Job Titte Owner  c. Employe Psycholo	Ren //Profession r's Name/Spogy Associa	nove	d. Comments  e. Election St  \$	k. Amount \$ \$ \$ \$ s  um to Date 100 k. Amount \$	3740

## **Outstanding Loans**

				Amendment					
Pg	1	of	1		Yes [	No.			

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

. Committee Full Name (and Fund if applicable)							2. ID Number
Chapel Hill Leadership CHL-PAC		присавто	^				STA-135AH3-C-001
. Lender Information		X Ad	d			Remove	
Full Name, Mailing Address & Phone			b. Job Tit	b. Job Title/Profession			d. Comments
(include city, state, & zip)				Retired			Loan made
E. Thomas Henkel							11/16/2019
223 Cedar Breeze Lane							e. Start Date (mm/dd/yyyy)
Chapel Hill, NC 27514				yer's Name/Spe	cific	Field	_
919-593-5510							f. End Date (mm/dd/yyyy)
. Rate	h. Security Pledged			i. Original Lo	an /	Amount	j. Remaining Loan Balance
0 %	None		\$ 200.00			\$ 100.00	
k. Full Name of Lending Institution						I. Loan Number	
. Full Maine of Landing 11	194894161711						
3. Lender Informatio	n	☐ Ac	dd			Remove	
a. Full Name, Mailing Address & Phone				itle/Profession			d. Comments
(include city, state, & zi							
(American city) comes, et al.							
c. Employer's Name/Specific Field							e. Start Date (mm/dd/yyyy)
						c Field	
							C. H. J. D. A. (may/J. J. January)
							f. End Date (mm/dd/yyyy)
	I C	a		i. Original L	กลท	Amount	j. Remaining Loan Balance
g. Rate h. Security Pledged							\$
%				\$			
k. Full Name of Lending	Institution		-,		_		l. Loan Number
						D	
J. Lichter Information			\dd	dd Remove b. Job Title/Profession			d. Comments
a. Full Name, Mailing Address & Phone				l'itle/Protession	_		u. Commens
(include city, state, & z	ip)		_				
	N.A	ΛH					e. Start Date (mm/dd/yyyy)
c. Employer's Name/Specific Field							
	OCT	0 2 2023					f. End Date (mm/dd/yyyy)
		IAM BOE		1.011.17		Amoret	j. Remaining Loan Balance
g. Rate h. Security Pledged				i. Original I	Joai	Amount	
				\$			\$
k. Full Name of Lending Institution							l. Loan Number
4. Total only this Pa	ige						\$ 100.00
5. Total of ALL CRO-1430 Pages							\$ 100.00
(This line must be on l	ine 21 of Detailed Sur	mmary Page (	CRO-1100)				December 2