## **Statement of Organization - Political Action Committee**

Use this form to create a new or update an existing political action committee (PAC). This form must be accompanied by form CRO-3500.

Amendment						
$\boxtimes$	Yes		No			

1. Committee Informa	ation					
a. Full Name	c. ID Number	c. ID Number				
Chapel Hill Leadership -Political Action Committee (CHL-PAC)				STA-135A	STA-135AH3-C-001	
b. Mailing Address (include City, State and Zip Code)				d. Date Organized	d. Date Organized	
223 Cedar Breeze Ln. Chapel Hill, NC 27517				03/13/2017		
Chaper inn, NC 2751	•			e. Phone Number		
				919-593-5510		
2. Political Action Committee Information			3. Connected Organization or Affiliated Committee			
a. Category (Check only one)			a. Full Name			
Banking/Finance Legal			Chapel Hill Alliance for a			
Building/Real Estate	Manufac	turing	Livable Town - (CHALT)			
Conservative/Liberal			b. Mailing Address (include City, State, and Zip Code)			
Environment			225 Carolina Meadows Villa			
Get Out the Vote	Torribut I dity not put of I dity		Chapel Hill, NC 27517			
Health	Religious	•	Chaper IIII, 140 27517			
Information Technolo	=		c. Phone Number	d. Relationship		
Telecommunications	Utilities		es a none i tamper	Volunteer Group		
Insurance	Other / N	Int listed	919-259-0036	Volunicei Group		
b. Type (Check only on	Kond		d. Member Definition			
Parent Entity	Support Candid		Town Citizens			
Economic Interest	Support Candid	aics	Town Chizens			
Political Purpose						
4. Treasurer Information		5. Custodian of Books Information				
a. Full Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a. Full Name			
E. Thomas Henkel			a. run 14dife			
b. Mailing Address (include	City, State, and Zip Code	2)	b. Mailing Address (include C	b. Mailing Address (include City, State, and Zip Code)		
223 Cedar Breeze Ln.						
Chapel Hill, NC 27517						
c. Phone Number	d. Email Address		c. Phone Number	d. Email Address		
919-593-5510	thenkel1936@gm	ail.co				
6. Assistant Treasurer	Information	Add	7. Account Information	(incl. CRO-3500)	☐ Add	
a. Full Name		Remove	a. Financial Institution Full Name			
Charles Humble			Wells Fargo Bank			
b. Mailing Address (include	e City, State, and Zip Code	141	b. Purpose			
VI/ VI La			Maintain funds to support			
0.00			CHL-PAC election activities			
	UUI	0 2 2023				
c. Phone Number	d. Email Address		c.Account Code	d. Type		
	DUR	HAM BOE	one	Checking		
CERTIFICATION	-		41			
	ittee or Fund is in som	nliance with all an-	alicable approximant of Auti-1	a 22 V 22 V V V V V V V V V V V V V V V	M of Chamter	
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22b, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that						
this report is complete, true and correct.						
A1 1						
E Thomas Harles					2022	
E. Thomas Henkel			or of Americal T	09/28/2023		
Printed Name of Signer Signature o			ure of Appointed Treasurer	Date	3	
CDO 2100D						