| | Ame | ndment | | |
|---|-------------|----------------|----|----|
| Disclosure Report Cover | \boxtimes | Yes | | No |
| Ise this form for general report and committee information, must be signed and submitted along with | other o | detailed forms | 3. | |
| | | | | |

| Do not use this form to update information | | | | | | | | | |
|--|-----------------------------|---|--------------------|--------------------------|-------------------------------------|--|--|--|--|
| 1. Committee Information | | | | | | | | | |
| a. Full Name | c. ID Number | | | | | | | | |
| Chapel Hill Leadership (CHL-PAC) | STA-135AH3-C-001 | | | | | | | | |
| b. Mailing Address (include | d. Date Filed | | | | | | | | |
| 223 Cedar Breeze Lane Chapel Hill, NC 27517 | 03/13/2017 | | | | | | | | |
| Chaper Tini, 140 27017 | e. Phone Number | | | | | | | | |
| | 010 502 5510 | | | | | | | | |
| 919-593-5510 | | | | | | | | | |
| 2. Report Year 3. | Period Start Date (mm/d | d/yy) 4. Period I (mm/dd/yy) | End Date | 5. Treasurer Full N | ame | | | | |
| 2023 | 09/27/2023 | 10/2 | 3/2023 | E. Thomas Henkel | | | | | |
| 6. Type of Committee | (Check One) | 9. Type of Report | (check on | ly one type of report fi | rom one category) | | | | |
| Candidate Campaign | Party | Municipal | State/C | | Referendum | | | | |
| | Referendum | Organizational | | Organizational | Organizational | | | | |
| Independent Expenditure Legal Expense Fund | Joint Fundraiser | Thirty-five day | | Quarterly | Pre-referendum | | | | |
| Annual Control of the | f applicable, check one) | Pre-primary | | First | Final | | | | |
| "Booster Fund" | , approvious, enver | Pre-election | | Second | Supplemental Final | | | | |
| Building Fund | | Pre-runoff | | Third | Annual | | | | |
| _ , | | Semi-annual | | Fourth | Special Special | | | | |
| | | Mid Year | · | Semi-annual | | | | | |
| Other: | | Year End | | Mid Year | 10. Special Report Name | | | | |
| | | Final | | Year End | | | | | |
| 8. Number of Fundrai | sers this Report | Special Special | | Final | | | | | |
| (|) | | | Special | | | | | |
| 11. Account Informati | on | | 11. Account | Information | | | | | |
| a. Financial Institution Full | Name | | a. Financial Ins | titution Full Name | | | | | |
| Wells Fargo Bank | | | | | | | | | |
| b. Purpose | c. Account Code | | b. Purpose | | c. Account Code | | | | |
| Maintain | on | e | | | | | | | |
| funds to | d. Period Begin Balance | | | | | | | | |
| support | e | | | d. Period Begin Balance | | | | | |
| election | \$ 7482.73 | | | | \$ | | | | |
| activities | | | | | <u> </u> | | | | |
| CERTIFICATION | | | | | | | | | |
| I certify that the Comm | ittee or Fund is in compl | iance with all applica | ible provisions | of Article 22A, 22B, a | & 22D-22M of Chapter 163 of | | | | |
| the NC General Statute | s and that no funds are co | ommingled with prob | ibited or other | non-disclosed funds. | further certify that this report | | | | |
| | prrect and that I have been | n trained by the NC | | 171 11 | 1/07/2022 | | | | |
| E. Thomas He | | | Mones | | 1/07/2023 | | | | |
| | Printed Name of Signer | S | ignature of Appoir | nicu i reasurer | Date | | | | |
| FOR OFFICE USE ONI | | NAMI | (| \ | Delivery Method | | | | |
| Date Received: | 11-69-73 | Employee: | | † | Normal Mail | | | | |
| Date Postmarked: | 11-07-23 | NEmployee: | | | Registered Mail Hand Delivered | | | | |
| Date Scanned: | | Electronically Filed Signer has not received mandatory training | | | | | | | |
| Date Data Entered | | Employee: | | | mandatory training | | | | |
| | | | | | | | | | |
| Please Note: This f | | nend committee information of books information | | | ss, treasurer, assistant treasurer, | | | | |

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

CRO-1000 NC State Board of Elections August 2008

| , | | | | | Amen | idment | t | |
|---|------------|-------------|-------|-----------|---------|--------|---|----|
| Contributions from Individuals | Pg | 1 | | 5_ | | | | No |
| Use this form to report individual contributions over \$50 or contribut | ions under | \$50 if for | n CRO | 1205 is n | ot used | | | |
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Nur | nber | | | |
| | | | | | | | | |

| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | | | | | |
|---|-----------------------|--------------------|-----------------|-----------------------------------|----------|-------------------------|------------------------------|-------------------------|-----------|-----------|--|
| Chapel Hill Leadership Political Action Committee | | | | | | STA-135AH3-C-001 | | | | | |
| 3. Contri | butor Informatio | n | \boxtimes | Add | | Rem | ove | | | | |
| a. Full Name, Mailing Address & Phone | | | b. Job Tit | le/Prof | ession | | d. Comments | | | | |
| (include city, state, & zip) | | | General Manager | | | | | | | | |
| Greg Fitcl | h | | | | | | | | | | |
| 208 Glenburnie St | | | | c. Employer's Name/Specific Field | | | | | | | |
| _ | ill, NC 27514 | | | Fitch C | reation | ıs | | | | | |
| 919-545- | 5736 | | | | | | | e. Election Su | m to Date | | |
| | | | | | | | | \$ 0.00 | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | ind Descrip | otion | | j. Date (mm/dd/yyy | yy) | k. Amount | | |
| | one | PayPal | | | | | 10/02/20 |)23 | \$ | 3,000.00 | |
| | | | | | | | | | \$ | | |
| | | | <u></u> | | | | | | \$ | | |
| | butor Informatio | | | Add | | Rem | ove | | | | |
| | ie, Mailing Address & | & Phone | | b. Job Tit | tle/Prof | ession | | d. Comments | | | |
| | city, state, & zip) | | | Owner | | | | | | | |
| John Quii | | | | | 1. 767 | | .ze. m.lu | | | | |
| | herstone Dr., Unit | t D | | | | | cific Field | | | | |
| _ | ill, NC 27514 | | | South by North Strategies Ltd. | | | legies Liu. | e. Election Sum to Date | | | |
| 919-622-2 | 2392 | | | | | | | | | | |
| | | | | | | | | \$ | 0.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-k | ind Descrip | ption | | j. Date (mm/dd/yy | yy) | k. Amoun | t | |
| | one | PayPal | | | | | 10/3/20 | 23 | \$ | 75.00 | |
| | | | | | | | | | \$ | | |
| | | | | | | | | | \$ | - | |
| 3. Contri | ibutor Informatio | on | | Add | | Rem | nove | | | | |
| a. Full Name, Mailing Address & Phone | | | | b. Job Title/Profession | | | | d. Comments | | | |
| | city, state, & zip) | | | Retired | l | | | | | | |
| | Garrison, 305 Kirk | cwood Dr | | | N | 10 | - 1 <i>0</i> 7 - 172 - 1 - 3 | | | | |
| 305 Kirkwood Dr. | | | | c. Employer's Name/Specific Field | | | | | | | |
| Chapel Hill, NC 27514 781-307-1612 | | | | | | e. Election Sum to Date | | | | | |
| /61-30/- | 1012 | | | | | | | \$ | 0.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-l | Kind Descri | ption | | j. Date (mm/dd/yy | уу) | k. Amoun | t | |
| | one | PayPal | A | MANI | | | 10/3/20 |)23 | \$ | 100 | |
| | | | -IV | IFIL | | | | | \$ | | |
| | | | NO | V 0 9 207 | 15 | | | | \$ | | |
| 4. Tota | l only this Pag | je | DIII | RHAME | OE | | | \$ | | 3,175.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | | | 6 | | 15 225 00 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | \$ | | 15,335.00 | |