	eport Cover						Amendment Yes No
Use this form for ge	neral report and committee	informat	tion, must be	signed	and sub	omitted along with o	
	to update information						
1. Committee Infor	mation						The second control of
	ship Political Action Comm	ittaa					c. ID Number
(CHL-PAC)		lliee	1915				STA-135AH3-C-001
	lude City, State and Zip Code)						d. Date Filed
3 Mount Bolus Rd. Chapel Hill, NC 27:	514						03/13/2017
							e. Phone Number
							919-960-2589
2. Report Year	3. Period Start Date (mm/c	id/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer Full	
2017	2017 1/1/2107					E. Thomas Henke	÷I
6. Type of Committ			e of Report	(c			t from one category)
Candidate Campa	=	Municip			State/Co		Referendum
PAC Independent	Referendum		Organizational	I		Organizational	Organizational
Expenditure Legal Expense Fu	Joint Fundraiser		Thirty-five day	y	(Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final
Booster Fund"	(0.77	1 = -	Pre-election		H	Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
			Semi-annual			Fourth	Special
			Mid Year		S	Semi-annual	
Other:			Year End			Mid Year	10. Special Report Name
8. Number of Funda	raisars this Report		Final Special			Year End Final	
0. Ivuliber of Funds	0		эрссіаі		=	Special	
11. Account Inform				11. Ac	count I	nformation	
a. Financial Institution F	'ull Name			a. Finar	icial Insti	tution Full Name	
Wells Fargo Bank							
	To A control Code						
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
b. Purpose Maintain	c. Account Code	;		b. Purp	ose		c. Account Code
b. Purpose Maintain funds to	one			b. Purp	ose		
b. Purpose Maintain	d. Period Begin Balance			b. Purp	ose		d. Period Begin Balance
b. Purpose Maintain funds to support	one			b. Purp	ose		
b. Purpose Maintain funds to support CHALT activities CERTIFICATION	d. Period Begin Balance \$ 1573.29				200		d. Period Begin Balance
b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and	d. Period Begin Balance \$ 1573.29 mittee or Fund is in compliates and that no funds are concorrect and that I have been	ance with	d with prohi	ble provibited or	visions o	on-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report
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b. Purpose Maintain funds to support CHALT activities CERTIFICATION I certify that the Com the NC General Statu is complete, true and E. Thomas H	d. Period Begin Balance \$ 1573.29 mittee or Fund is in compliates and that no funds are concorrect and that I have been Henkel Printed Name of Signer	ance with	ed with prohi	ble provibited of	visions of other nard of El	on-disclosed funds.	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report
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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	d. Period Begin Balance \$ 1573.29 mittee or Fund is in compliates and that no funds are concorrect and that I have been Henkel Printed Name of Signer NLY	ance with mmingle trained l	ed with prohi by the NCS Sig	ble provibited of	visions of other nard of El	on-disclosed funds. ections. Lucus d Treasurer	d. Period Begin Balance \$ & 22D-22M of Chapter 163 of I further certify that this report 10/27/2017 Date Delivery Method Normal Mail Registered Mail
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Amendment Yes

Amendment \boxtimes No

Detailed SummaryUse 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 Political Action Committee (CHL-PAC)	Pre-Election		STA-135AH3-C-001			
Start of Election Cycle: January 1,	2017	Total this	Total this			
4) Cash on Hand at Start		Reporting Period \$ 1573.29	S 1841.90			
RECEIPTS		Ψ 1373.27	\$ 1041.70			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.00	\$ 135.00			
6) Contributions from Individuals	(CRO-1210)	\$ 3650	\$ 5162.50			
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 Organiza	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,	11c, 11d and 11e)	\$ 3650.00	\$ 5297.50			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 3320.16	\$ \$3716.92			
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$ 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	\$ 162.50			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 3320.16	\$ 3879.42			
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ibtract line 18)	\$ 1688.13	\$ 3259.98			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00				
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$ 0.00				
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	(CRO-1215)	\$ 0.00	\$ 0.00			

		m Individuals			Pg <u>1</u>	of <u>7</u>		
		lividual contributions (and Fund if application)		0 or contributions u	inder \$50 if form (2. ID N		
								G 004
Chaper	Hill Leadership Po	olitical Action Commi	ttee			S	ТА-135АН3-0	C-001
3. Conti	ributor Informati	ion		Add 🔲	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profess	ion	d. Comm	ents	
	e city, state, & zip)							
	cNamara eshore Ln.			c. Employer's Name	/Specific Field			
	Hill, NC 27514			Retired	7Specific Field			
919-942	NOT THE COMPANY OF THE CASE OF CASE OF THE			Remed		e. Electio	n Sum to Date	
						6	100.00	<u> </u>
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
	one	Check			07/27	7/2017	\$	100.00
							\$	
							\$	
3. Contr	ibutor Informati	on	×	Add I	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Commo	ents	
	city, state, & zip)							
Sheila C								
	stopher Rd.			c. Employer's Name	/Specific Field			
919 968	Hill, NC 27514			Retired		. Florting	Cum to Date	
919 900	6037					e. Election	Sum to Date	
						\$	100.00	
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	one	Check			07/27	/2017	\$	100.00
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	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
	city, state, & zip)							
Scott Ma					/C 16 P11	_		
	gan Creek Rd. fill, NC 27517			c. Employer's Name	Specific Field			
919-929				Retired		e Election	Sum to Date	
J17 J27	1775							
	,					\$	50.00	
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	one	Cash			10/02/	/2017	\$	50.00
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

250.00

3650.00

\$

		om Individuals dividual contributions		50 or cont	ribution	Pg ns unde			Amendmer Yes ot used	
1. Com	nittee Full Name	(and Fund if application	able)					2. ID Nui	mber	
Chapel I	Hill Leadership Po	olitical Action Commi	ittee		90 - 30 <u>410</u> -		THE AN INCIDENCE	STA	А-135АН3-С	C-001
	ributor Informat			Add		Ren	nove			
	me, Mailing Address	& Phone		b. Job	Title/Prof	ession		d. Commen	ts	
Kimberly PO Box	70 Hill, NC 27514				loyer's Na Employe		ecific Field	a Flation 6	Sum to Date	
ブレン・ノコム	-0222							\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	ription		j. Date (mm/dd/y	yyy)	k. Amount	
	one	Check					10/02/2	2017	\$	40.00
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	ibutor Informati			Add		Rem	ove			
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Oave Sid	city, state, & zip)									
109 Hand				o Emple	ovenie Na	a/Sna	elfa Field	-		
	lill, NC 27517			Retire		me/spe	cific Field	-		
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/1/ /)-123							\$	60.00	
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	city, state, & zip)			-						
Priscilla (Ching shore Ln.			2 Emplo	No.	- IC-	·e . m:.13	-		
	ill, NC 27514			Retired		me/Spec	cific Field			
919-968-				Remed	1			e. Election St	um to Date	
717 700	7040							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy		k. Amount	
	one	Check			-		10/03/20		\$	50.00
									\$	
					3. 3399				\$	
1. Total	only this Page	e						\$		150.00
. Total	of ALL CRO	-1210 Pages						\$		2650.00
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100))				\$		3650.00

,							Amendment	
Contri	butions from	ı Individuals		Pg	_3 of	7		No No
Use this fo	orm to report indiv	vidual contributions ov	ver \$50	or contributions und	er \$50 if form CRO	2. ID Num	her	
1. Commi	ttee Full Name (a	and Fund if applicab	le)					\1
Chapel Hi	ll Leadership Poli	tical Action Committe	ee			STA	-135AH3-C-00)1
3. Contril	butor Informatio	n		1100	move	d. Comments		
a. Full Nam	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	•	
	eity, state, & zip)							
Richard L				c. Employer's Name/S	pecific Field			
	ywood Circle ill, NC 27514			Retired				
919-942-3	3181					e. Election S	um to Date	
717-742 5	,101					\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	(ind Description	j. Date (mm/dd/yyy	у)	k. Amount	
I. Prior	one	PayPal			10/04/20	17	\$	50.00
	One	1 uyı uı	-				\$	
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	butor Informatione, Mailing Address &			b. Job Title/Profession	n	d. Comment	ts	
	city, state, & zip)	x I none						
Mary Pea								
	K-JR Blvd			c. Employer's Name/S	Specific Field			
	ill, NC 27514			Retired		e. Election S	Sum to Date	
919-240-	7270					\$	25.00	
a D i	- Assount Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
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	me, Mailing Address			b. Job Title/Profession	n	d. Commen	its	
	city, state, & zip)			Writer				
Lillian B	lackburn				Enceific Field	-		
440 Lyon				c. Employer's Name/ Self-Employed	Specific Field	1		
	Hill, NC 27514			Self-Employed		e. Election	Sum to Date	
919-417	-6125					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	/yy)	k. Amount	
I. FFIOF	one g. Account Code	Check			10/04/2	017	\$	100.00
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

175.00

3650.00

\$

Contributions from	Individuals
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				Amei	ndment		
Pσ	4	of	7		Yes	\boxtimes	No
^ B	050 :66	CPO 1	205 is n	ot used			

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

Jse this f	orm to report indiv	vidual contributions of	ver \$50	or contributions und	ici \$50 ii ioiiii e	2. ID Num	ber	
		and Fund if applicab				STA	-135AH3-C	2-001
hapel H	ill Leadership Poli	tical Action Committe	ee 					
. Contri	butor Informatio	n		rida 🗀	emove	d. Comment	g	
	ne, Mailing Address &			b. Job Title/Profession	<u> </u>	a. Comment	3	
(include	city, state, & zip)							
	Clintock			c. Employer's Name/S	Specific Field			
	htree Ct			Retired	specific Field			
	ill, NC 27514			Retired		e. Election S	um to Date	
19 967-	3661					\$	1062.50	
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\boxtimes	one	Check	Vide	eo Services	08/3	1/2017	\$	162.50
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	e city, state, & zip)			-				
John Mo				c. Employer's Name	Specific Field			
	chtree Cr			Retired				
	Hill, NC 27514					e. Election	Sum to Date	
919-967	-3661					\$	900.00	
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П							\$	
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	ame, Mailing Address			b. Job Title/Professi	ion	d. Comme	nts	
	le city, state, & zip)							
Richard	Boylan				/CiG- Field			
1306 W	illow Dr			c. Employer's Name	e/Specific Field			
	Hill, NC 27517			Retired		e. Election	Sum to Date	
919-929	9-0939					\$	50.00	
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(This	line must be on line 6	of Detailed Summary Page	CRO-1	NC State Board of El				April 20

4								Amendment	
Contri	butions fron	ı Individuals		1	Pg	5 of	1205 is no	ot used	⊠ No
Use this fo	orm to report indiv	idual contributions of	ver \$50	or contributions u	inder	\$50 if form CR	2. ID Nur	nher	
1. Commi	ttee Full Name (a	and Fund if applicat	le)						001
Chapel Hi	ll Leadership Poli	tical Action Committ	ee				STA	A-135AH3-C-	-001
3. Contril	outor Informatio	n		Add L	Remo	ove	d. Commen	its	
a. Full Nam	e, Mailing Address &	Phone		b. Job Title/Profess	ion		u. Commen	113	
	ity, state, & zip)			1					
Charles H	umble			c. Employer's Nam	e/Sne	cific Field			
910 Emor				Retired	Cispe	cine i icia			
	II, NC 27514			Retired			e. Election	Sum to Date	
919-942-0	0669						\$	200.00	
		h. Form of Payment	i In-l	Kind Description		j. Date (mm/dd/	уууу)	k. Amount	
f. Prior	g. Account Code		1. 111-2	Kind Description		04/12/	2017	\$	100.00
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	butor Informatio			b. Job Title/Profes			d. Comme	nts	
	ne, Mailing Address	& Phone		Artist					
	city, state, & zip)								
Martha P	age Circle			c. Employer's Nan	ne/Sp	ecific Field			
	iill, NC 27514			Self-Employed	1			0 1 D-4-	
919-933-							e. Election	Sum to Date	1000
							\$	400.00	
400	A Code	h. Form of Payment	j. In-	-Kind Description		j. Date (mm/dd	/yyyy)	k. Amount	
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	one	1 ayı aı						\$	
								\$	
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Sankey B 411 Lyon	s Rd. ill, NC 27514			c. Employer's Name/ Retired	Specific Field	e. Election S	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yy	000000000000000000000000000000000000000	k. Amount	100.00
	one	Check			10/18/2	017	\$	100.00
							\$	
						•	\$	600.00
4. Tota	only this Pag	ge				\$		

b. Job Title/Profession

3. Contributor Information

a. Full Name, Mailing Address & Phone

5. Total of ALL CRO-1210 Pages

3650.00

d. Comments

					Amei	ndment		
Contributions from Individuals	Pg	_6	of	_7		Yes	\boxtimes	No

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

1. Commi	ittee Full Name (and Fund if applical	ole)					2. ID Number			
		tical Action Committ						STA-	135AH3-C-	001	
3. Contril	butor Informatio	n		Add		Remo	ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job T	itle/Profe	ession		d. Comments			
(include o	city, state, & zip)			Real Estate Broker							
Linda Car	ol Davis										
1203 Hill				c. Emplo	yer's Na	me/Spec	cific Field				
Chapel Hi	ill, NC 27514			Berksh	ire Hat	haway					
919-815-8							ļ	e. Election Su	m to Date		
								\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yyy	yy)	k. Amount		
	one	Check					10/18/20	017	\$	250.00	
									\$		
									\$		
3. Contri	butor Informatio	on		Add		Rem	ove				
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(include	city, state, & zip)									1	
Jan Halle											
1002 Arro	owhead Rd				-	me/Spe	cific Field				
Chapel Hill, NC 27514				Retired							
919-417-0	0725							e. Election Su	im to Date		
400								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount		
	one	Check					10/21/20	017	\$	100.00	
									\$		
			<u></u>						\$		
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Comments			
(include	city, state, & zip)										
Fred Lam	ipe										
1710 Mic						ame/Spe	cific Field				
	ill, NC 27514			Retire	d			e. Election Su	ım to Date		
919-942-	2735								200.00		
		T on /	1:1-1	ind Deser	intion		j. Date (mm/dd/yy	\$	k. Amount		
f. Prior	g. Account Code	h. Form of Payment	ı. In-F	Kind Descr	ipuon					100.00	
	one	Check	-				07/07/20		\$	100.00	
	one	Check					10/23/2	2017	\$	100.00	
								\$	\$	450.00	
	l only this Pag							Ф.		750.00	
	of ALL CRO		CRO 1100	2)				\$		3650.00	
(This lin	e must be on line 6 of	Detailed Summary Page	NO-1100	"							

*							Amendment		
Contri	butions from	n Individuals		P	g <u>7</u> of	7_	☐ Yes	No No	
Use this f	orm to report indi	vidual contributions of	ver \$50	or contributions un	der \$50 if form CRO) 1205 is no	t used		
		and Fund if applical				2. ID Num	ber		
Chapel H	ill Leadership Pol	itical Action Commit	tee	_		STA	-135AH3-C-(001	
3. Contri	butor Informatio	on		Add R	emove				
a. Full Name, Mailing Address & Phone				b. Job Title/Professio	n	d. Comment	S		
	city, state, & zip)			1					
Sylvia Clements				c. Employer's Name/	Specific Field				
1603 Curtis Rd. Chapel Hill, NC 27514				Retired					
919-967-						e. Election Sum to Date			
						\$ 100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	one	Check			10/23/20	017	\$	100.00	
							\$		
							\$		
3. Contri	butor Information	on		Add R	emove				
	ne, Mailing Address			b. Job Title/Profession	on	d. Comment	S		
	city, state, & zip)			-					
Deborah				c. Employer's Name/	Specific Field	-			
214 Hillsborough Chapel Hill, NC 27514				Retired					
Phone not available					e. Election Sum to Date				
						\$	75.00		
400	- Assessed Code	h. Form of Payment	i In-l	Kind Description	j. Date (mm/dd/yy	vy)	k. Amount		
f. Prior	g. Account Code	Check	1. 11.	Mild Description		10/23/2017 \$		75.00	
							\$		
							\$		
3. Contr	ibutor Informati	on		Add R	lemove				
a. Full Name, Mailing Address & Phone				b. Job Title/Profession	on	d. Comment	ts		
	city, state, & zip)								
				c. Employer's Name	Specific Field	-			
				c. Employer s Name	Specific Field	-			
						e. Election Sum to Date			
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount		
							\$		
							\$		
							\$		

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

175.00

3650.00

\$

Disbursements

Pg 1 of <u>2</u>

Amendment Yes

No

 \boxtimes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable) 2. ID Number STA 135AH3-C-001								
Chapel Hill Lead		STA-135AH3-C-001						
	ent.)							
3. Type of Disbu		Contributions to Can	ndida	1310 forms for each tes/Political Committees		Со	ordinate	d Party Expenditures
	_	Add Remove						
4. Payee Inform			b. Coordinated Committee Name			d. Co	omments	
a. Full Name, Mailir				Di Cool dinasca Commission				
(include city, state, d			1					
Julie McClintock 614 Beechtree C			c. I	Level Registered (Speci	fy)			
			F	Federal County:				
Chapel Hill, NC	2/314	1=	State		Municipality:	e. Ele	ection Sum to Date	
919 967-3661							\$	465.46
f Account Code g Form of Payment h. Purpose Cod			i. Date (mm/dd/yyyy) j. Amount			k. Required Remarks		
1. Account Code	Account Code g. Form of Payment h. Purpose Code		\dashv	1		•	Payment to	
one	Check #1025	В		10/04/2017		\$465.46	Vist	a Printing
			1			\$		
			Δ	dd [7	Remove		
4. Payee Inform				Coordinated Committe	e Na		d. Co	omments
	ng Address & Phone		0.	Coor amarca				
(include city, state,	& zip)		+					
Staples	Ct		C	Level Registered (Speci	ify)			
1710 E. Frankli				Federal	Ť	County:		
Chapel Hill, NC	2/314		1		ี้	Municipality:	e. El	ection Sum to Date
919-942-4115			-				\$	1193.60
	E 6B	h. Purpose Code	\perp	i. Date (mm/dd/yyyy)		j. Amount	k. R	equired Remarks
f. Account Code	g. Form of Payment	n. Turpose cour					Prir	nting of
one	Check #1001	В		10/16/2017		\$1089.36		npaign Lit.
						\$		
	1		Λ	dd [Remove		
4. Payee Inform				b. Coordinated Committee Name			d. C	Comments
13 STORY OF STANSACTOR STANSACTOR STANSACTOR STANSACTOR	ing Address & Phone		0.	Coordinated Committee				
(include city, state,	& zip)		-					
PMSI 20115								
PO Box 98115				c. Level Registered (Specify)				
Raleigh, NC 27624				Federal County:				
919 354-8814					$\overline{\mathbf{X}}$	Municipality:	e. E	lection Sum to Date
			-				\$	1706.24
	F	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. R	Required Remarks
f. Account Code	g. Form of Payment	n. I ui pose cout	-					nting &
one	Check #1003	В		10/16/2017		\$1706.24	184 00 44 94	niling
						\$		
5 Total only th	nis Page						\$	3261.06
5. Total only this Page 6. Total of ALL CRO-1310 Pages								
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)								3320.16
(This line goes in line 13h 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. Promose Codes. (List detailed expenditure code in (h.) above)								
A*- Media B*- Printing C*- Fundraising D-10 Another							ther Ca	ndidate
E - Salaries F* - Equipment G - Political Party H* - Holding							ng Pub tion to	lic Office Expenses Legal Expense Fund
I - Postage O* - Other	J - Penaities	K OI	TICE !	E.penoos				
* Codes requi	re detailed explana	tion in required	rem	arks field (k)				Dagamhar 2

Disbursements

g <u>2</u>

of <u>2</u>

Amendment Yes

No

 \boxtimes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Fi	all Name (and Fund	2. ID Number							
Chapel Hill Leadership Political Action Committee STA-135AH3-C-001									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform	ation		Add Remove						
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments				
(include city, state,									
PayPal					- I				
2211 North Firs	t Street		c. Level Registered (Specify)		_ 				
San Jose, CA 95	131		Federal	County:					
888-221-1161			State 🖂	Municipality:	e. Election Sum to Date				
					\$ 78.82				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
	one Account Chg C		7/24 0/25/17	\$19.72	4 Service				
one			7/24-9/25/17	\$17.14	Charges				
			10/4 10/16	\$59.10	6 Service				
one	Account Chg	С	10/4-10/16	\$39.10	Charges				
4. Payee Inform	ation		Add	Remove					
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments				
(include city, state,									
tinenuc city, state,	ov 214)				_]				
			c. Level Registered (Specify)						
			Federal	County:					
			State	Municipality:	e. Election Sum to Date				
					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
i. Account Coue	g. Form of Fayment								
		C		\$					
				\$					
4. Payee Inform	nation		Add	Remove	d. Comments				
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	аше	u. Comments				
(include city, state,	& zip)		1						
			c. Level Registered (Specify)		_				
1			Federal	County:					
			State Municipality:		e. Election Sum to Date				
					\$				
6 Annual C. 1.	g Form of Doymant	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
f. Account Code	g. Form of Payment	and an poor court							
				\$					
				\$					
	· D				\$ 59.10				
5. Total only th		<u> </u>							
6. Total of ALI	CRO-1310 Pages								
(This line goes in	line 13a of Detailed Sur	\$ 3320.16							
(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) A* Media									
A* - Wedia D - Tilling Ut Holding Public Office Expenses									
E - Salaries I - Postage	F* - Equipment J - Penalties		ion to Legal Expense Fund						
O* - Other									
* Codes require detailed explanation in required remarks field (k)									