B 10				ſ	Amendment Yes No
Disclosure Re	port Cover	C	الله ما مسال مسال معالم	L Lateral alana vyith at	
	neral report and committee in to update information	niormation, must be s	agned and sub	unitied along with of	mer detailed forms.
1. Committee Infor					ii
a. Full Name	mation				c. ID Number
	ship Political Action Commi	ttee			STA-135AH3-C-001
(CHL-PAC)	mp romical rediction Commi		RECEIV	/ED	
	ude City, State and Zip Code)		\ <u></u>		d. Date Filed
223 Cedar Breeze I	ane		JAN 24 20	126	03/13/2017
Chapel Hill, NC 27	517		JAN 24 20	JET	
		NC ST	ATE BOARD OF	EI ECTIONS	e. Phone Number
		11001	AIL BOAILD OF	LEEG HONG	919-593-5510
· · · · · · · · · · · · · · · · · · ·		4. Period E	and Date		
2. Report Year	3. Period Start Date (mm/d	ld/yy) (mm/dd/yy)		5. Treasurer Full	!
2023	07/01/2023	12/3	1/2023	E. Thomas Henke	el
6. Type of Commit	tee (Check One)	9. Type of Report			t from one category)
Candidate Camp		Municipal	State/C		Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	'	Quarterly	Pre-referendum
Legal Expense F	und	<u> </u>			
7. Type of Fund	(if applicable, check one)	Pre-primary	ᅵ닏	First	Final
Booster Fund"		Pre-election	ᅵ片	Second Third	Supplemental Final Annual
Building Fund		Pre-runoff Semi-annual	11	Fourth	Special
		Mid Year		Semi-annual	
Other:		Year End	🗆	Mid Year	10. Special Report Name
		Final	$ \boxtimes$	Year End	
8. Number of Fund	lraisers this Report	Special		Final	
	0			Special	
11. Account Inform	nation		11. Account		<u> </u>
a. Financial Institution	Full Name		a. Financial Inst	titution Full Name	
Wells Fargo Bank			L Pour	<u> </u>	c. Account Code
b. Purpose	c. Account Code		b. Purpose		C. Account Code
Maintain funds to	or	ie			
support	d. Period Begin Balanc	e			d. Period Begin Balance
election			i		\$
activities	\$ 553.97				
CERTIFICATION					ــــــــــــــــــــــــــــــــــــــ
I certify that the Co	mmittee or Fund is in compl	iance with all applica	ble provisions	of Article 22A, 22F	3, & 22D-22M of Chapter 163 of
the NC General Sta	tutes and that no funds are c	ommingled with prob	ibited or other	non-disclosed fund	s. I further certify that this report
	d correct and that I have bee		Money		01/22/2024
E. Thomas	Printed Name of Signer		ignature of Appoin		Date
FOR OFFICE USE	تأكار المستحدد المستح	<u> </u>			
Date Received:	1/2/1/0/1	Employee:	<u></u>		Delivery Method Normal Mail
Date Postmark	ed: <u>1/22/24</u>	Employee:		£	Registered Mail Hand Delivered
Date Scanned:	8/124/20	ZY Employee:	<u> Yul</u>		☐ Electronically Filed ☐ Signer has not received
Date Data Ente	red:	Employee:			mandatory training
Please Note: TI	nis form cannot be used to a	nend committee information	rmation such as	s the committee add	ress, treasurer, assistant treasurer,
	You must amend the State				ttee changes.

Amendment 冈 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 STA-135AH3-C-001 Year End Semi-Annual Chapel Hill Leadership PAC CHL-PAC Total this Total this 2023 **Start of Election Cycle:** January 1, **Election Cycle** Reporting Period \$ 553.97 553.97 Cash on Hand at Start RECEIPTS 0.0000.0 5) Aggregated Contributions from Individuals (CRO-1205) \$ 42,905.00 42,905.00 6) Contributions from Individuals (CRO-1210) \$ \$ 0.00 \$ 0.00 7) Contributions from Political Party Committees (CRO-1220) \$ S 0.00 0.00 (CRO-1230) Contributions from Other Political Committees 8) \$ 0.00 (CRO-1410) \$ 0.00Loan Proceeds 9) \$ 0.00 (CRO-1240) 0.0010) Refunds/Reimbursements To the Committee 11) Other Receipt Sources \$ 0,00 0.00 11a) Interest on Bank Accounts (CRO-1250) S 0.00 (CRO-1250) \$ 0.00 11b) Contributions from Not-for-Profit Organizations \$ 235.00 235.00 (CRO-1250) 11c) Outside Sources of Income \$ 0.00 \$ 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ 0.00 (CRO-1265) 11 e) Exempt Purchase Price Sales \$ 43,140.00 43,140.00 TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 12) **EXPENDITURES** 13) Disbursements \$ 39461.88 \$ 39,461.88 (CRO-1310) 13a) Operating Expenditures \$ 0.00 13b) Contributions to Candidates/Political Committees (CRO-1310) 0.00 \$ \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ 0.00 \$ 0.00(CRO-1315) 14) Aggregated Non-Media Expenditures 0.00 0.00 (CRO-1420) \$ 15) Loan Repayments \$ 0.00 0.00 16) Refunds/Reimbursements From the Committee \$ (CRO-1320) \$ 235.00 235.00 \$ In-Kind Contributions (CRO-1510) 17) \$ 39,696.88 \$ 39,696.88 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) \$ 3997.09 3997.09 \$ Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) ADDITIONAL INFORMATION 0.00 (CRO-1330) \$ 20) Non-Monetary Gifts Given to Other Committees 100.00 Outstanding Loans (incl. ones from other campaigns) \$ (CRO-1430) 21) 0.00 \$ 22) Debts and Obligations owed By the Committee (CRO-1610) 0.00 (CRO-1620) \$ 23) Debts and Obligations owed To the Committee (CRO-1720) 0.00 24) Account Transfers Within the Committee 0.00 \$ 0.00 (CRO-1710) 25) Administrative Support \$ \$ 0.00 0.00 (CRO-1440) 26) Forgiven Loans \$ (CRO-2220) \$ 0.00 0.00 48-Hour Notice Reports Sum 27)

28)

Contributions to be Refunded

\$

0.00

0.00

(CRO-1215)

Contri	butions fron	i Individuals	eco	Pg	g dor	_1 of \$50 if form CRO	10 1205 is not	Yes used	No No
Use this fo	orm to report indiv	idual contributions o	ver \$50	or contributions un	uçı	John Holling	2. ID Num	ber	<u> </u>
1. Commi	ittee Full Name (a	and Fund if applicab	ne)						001
Chapel Hi	ll Political Action	Committee					STA-	135AH3-C-	
3. Contril	butor Informatio	n	\boxtimes	1100	emo	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Title/Profession	n		d. Comments		
(include c	ity, state, & zip)			Retired					
Linda K. I	Brown								
	Ibridge Ln.			c. Employer's Name/	Spec	riic Field			
_	ill, NC 27514						e. Election Su	ım to Date	
984-999-4	1561					-	e, Election Su	III to Date	
							\$	0.00	
£ Prior	g. Account Code	h. Form of Payment	i. In-F	i Kind Description	Ţ	j. Date (mm/dd/yyy	/y)	k. Amount	
	one	Check				07/28/20)23	\$	30.00
								\$	
								\$	
3 Contri	butor Informatio	n	\boxtimes	Add R	em	ove	t!		
	ne, Mailing Address &			b. Job Title/Profession)n		d. Comments	3	
	city, state, & zip)	e a arone		Writers					
	ler, David Kiel			1 ""					
	akeshore Dr.			c. Employer's Name/	Spe	cific Field			
	ill, NC 27514			Self-Employed	-				
919-967-						ļ	e. Election St	um to Date	
	ンシサン								
,,,,,,,,							\$	0.00	
		h Form of Dayment	i In-	Kind Description		i. Date (mm/dd/vy	<u> </u>	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	500.00
		h. Form of Payment Check	i. In-	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	500.00
	g. Account Code		i. In-	Kind Description			уу)	k. Amount \$	500.00
	g. Account Code		i. In-			07/31/20	уу)	k. Amount	500.00
f. Prior	g. Account Code	Check	i. In-	Add 🔲 R) 023	k. Amount \$ \$ \$	500.00
f. Prior	g. Account Code one	Check	i. In-l	Add R		07/31/20	уу)	k. Amount \$ \$ \$	500.00
f. Prior	g. Account Code one ibutor Informatio	Check	i. In-	Add 🔲 R		07/31/20) 023	k. Amount \$ \$ \$	500.00
f. Prior G. Prior G. Prior G. Prior G. Prior G. Prior Gordon F.	g. Account Code one ibutor Informatione, Mailing Address of city, state, & zip) P. Whitaker	Check on & Phone	i. In-	Add R b. Job Title/Professi Retired	on	07/31/20) 023	k. Amount \$ \$ \$	500.00
f. Prior Grantia. Full Nan (include Gordon F 750 Wea	g. Account Code one ibutor Informatione, Mailing Address of city, state, & zip) P. Whitaker ever Dairy Rd. #16	Check on & Phone	i. In-	Add R	on	07/31/20) 023	k. Amount \$ \$ \$	500.00
f. Prior G. Prior G. Prior G. Full Nan (include Gordon F 750 Wea Chapel F	g. Account Code one ibutor Informatione, Mailing Address of the city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514	Check on & Phone	i. In-	Add R b. Job Title/Professi Retired	on	07/31/20	yy) 023 H d. Comment	k. Amount \$ \$ \$	500.00
f. Prior Grantia. Full Nan (include Gordon F 750 Wea	g. Account Code one ibutor Informatione, Mailing Address of the city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514	Check on & Phone	i. In-	Add R b. Job Title/Professi Retired	on	07/31/20) 023	k. Amount \$ \$ \$ \$ \$ sum to Date	500.00
f. Prior G. Prior G. Prior G. Full Nan (include Gordon F 750 Wea Chapel F	g. Account Code one ibutor Informatione, Mailing Address of the city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514	Check on & Phone	i. In-	Add R b. Job Title/Professi Retired	on	07/31/20	yy) 023 d. Comment e. Election S	k. Amount \$ \$ \$ \$ \$ sum to Date 0.00	
f. Prior G. Prior G. Prior G. Full Nan (include Gordon F 750 Wea Chapel F	g. Account Code one ibutor Informatione, Mailing Address of the city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514	Check on & Phone		Add R b. Job Title/Professi Retired	on	07/31/20	yy) 023 d. Comment e. Election S	k. Amount \$ \$ \$ \$ \$ sum to Date	
f. Prior G. Prior G. Prior G. Full Nan (include Gordon F 750 Wea Chapel F 919-918-	g. Account Code one ibutor Informatione, Mailing Address of city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514	Check On & Phone		Add The Retired Retired C. Employer's Name	on	07/31/20	d. Comment e. Election S \$	k. Amount \$ \$ \$ \$ \$ sum to Date 0.00	
f. Prior G. Prior G. Prior G. Full Nan (include Gordon F 750 Wea Chapel F 919-918-	g. Account Code one ibutor Informatione, Mailing Address of the city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514 -3658	Check on & Phone 6		Add The Retired Retired C. Employer's Name	on	o7/31/20 cove	d. Comment e. Election S \$	k. Amount \$ \$ \$ \$ sum to Date 0.00 k. Amount	
f. Prior G. Prior G. Prior G. Full Nan (include Gordon F 750 Wea Chapel F 919-918-	g. Account Code one ibutor Informatione, Mailing Address of the city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514 -3658	Check on & Phone 6		Add The Retired Retired C. Employer's Name	on	o7/31/20 cove	d. Comment e. Election S \$	k. Amount \$ \$ \$ \$ sum to Date 0.00 k. Amount \$	
f. Prior 3. Contr. a. Full Nan (include Gordon F 750 Wea Chapel F 919-918-	g. Account Code one ibutor Informatione, Mailing Address of the city, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514 -3658 g. Account Code one	Check On & Phone 6 b. Form of Payment Check		Add The Retired Retired C. Employer's Name	on	o7/31/20 cove	d. Comment e. Election S \$	k. Amount \$ \$ \$ \$ \$ sum to Date 0.00 k. Amount \$	
f. Prior 3. Control a. Full Nan (include Gordon F 750 Wea Chapel F 919-918- f. Prior 4. Tota 5. Tota	g. Account Code one ibutor Informatione, Mailing Address ocity, state, & zip) P. Whitaker ever Dairy Rd. #16 Hill, NC 27514 3658 g. Account Code one one	Check On & Phone 6 b. Form of Payment Check	i, In-	Add	on	o7/31/20 cove	d. Comment e. Election S \$	k. Amount \$ \$ \$ \$ \$ sum to Date 0.00 k. Amount \$	1000.00

Contri	butions fron	a Individuals				Pg	2 of	- 1205 i	Yes	No No
Use this fo	orm to report indiv	vidual contributions o	ver \$50	or contri	bution	s under	\$50 if form CR	U 1205 is no	t usea	
1. Comm	ittee Full Name (and Fund if applical	ole)					2. ID Num	ber	
Chapel Hi	ll Leadership Poli	tical Action Committ	ee					STA	-135AH3-C-	001
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Ti	itle/Pro	ession		d. Comment	3	
(include (rity, state, & zip)			Retired	1					
Barbara I							<u></u>]		
2217 Can	terbury Dr.			c. Emplo	yer's N	ame/Spe	cific Field			
	n, NC 27215									
336-212-7		,						e. Election S	um to Date	
								\$	0.00	
			<u>,</u>	ļ				<u> </u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descri	iption		j. Date (mm/dd/y)		k. Amount	
	one	Check					08/23/2	023	\$	500.00
									\$	
									\$	
3. Contri	butor Informatio	on .		Add		Rem	ove	 }		
a. Full Nan	ie, Mailing Address &	& Phone		b. Job T	itle/Pro	fession		d. Comment	ts	
	city, state, & zip)			Retire	d					
Julie Mc0				<u>]</u>						
	etree Lane			c. Empl	oyer's N	ame/Spe	cific Field	_		
	ill, NC 27517									
919 259-								e. Election S	Sum to Date	
								\$	235.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
\boxtimes		Check	Rese	ervation			09/24/2	2023	\$	35.00
\boxtimes		Check	Wel	osite upgi	rade		09/15/	2023	\$	200.00
	one	Check					09/11/	2023	\$	500.00
3. Contr	butor Information	on	X	Add		Rem	iove		_	
	ne, Mailing Address			b. Job 7	itle/Pro	fession		d. Commen	ts	
	city, state, & zip)			Profes			· · · · · · · · · · · · · · · · · · ·			
Edward I			-	1						
PO Box				c. Empl	loyer's i	lame/Sp	cific Field]		
	iil, NC 27516			Duke	Unive	rsity		T		
919-265-								e. Election	Sum to Date	
, , ,								\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amount	
	one	Check					09/13/2	2023	\$	650.00
									\$	
			<u> </u>						\$	
4. Tota	l only this Pag	ge	<u>1</u>					\$		1,650.00
	* *									

5. Total of ALL CRO-1210 Pages

42,905.00

\$

Contri	butions fron	n Individuals vidual contributions o	ver \$50	or contrib	utions	Pg under	<u>3</u> of \$50 if form CRO	$\frac{10x}{1205 \text{ is not}}$	Yes used	No No
1 Commi	ttoe Full Nome (and Fund if applicab	de)	or contain	utions	411.442		2. ID Num	ber	
		tical Action Committee							135AH3-C	-001
3 Contri	butor Informatio	n	Ø	Add		Rem	ove			
	e, Mailing Address &			b. Job Titl	ie/Profe	ssion		d. Comments		
	city, state, & zip)	, 1 1010		CEO						. •
	ison Brooks			1						
1302 East				c. Employ	er's Na	me/Spe	cific Field			
Dallas, T				B2 Arch	itectu	re & I	Design			
214-454-3								e, Election Su	ım to Date	
!								\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descrip	tion		j. Date (mm/dd/yy	уу)	k. Amount	
	one	PayPal	<u> </u>				09/14/2	023	\$	1,000.00
			ļ						\$	
								11	\$	
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove	<u>ji</u>		
a. Full Nan	ie, Mailing Address é	& Phone		b. Job Tit		ession		d. Comments	5	
	city, state, & zip)			Retired						
Charles D							·	-		
360 Tenn	•			c. Employ	er's Na	me/Spe	eific Field	-		
	iil, NC 27514							e. Election S	um to Date	
919-933-	7685			1				·		
							1	\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Descrip	ption		j. Date (mm/dd/y)	уу)	k. Amount	
	one	PayPal					09/16/2	023	\$	100.00
			<u> </u>						\$	
									\$	
3. Contri	ibutor Informatio	on		Add	<u> </u>		nove	<u> </u>		<u>.l</u>
a. Full Nar	ne, Mailing Address	& Phone		b. Job Ti		ession		d. Comment	3	
1	city, state, & zip)			Retired						
Kathleen					1 27		-ic-ri-la	4		
	on Court			c. Employ	yer's N	ame/Sp	ecific Field	-		
	iil, NC 27517							e. Election S	um to Date	, ,, , , , e , , u e
919-967-	7/250							\$	0.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-	Kind Descri	ption	<u> </u>	j. Date (mm/dd/y	<u> </u> ууу)	k. Amoun	t
	one	PayPal					09/16/2	2023	\$	150.00
									\$	
									\$	
4. Tota	l only this Pag	e						\$		1,250.00
1	l of ALL CRO							\$		42,905.00
(This lin	ie must be on line 6 oj	Detailed Summary Page	CRO-110	0)				<u> </u>		

Contri	butions from	n Individuals idual contributions o	_{ver} \$50	or contrib	utions 11	Pg ınder	4 of \$50 if form CRO	<u>10</u> 1205 is not	Yes used	⊠ No
1 Commi	orm to report maly	ind Fund if applicab	le)	OI COMMIN	CHOID U		7-0	2. ID Num	ber	
		tical Action Committe							-135AH3-C	-001
3. Contril	outor Information	n	×	Add []]	Remo	ove			
	e, Mailing Address &			b. Job Title	e/Profess	ion		d. Comments		
	ity, state, & zip)			General	Manag	er				
Greg Fitch	1 '									
208 Glent				c. Employe		e/Spe	cilic Field			
-	il, NC 27514			Fitch Cr	eations			e. Election S	um to Date	
919-545-	5736						,			
			`					\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descrip	tion		j. Date (mm/dd/yy	уу)	k. Amount	
	one	PayPal					10/02/20	023	\$	3,000.00
				···	<u>.</u>				\$	
]					III.	\$	
3. Contri	butor Informatio	n		Add		Rem	ove	<u> </u>		<u> </u>
a. Full Nam	ie, Mailing Address &	Phone		b. Job Titl	le/Profes:	sion		d. Comment	5	
	city, state, & zip)			Owner						
John Quii		~		- Employ	erte Nor	e/Sne	cific Field	}		
	herstone Dr., Unit	:D					tegies Ltd.	1		
919-622-	ill, NC 27514			Double of	y 110.			e. Election S	um to Date	
919-022-	2372							\$	0.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	otion	···-	j. Date (mm/dd/y)	уу)	k. Amount	
[[7]		PayPal					10/3/20	023	\$	75.00
	one	Taylai	<u> </u>		<u></u>				\$	
			-						\$	
	T 5 A			Add	П	Rem	l		_!	
	ibutor Informatione, Mailing Address			b. Job Tit	ile/Profes			d. Commen	ts	_
	city, state, & zip)	x I Hone		Retired						
	Garrison, 305 Kirl	wood Dr		1				<u> </u>		
	wood Dr.			c. Employ	yer's Nar	ne/Sp	ecific Field	_		
Chapel H	iil, NC 27514									
781-307-	1612							e. Election	Sum to Date	
				<u> </u>				\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descri	ption		j. Date (mm/dd/y	ууу)	k. Amoun	
	one	PayPal					10/3/2	023	\$	100
						<u>-</u>		<u> </u>	\$	
								1 .	\$	2 155 50
<u> </u>	l only this Pag				<u></u>			\$		3,175.00
1	of ALL CRC	1-1210 Pages Detailed Summary Page	CRO-110	7 <i>0</i>)				\$		42,905.00

Contri	butions fron	a Individuals				Pg	<u>5</u> 01		10	Yes	No No
		vidual contributions or		or contri	bution	under	\$50 if form Cl	KO 12	US IS NOT	hor	
1. Comm	ittee Full Name (and Fund if applicab	le)				,1.1.		ID Num	per	
Chapel Hi	ill Leadership Poli	tical Action Committe	ee		<u> </u>		· · · · · · · · · · · · · · · · · · ·		<u> </u>	-135AH3-C	:-001
3. Contri	butor Informatio	D		Add		Rem	ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job Ti				d.	Comments	<u> </u>	
	city, state, & zip)			real est	ate bro	ker					
	ol Davis, 1203 H	illview Rd		ļ	1 57			-			
1203 Hill							cific Field	-{			
	ill, NC 27514			Berksh	пе па	шамау		-	Election St	ım to Date	
919-815-8	3200										
				}					\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descri	ption		j. Date (mm/dd/	уууу)		k. Amount	
	one	PayPal					10/3/2	2023		\$	150.00
										\$	
										\$	
3. Contri	butor Informatio	n	X	Add		Rem	ove	l!			
a. Full Nan	ie, Mailing Address é	& Phone		b. Job Ti	tle/Prof	ession		d.	Comments	3	
(include	city, state, & zip)			Manag	ing Di	rector		1			
Karl Brur	nback							_			
301 Laure	el Hill Rd.				yer's N	me/Spe	cific Field				
	ill, NC 27514			JLL				-	Flation C	um to Date	
917-509-	9660			Ì				e.	Election S	um to Date	
ŀ									\$	640.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Cind Descri	iption		j. Date (mm/dd/	уууу)		k. Amount	:
	one	PayPal	<u> </u>		- 		10/6/	2023		\$	2,560.00
\boxtimes	one	PayPal	ļ <u>.</u>				09/22	2/2023	3	\$	640.00
			<u> </u>							\$	
3. Contr	butor Informatio	on	\boxtimes	Add		Rem	ove		!		
a. Fuli Nan	ne, Mailing Address	& Phone		b. Job T				d.	Comment	3	
	city, state, & zip)			Patent	Attorn	ey					
	orne, 233 Woodha	aven Rd		<u></u>					•		
	dhaven Rd.			e. Emple			cific Field				
, .	iil, NC 27514			Bavan	ian No	raic mi	3	-	Election S	um to Date	
984-243-	5023								\$	0.00	
	T	I Paris - CDs	2 7 1	Kind Descr	intic-	-	j. Date (mm/dd	(www)		k. Amount	
f. Prior	g. Account Code	h. Form of Payment PayPal	1. 10-	MIII Descr	ihnon		10/11		3	\$	500.00
			 					· · · -		\$	
										\$	
4. Tota	l only this Pag	je	. 				J		\$		3210.00
	l of ALL CRO								\$		42,905.00

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

Contri	butions fron	1 Individuals		_		Pg	6	of	10	Yes	No No
		vidual contributions o		or contri	butions	under	220 H 10111	a CRC	2. ID Num	her	
		and Fund if applical									7.001
Chapel Hi	ll Leadership Poli	tical Action Committ	ee						STA-	135AH3-0	J-001
	butor Informatio		\boxtimes	Add		Rem	ove	——			
1	e, Mailing Address &	: Phone		b. Job Ti		ssion	· · · ·		d. Comments	l	
(include o	city, state, & zip)			Retired	1						
	etree Lane			c. Emplo	yer's Na	me/Spe	cific Field				
	ill, NC 27517									<u> </u>	
919 259-0									e. Election Su	m to Date	
									\$	735.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Descr	iption		j. Date (mm	/dd/yy	уу)	k, Amoun	
		Check	2 pri	or			0	9/15,2	24	\$	235.00
	one	Check					09	9/11/2	023	\$	500.00
	one	PayPal					10	0/12/2	023	\$	1000.00
3. Contri	butor Informatio	n	\boxtimes	Add		Rem	ove				
a. Full Nan	e, Mailing Address &	& Phone			itle/Prof	ession			d. Comments	5	
<u></u>	city, state, & zip)			Retire	d				Į		
Jill Ridky				c Empl	over's Na	me/Spe	cific Field				
405 Lyon	is ka. ill, NC 27514			C4 Dasps	0	<u>F</u>			i		
919-417-									e. Election S	um to Date	
									\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mn	n/dd/yy	уу)	k. Amoun	t
	one	PayPal					10	0/12/2	023	\$	200.00
										\$	
										\$	
3. Contri	ibutor Informatio	on	\boxtimes	Add		Rem	iove		ij		
a. Full Nar	ne, Mailing Address	& Phone			Title/Pro	[ession			d. Comment	<u> </u>	
	city, state, & zip)			Retire	d						
1	nilla Tullock, 360	Tenney Circle		c. Empl	lover's N	ame/Sp	ecific Field		1		
	ney Circle Iill, NC 27514			C. Daip		<u>-</u>					
919-933-									e. Election S	um to Date	<u></u>
									\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Desc	ription		j. Date (mr	n/dd/yy	ууу)	k. Amoui	nt
	one	PayPal					10	0/12/2	2023	\$	500.00
										\$	<u></u>
										\$	
4. Tota	l only this Pag	ge							\$	· · · · · · · · · · · · · · · · · · ·	1,700.00
	of ALL CRO	_	an a a a a						\$		42,905.00
(This lin	ie must be on line 6 of	Detailed Summary Page	CKO-110	U)							

		vidual contributions o		or contrib	utions unde	r \$50 if form CR	O 1205 is not	usea	
1. Commi	ittee Full Name (a	and Fund if applicab	le)				2. ID Numl	oer	
Chapel Hi	ll Leadership Poli	tical Action Committe	ee				STA-	135AH3-C	-001
3. Contril	butor Informatio	n	\boxtimes	Add [Ren	nove	II		
a. Full Nam	e, Mailing Address &	Phone			e/Profession		d. Comments		
(include o	ity, state, & zip)			Professo	r				
Steve Jone			,				4		
303 Lone	Pine Rd.		1		er's Name/Sp		4		
	ill, NC 27514				ity of Nortl	Carolina	e. Election Su	m to Date	
919-593-5	5710			at Chape	el Hill		e. Election Su	III IO DAIL	
							\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (mm/dd/)	ууу)	k. Amount	
	one	Check	<u> </u>			10/12/	2023	\$	3,200.00
			<u> </u>					\$	
	•							\$	
3. Contri	butor Informatio	n		Add	☐ Re	nove			
	ie, Mailing Address &			b. Job Tit	le/Profession		d. Comments	<u> </u>	
1	city, state, & zip)			Retired					•
Lisa Jone	S			<u></u>			_		
303 Lone	Pine Rd.			c. Employ	er's Name/S	ecific Field	 		
•	ill, NC 2751						e. Election St	em to Dote	·
919-619-	7166			1			e. Election St		
							\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion	j. Date (mm/dd/	уууу)	k. Amount	
	one	Check				10/12/	/2023	\$	3,200.00
								\$	
								\$	
3. Contr	ibutor Informatio	on	\boxtimes	Add	☐ Re	move			
a. Full Nat	ne, Mailing Address	& Phone			tie/Profession	l	d. Comment	8	
(include	city, state, & zip)			Retired					
Virginia	-					100 200 13	_		
	ver Dairy Rd., Ap	t 1213		c. Employ	yer's Name/S	pecilic Field			
Chapel H 919 - 593-	Hill, NC 27514						e. Election S	um to Date	
919-393	-1300						\$	0.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-l	Kind Descri	ption	j. Date (mm/dd.	/уууу)	k. Amoun	t
	one	Check				10/12	/2023	\$	200.00
								\$	
								\$	
4. Tota	l only this Pag	ge	-				\$		6,600.00
5. Tota	of ALL CRO)-1210 Pages					\$		42,905.00
This ii.	ne must he an line 6 of	Detailed Summary Page	CRO-110	O)			<u> </u>		

Contributions from Individuals

Amendment

Yes 🛛

Contri	butions fron	n Individuals ridual contributions o	ver \$50	or contributions	Pg under	<u>8</u> of \$50 if form CRO	<u>10</u> D 1205 is not	Yes used	No No
1 Commi	ittee Euli Name (and Fund if applicab	le)	0. 00.11			2. ID Num	ber	
		tical Action Committe					STA-	-135AH3-C-	-001
3 Contril	butor Informatio	n	\boxtimes	Add 🗌	Rem	ove	1		
	e, Mailing Address &			b. Job Title/Profes	sion		d. Comments		
	c; waning Address d ity, state, & zip)	, I Hone	-	Retired					
Ave Lach									
417 Lyon:				c. Employer's Nar	ne/Spe	cific Field			
	ill, NC 27514						ļ		
919-616-6							e. Election St	ım to Date	
							\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yy	уу)	k. Amount	
	one	PayPal	ļ			10/14/2	023	\$	100.00
			ļ <u>.</u>					\$	
								\$	
3 Contri	butor Informatio	<u>. </u>		Add []	Rem	ove	Ι		
	e, Mailing Address &		<u> </u>	b. Job Title/Profe	ssion		d. Comment	5	
	city, state, & zip)			Owner					
	S. Kenan, III		•	1					
1	pa Dr., Suite 525			c. Employer's Na	me/Spe	cific Field	1		
	ill, NC 27514			Kenan Manag	ement	Inc	ļ		
919-967-	0618						e. Election S	um to Date	
							\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
	one	PayPal				10/16/2	.023	\$	250.00
		ļ						\$	
								\$	
3. Contri	ibutor Informatio	on	X	Add 🔲	Ren	iove	:2:		<u> </u>
	ne, Mailing Address			b. Job Title/Profe	ssion		d. Comment	ts	
	city, state, & zip)			Professor			1		
Bruce Ma	aggs, Ph.D						_		
PO Box 9	90129			c. Employer's Na		ecific Field	4		
	NC 27708-0129			Duke Univers	ity		e. Election S	Turn to Date	·
919-660-	6523								
							\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/y		k. Amount	
	one	PayPal	ļ			10/17/2	2023	\$	300.00
								\$	
								\$	
	l only this Pag					<u></u>	\$		650.00
5. Tota	of ALL CRO)-1210 Pages	000 TT0	ıaı			\$		42,905.00

Contri	butions fron	n Individuals			•	Pg	9	of	10	Yes	No
Use this fo	orm to report indiv	idual contributions of	ver \$50	or contrib	outions	under	. 220 II 10IIII (CRO	2. ID Numl	her	
		and Fund if applicab									001
Chapel Hi	ll Leadership Poli	tical Action Committe		<u>-</u>						135AH3-C	-001
	butor Informatio		\boxtimes	Add		Rem	ove		1.0		
	e, Mailing Address &	Phone		b. Job Tit					d. Comments		
	rity, state, & zip)			Genera	i Mana	ger		Ì			
Greg Fitch 208 Glent				c. Employ	yer's Na	me/Spe	cific Field				
	ili, NC 27514			Fitch C							
919-545-								ļ	e. Election Su	m to Date	
									\$	3000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/d	d/yyy	у)	k. Amount	
	one	PayPal	ļ <u>-</u>				10/0	2/20	23	\$	3000.00
	one	PayPal					10/2	24/20	023	\$	1500.00
										\$	
3. Contri	butor Informatio	n	×	Add		Rem	ove		<u> </u>		
a. Full Nan	e, Mailing Address &	& Phone	***	b. Job Ti	tle/Profe	ssion	 		d. Comments	<u> </u>	
	city, state, & zip)			Retired	i			İ			
John Mor				- E-ula	wanta Na	ma/Sne	cific Field				
	lina Meadows Vill ill, NC 27517	12		C. Empio	yet Siva	щизр	Chic Field		i		
919-627-									e. Election St	um to Date	
717-021-	2101								\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	ind Descri	ption		j. Date (mm/c	ld/yy	yy)	k. Amount	
	one	Check					10/2	26/20	023	\$	1000.00
										\$	
			 							\$	
3 Contr	ibutor Informatio	on .	'X	Add		Ren	nove		1		
	ne, Mailing Address			b. Job T	itle/Prof	ession			d. Comment	S	
	city, state, & zip)			Retire	d						
Joan Prey		-							<u> </u>		
•	ntry Club Rd.			c, Emplo	oyer's N	ame/Sp	ecific Field		}		
	IIII, NC 27514								e. Election S	um to Date	
919-755-	9490								\$	0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Descr	intion		j. Date (mm/	dd/yy	<u> </u> уу)	k. Amount	:
	one g. Account code	Check					-	26/2		\$	6400.00
										\$	
	-									\$	
4. Tota	l only this Pag	ge							\$		8900.00
5. Tota	l of ALL CRO)-1210 Pages							\$		42,905.00
I		Chatailed Cummum Page	CRO_110	001					1		-

Contri	butions fron	a Individuals				Pg	<u>10</u> of	10	Yes	× No
		vidual contributions or		or contr	ributions	under	\$50 if form CR			
1. Comm	ittee Full Name (:	and Fund if applicab	le)					2. ID Num	iber	
Chapel Hi	ill Leadership Poli	tical Action Committe	ee	······				STA	-135AH3-0	C-001
3. Contri	butor Informatio	n	X	Add		Rem	ove	<u> </u>		
	e, Mailing Address &	Phone			Title/Profe	ssion		d. Comment	3	
	city, state, & zip)			Profes	ssor					
Steve Jon 303 Lone				c. Empl	over's Na	me/Sne	cific Field	†		
	ill, NC 27514						Carolina	1	•	
919-593-5					apel Hill			e. Election S	um to Date	
								\$	3,200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Desc	ription		j. Date (mm/dd/y)	уу)	k. Amount	
	one	Check					10/12/2	023	\$	3,200.00
	one	Check					11/04/2	2023	\$	3,200.00
			Ì						\$	
3. Contri	butor Informatio	in	\boxtimes	Add		Rem	iove	ľ		
	e, Mailing Address &				Title/Prof	ession		d. Commen	ts	
	city, state, & zip)			Retire	ed					
Lisa Jone							W 13	-		
303 Lone				c. Emp	loyer's Na	me/Spe	cific Field	-		
Chapel H 919-619-	ill, NC 2751							e. Election S	Sum to Date	
919-019-	7100							\$	3,200.00	
							· · · · · · · · · · · · · · · · · · ·	<u> </u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amount	
	one	Check	ļ		. 		10/12/2	2023	\$	3,200.00
	one	Check					11/03/	2023	\$	3,200.00
									\$	
1	ibutor Informatio		\boxtimes	Add			nove			
	ne, Mailing Address	& Phone			Title/Prof	ession		d. Commen	its	
	city, state, & zip)			CEO						
1 "	lison Brooks			c V	loverte N	ame/Sn	ecific Field	-		
1302 Eas Dallas T					rchitect			1		
214-454-							<i>G</i>	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/y	ууу)	k. Amoun	t
\boxtimes	one	PayPal					09/14/	2023	\$	1,000.00
	one	PayPal					10/30/	2023	\$	4,000.00
									\$	
4. Tota	l only this Pag	ge						\$		10,400.00
5. Tota	of ALL CRO)-1210 Pages						\$		42,905.00

\$

Other Receipt Sources Use this form to report income not report			<u>1</u> of	1 [_	Yes	⊠	No
	ed on another form. i.e. intere	st income,	not for profit c	ontributi	ons etc.		
1. Committee Full Name (and Fund if a		···		2. ID	Number		
Chapel Hill Leadership Political Action					STA-135A	H3-C-001	Į.
CHL-PAC				CD .			
3. Type of Receipt Source	(Please use separate CRO-			of Recei	side Sources of	FInnome	
Interest	Contributions from Not-fo	r-Profit Organ			side Sources of	income	
4. Contributor Information	⊠ Add	h Not fo	or-Profit Federal	nove	d. Comment	٠	
a. Full Name, Mailing Address & Phone		D. Not-R	r-Front Peuerat	D#	и. Соммен	<u> </u>	
(include city, state, & zip) Julie McClintock							
225 Carolina Meadows Villa		c. Outsid	le Source Explan	ation			
Chapel Hill, NC 27517		Memb	er of CHALT				
919-259-0036					e. Election S	um to Date	
					\$ 0.0	0	
f. Account Code g. Form of Payment	h. In-Kind Description		i. Date (mm/dd	/уууу)	j. Amount		
Check	Payment to up- date CHALT		08/15/20	23	\$	200.00	
	website				\$		
4. Contributor Information	⊠ Add		Re	nove			
a. Full Name, Mailing Address & Phone		b. Not-f	or-Profit Federal	ID#	d. Commen	ts	
(include city, state, & zip)							
Julie McClintock		ļ. <u> </u>	· · · · · · · · · · · · · · · · · · ·		-		
225 Carolina Meadows Villa			de Source Explan per of CHALT	ation	{		
Chapel Hill, NC 27517		Memo	er of CHALI		e. Election S	Sum to Dat	<u> </u>
919-259-0036						0.00	
f. Account Code g. Form of Payment	h, In-Kind Description		i. Date (mm/d	I/vvvv)	j. Amount		
Check	Event reserva-		09/24/2		\$	35.00	.,
	tion from Town of Chapel Hill				 		·
					\$		
			Re	move	\$		
4. Contributor Information	☐ Add	b. Not-1	Refor-Profit Federal	move	d. Commer	its	
4. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	☐ Add	b. Not-i	 			its	
a. Full Name, Mailing Address & Phone	☐ Add	b. Not-i	 			its	
a. Full Name, Mailing Address & Phone	Add		 	ID#		its	
a. Full Name, Mailing Address & Phone	Add		or-Profit Federa	ID#			e
a. Full Name, Mailing Address & Phone	Add		or-Profit Federa	ID#	d. Commer		c
a. Full Name, Mailing Address & Phone (include city, state, & zip)			or-Profit Federa	ID#	d. Commer		e
a. Full Name, Mailing Address & Phone	h. In-Kind Description		for-Profit Federal	ID#	d. Commerce.		c
a. Full Name, Mailing Address & Phone (include city, state, & zip) f. Account Code g. Form of Payment			for-Profit Federal	ID#	e. Election \$ j. Amount		c
a. Full Name, Mailing Address & Phone (include city, state, & zip) f. Account Code g. Form of Payment			for-Profit Federal	ID#	d. Commerce.	Sum to Dat	C
a. Full Name, Mailing Address & Phone (include city, state, & zip) f. Account Code g. Form of Payment	h. In-Kind Description		for-Profit Federal	ID#	c. Election \$ j. Amount \$	Sum to Dat	c

Disbursements Pg 1 of 7 Yes No

	Il Name (and Fund					1	2. ID Number		
1. Committee Fu	III Name (and Fund			STA-135AH3-C-001					
	lership Political Act	on Committee	DΩ	-1310 forms for each t	one of Dishursem	ent.)			
3. Type of Disbu				tes/Political Committees	□ Cα	rdinate	d Party Expenditures		
Operating Ex			Ac		Remove	1			
4. Payee Inform				Coordinated Committee N		d. Co	mments		
a. Full Name, Mailir	~		D, '	Continuated Committee to	ame	-			
(include city, state, &			1						
US Postal Service	e			Level Registered (Specify)		1			
125 S. Estes Dr.			=		County:	1			
Chapel Hill, NC	27514	1	ᅡ늗	Federal State	Municipality:	e Fl	ection Sum to Date		
800-275-8777			┝┺	State 🔀	Minimorpanty.	C. En	COUNT OF THE COUNTY		
						\$	66		
		h. Purpose Code	┸┰	* Data ((dd/mmm)	j. Amount	l Re	equired Remarks		
f. Account Code	g. Form of Payment	n. rurpose Coue	\dashv	i. Date (mm/dd/yyyy)	J. Amount	A. A.	qui cu Acmaras		
one	Debit Card	I		08/04/2023	\$66		i		
			-		 				
					\$				
	4*	<u> </u>	_	44 🔲	Remove	<u> </u>			
4. Payee Information Add Remove b. Coordinated Committee Name d. Comments									
•	ng Address & Phone			Coordinated Committee N	anc	—			
(include city, state,			-						
Julie McClintoc				Y 170 - 1-4 1 (C16-)		1			
225 Carolina Mo			<u>C.</u>	Level Registered (Specify)	· · · · · · · · · · · · · · · · · · ·	-			
Chapel Hill, NC	27517		1 📙	Federal	County:	- 171	and an Court to Date		
919 259-0036 State Municipality: e. Election Sum to Date									
			\$	457.33					
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
		_		0.7.00.00.00	0457.22	Vis	ta Print		
one	Check 1073	В		08/23/2023	\$457.33	Wa	ıltham, MA.		
			\neg		G.				
'			Ì		\$				
4. Payee Inform	ation		A	.dd 🔲	Remove	ji K			
	ng Address & Phone		b,	. Coordinated Committee N	lame	d. C	omments		
(include city, state,	_								
Edward Marsha			1						
PO Box 16217			c.	Level Registered (Specify)		1			
Chapel Hill, NO	27516		T	Federal	County:	7			
919-265-9616	, 21,510		17	State 🗵	Municipality:	c, E	lection Sum to Date		
919-203-9010			- <u>'</u> -	<u></u>			£10.10		
						\$	643.49		
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
I A ALCOUNT CODE					2642.40	Car	nvassing		
one	Check 1074	F	-	09/14/2023	\$643.49	mat	terials		
					\$				
5. Total only th	is Page	<u> </u>				\$	1166.82		
	CRO-1310 Pages						<u> </u>		
The state of the s									
(This line goes in	line 13b of Detailed Su	nmary Page CRO-11	00 if	Contrib to Candidates/Polis	ical Comm)	\$	39,401.66		
(This line goes in	line 13c of Detailed Sui	nmary Page CRO-116	00 if	Coordinated Party Expendi	tures)				
	es (List detailed ex		_			i			
A* - Media	B* - Printing	C* - Fur	ıdra	ising	D - To Anot	her Car	ndidate		
E - Salaries	F* - Equipment						lic Office Expenses		
I - Postage	J - Penalties	K* - Off		Expenses	Q* - Donati	on to l	Legal Expense Fund		
O* - Other									
* Codes requir	e detailed explana	tion in required (rem	arks field (k)		į)			

									Amendment	12	Na
Disburseme	ents	.	^		Pg	2	of j		Yes Yes	_⊠_	No
Use this form to	report expenditures	from the committe	e f	or; operating expen	ises, c	contributio	ons to c	andida	ite/ponticai		
	coordinated party ex						·		2, ID Number		
1. Committee Fu	all Name (and Fund	i ii applicable)	-						STA-135AF		01
	dership Political Act	ion Committee	DΛ	-1310 forms for ea	ch to	ng of Disi	hursom	oni)	5111 155111		<u> </u>
3. Type of Disbu		Contributions to Can	n O dida	tes/Political Committe	es es	pe of Dist	l Co	ordinate	d Party Expenditure	s	
Operating Ex			_	dd		Remove	<u>. </u>				
4. Payee Inform				Coordinated Commit	tee Na			d. Co	mments		
	ng Address & Phone			Cool dimates Commis	114						
(include city, state, d	& zip)										
PayPal 800-221-1161			C.	Level Registered (Spe	cify)						
600-221-1101			T	Federal	ΠŤ	County:		1			
i		,	╽╞	State	図	Municipal	ity:	e. Ele	ction Sum to Date		
			┝┺	<u> </u>					74.40		
								\$ 7	74.42		
f. Account Code	g. Form of Payment	h. Purpose Code	٦	i. Date (mm/dd/yyyy	')	j. Amoun	t	k. Re	quired Remarks		
		-		0/14 16 22/		\$74.42		Tran	saction		
one	Wire Trans	С		9/14,16,23/		\$14.42		Fees	<u> </u>		
			-			\$					
								<u> </u>			
4. Payee Inform	ation			dd		Remove	;	<u> </u>			
a. Full Name, Maili	ng Address & Phone		Ь.	Coordinated Commi	ttee Na	me		d. Co	mments		
(include city, state,	& zip)	<u> </u>	ļ								
-			<u> </u>					4			
	Level Registered (Sp	ecify)			-						
			╽Ĺ	Federal	Ц	County:		<u></u>			
			L	State	<u>. </u>	Municipal	lity:	e. Ele	ection Sum to Date		
								\$			
		h. Purpose Code	<u> </u>	: D.4. (/44/		j. Amoun		L Da	equired Remarks		
f. Account Code	g. Form of Payment	n. rurpose Code		i. Date (mm/dd/yyy)	<u>") </u>	J. Zimoan		R, At	quir cu remarks		
						\$		İ			
	<u> </u>							-			
						\$					
4. Payee Inform	l		Δ	ıdd	П	Remove	:	ii.			
	ing Address & Phone			. Coordinated Commi	ttee Na			d. Co	omments		
(include city, state,			۳								
(include city, state,	ог дру		1								
1			c	Level Registered (Sp	ecify)			7			
				Federal		County:		Ī			
			ΙĒ	State		Municipa	dity:	e. El	ection Sum to Date	:	
								\$			
C A	g. Form of Payment	h. Purpose Code	ل	i. Date (mm/dd/yyy	<u></u>	j. Amour	ıt	k. R	equired Remarks		
f. Account Code	g. roth or ayment			2 (0) 5 5	<u>.,</u>	 -		1	_ -		
+						\$		1			
	<u> </u>	 				1	· · · · - · · ·	 			
						\$		L			
5. Total only th	is Page	1						\$	74.42		
	CRO-1310 Pages										
(This line goes in	line 13a of Detailed Su	mmary Page CRO-110	00 if	Operating Expenses)				\$	39,461.88		

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

(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)

O* - Other

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

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

,					Amend	ment		
Disbursements	Pg	<u>3</u>	of	<u>7</u>		Yes	⊠	N
To this form to word armondifuses from the committee for poerati	no expenses	contribution	s to	candid	date/politic	:al		

	ll Name (and Fund						ji j	2. ID Number		
Chapel Hill Lead	lership Political Act	ion Committee						STA-135AH3-C-001		
3. Type of Disbu	rsement (Pleas	se use separate C	RO.	-1310 forms for each	ty	oe of Disburseme	nt.)			
Operating Ex		Contributions to Can	dida	tes/Political Committees		Coo	rdinate	l Party Expenditures		
4. Payee Inform		X	A	dd 🗆		Remove	il I			
a. Full Name, Mailir			b.	Coordinated Committee N	Var	ne	d. Co	mments		
· ·	_									
(include city, state, &	к ирј					į				
PayPal			c. Level Registered (Specify)							
800-221-1161			 -	Federal		County:		1		
			┟			Municipality:	e. Election Sum to Date			
			┞┕	State 🗵		winnerparty.	C. Este	Chon Sain to Date		
							\$ 74.42			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	T	j. Amount	k. Re	quired Remarks		
			T	10.1	\neg	A174.70	Tran	saction		
one	Wire Trans	C	ļ	10 dates	١	\$174.70	Fees			
<u> </u>					7					
			į		-	\$				
4 Davisa Inform	otion	\boxtimes		dd 🗌		Remove				
4. Payee Inform			d. Co	mments						
•	ng Address & Phone		·	Coordinated Committee !						
(include city, state,		<u>.</u>	1							
US Postal Servi				*	_					
125 S. Estes Dr.			C.	Level Registered (Specify)	<u>) </u>					
Chapel Hill, NC	27514		ا∟	Federal		County:				
800-275-8777			L	State 🗵		Municipality:	e. Ele	ection Sum to Date		
	66.00									
f. Account Code	g. Form of Payment	h. Purpose Code	١	i. Date (mm/dd/yyyy)	٦	j. Amount	k. Re	quired Remarks		
1. Account Code	g. Form of Phyment	ni i di possi conti		I. Date (mm dayyyy)	-	J	Post			
one	Debit Card K 9/28/2023 \$5.49						1 031	g.		
				<u></u>	\dashv					
						\$				
4. Payee Inform	ation	×	A	dd 🔲	1	Remove	li Ii			
	ng Address & Phone		b.	Coordinated Committee	Na	me	d, Ce	omments		
i '	_		<u> </u>							
(include city, state, Julie McClintoc			1							
1			<u> </u>	Level Registered (Specify						
225 Appletree I			-	Federal		County:	i			
Chapel Hill,NC	27517		<u> </u>	= =		•		ection Sum to Date		
919 259-0036			止	State		Municipality:	e. El	ection Sum to Date		
							\$	457.33		
f. Account Code	g. Form of Payment	h. Purpose Code	I	i. Date (mm/dd/yyyy)	\Box	j. Amount	k. R	equired Remarks		
11100000000000	O					<u></u>	Rei	nbursement		
one	Check 1075	P		9/30/2023	į	\$671.68	for	orinting		
	<u></u>									
						\$				
5. Total only th	is Page						\$	851.87		
				· · · · <u></u>			1			
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) © 30.461.88										
				Contrib to Candidates/Poli	itic	al Comm)	\$	39,461.88		
(I nis une goes in	tine 130 of Detailed Co-	umari Page CRO-110	no is	Coordinated Party Expend	litu	res)				
						/	<u>. </u>			
	es (List detailed ex	penaiture code in	<u>(n.</u>) adove)		D - To Anoth	er Con	didate		
A* - Media	B* - Printing	C	ora	ising				ic Office Expenses		
E - Salaries	F* - Equipment			PartyExpenses				egal Expense Fund		
I - Postage	J - Penalties	KUII	ice 1	pyhenses		[♥ - Donatio	L	aler wehamas a man		
	O* - Other * Codes require detailed explanation in required remarks field (k)									

								Amendme	nt	
Disbursements				Pg	<u>4</u>	of	7	YeYe	<u> </u>	No
	_	_	_	_			11.1	-4-611411		

1. Committee Fu	ll Name (and Fund	 	1	2. ID Number						
	lership Political Act	on Committee						STA-135AH3-C-001		
3. Type of Disbu		e use separate Cl	₹ <i>0</i> -	-1310 forms for ea	ch ty	pe of Disbursem	ent.)			
Operating Ex		Contributions to Can	diđa	tes/Political Committee	es	☐ C∞	rdinate	d Party Expenditures		
4. Payee Informa		\boxtimes	A		Π_	Remove	II H			
				Coordinated Commit	tee Nai		d. Co	mments		
a. Full Name, Mailin	=									
(include city, state, &	é zip)							1		
PMSI			•	Level Registered (Spe	cify)					
PO Box 91565			-	Federal	[]	County:	1			
Raleigh, NC 276	75-1565		늗	<u>.</u>	X	Municipality:	a Fla	ection Sum to Date		
919-354-8814			_Ļ	State		withicipanty.	C. En	ction out to but		
							<u> </u>	0.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		equired Remarks		
				10/0/2022		\$5787.17	Prin	t/Mail		
one	Check 1076	В	l	10/2/2023		\$3767.17	Post	: Cards		
		_		10/1 6/0000		05772 25	Prin	t/Mail		
one	Check 1077	В		10/16/2023		\$5733.35	Post	Cards		
4. Payee Inform	ation	\boxtimes	Α	dd		Remove	ii ii			
		<u>V V</u>	_	Coordinated Commit	tee Na		d. Co	omments		
a. Full Name, Mailing Address & Fubile										
(include city, state,	sz zip}			•			1	j		
PMSI			┝	Level Registered (Spe	naifu)		1	1		
PO Box 91565			<u> </u>			County:	┨			
Raleigh, NC 276	575-1565		╽╠	Federal	띴	-	o Fi	ection Sum to Date		
919-354-8814			┞┖	State	\boxtimes	Municipality:	e. E.i	ection Sum to Date		
							\$	0.00		
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyyy)	j. Amount	k.R	equired Remarks		
I. Account Code	B. 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					0.7760.06	Prin	nt/Mail		
one	Check 1078	В		10/18/2023		\$5760.26	Pos	t Cards		
						\$				
	. 48	X		dd	П	Remove				
4. Payee Inform				. Coordinated Commi	ttee Na		d, C	omments		
	ng Address & Phone		-	Coordinated Commi			+===			
(include city, state,			-					1		
Julie McClintoc			<u> </u>	- 15 11 10	***		┥			
225 Appletree I			C.	Level Registered (Sp	ecity)		-{			
Chapel Hill, NO	27517		١Ļ	Federal	Ц	County:				
919 259-0036				State		Municipality:	e. E	lection Sum to Date		
							\$_	457.33		
f. Account Code	g. Form of Payment	h. Purpose Code	·	i. Date (mm/dd/yyyy	y)	j. Amount	k. R	equired Remarks		
1. Account Couc						ACTC 50	Rei	mbursement		
one	Check 1079	В		10/21/23		\$578.52	for	Printing		
<u> </u>		 					1 -			
						\$				
l		<u> </u>		ł		<u> </u>	\$	17,859.30		
5. Total only th					 -		1	11,000100		
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 39,461.88										
(This line goes in	tine 13a of Detailed Sui	nmary Page CKU-III	in il	Operating Expenses)	./D-1:4°	aal Camer)	\$	39,461.88		
(This line goes in	line 13b of Detailed Su	nmary Page CRO-110	iv if	Contrib to Canaiaates	vr oude	cus Comun)				
	line 13c of Detailed Sui				penaiti	ures)				
7. Purpose Cod	les (List detailed ex	penditure code in	(h.) above)			<u> </u>	. 2: 1-4-		
A* - Media	B* - Printing	C* - Fun	dra	ising	-	D - To Anot	ner Ca	ndidate		
E - Salaries	F* - Equipment	t G -Politi		Party				lic Office Expenses		
I - Postage	J - Penalties) K* - Off	ice l	Expenses		y Q™ - Donati	on to l	Legal Expense Fund		
O* - Other		· · · · · · · · · · · · · · · · · · ·		ante field (It)						
1 * Codes requir	re detailed explana	uon in required i	CIII	iains heiu (K)						

•				Amei	idment		
Disbursements	Pg	5	of <u>7</u>		Yes	\square	N
Use this form to report expenditures from the committee for; operating e	xpenses,	conti	ributions to candidate	e/polit	ical		

1. Committee Fr	ill Name (and Fund	l if applicable)						2. ID Number		
	lership Political Act			·····				STA-135AH3-C-001		
3. Type of Disbu			RO	-1310 forms for each ty	บกเ	e of Dishurseme	nt)			
				tes/Political Committees	1.15			d Party Expenditures		
				dd	1	Remove	1			
4. Payee Inform			_	Coordinated Committee Na	_	, , , , , , , , , , , , , , , , , , , 	d. Co	mments		
a. Full Name, Mailir	-		D.	Coordinated Committee 142	21111		<u>u. c.</u>	Marcus		
(include city, state, &	& zip)	· · · · · · · · · · · · · · · · · · ·								
PayPal				- 15						
800-221-1161			C.	Level Registered (Specify)				1		
			L	Federal		County:				
			<u> </u>	State 🔀	1	Municipality:	e. Ele	ection Sum to Date		
						1	\$ 2	249.12		
			L_,							
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	<u> </u>	. Amount		quired Remarks		
	Wine Trees	С		2 dates	۱,	\$159.93	Tran	saction		
one	Wire Trans	· · · · · · · · · · · · · · · · · · ·		z unies	Τ,	Ψ157.25	Fees	<u> </u>		
				-	١,	s				
]					Τ,	Ψ				
4. Payee Information Add Remove										
		e	d. Co	mments						
a. Full Name, Mailing Address & Phone										
(include city, state, & zip) US Postal Service										
125 S. Estes Dr.			F.	Level Registered (Specify)						
ì			F	Federal		County:				
Chapel Hill, NC	2/314		ᅡ	☐ State 🔯		Municipality:	e. Ele	ection Sum to Date		
800-275-8777		ividinospanty.								
\$ 71.49										
f. Account Code	g. Form of Payment	h. Purpose Code	L.,	i. Date (mm/dd/yyyy)	T	j. Amount	k. Re	equired Remarks		
L Account Code	g. Form of Fayment	At a di pose coue		ii Date (minota 3333)	Ť	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Post			
one	Debit Card	K		10/27/2023	- ;	\$5.49	1 05.	5		
					+					
	i					\$				
			_	.dd 🔲	٠	Remove	<u> </u>			
4. Payee Inform		<u> </u> Z	_				4.0	omments		
a. Full Name, Maili	ng Address & Phone		D	Coordinated Committee N	чан	ic	u. C	uniments		
(include city, state,			-							
Julie McClintoc			<u> </u> _				ł			
225 Appletree I			LC.	Level Registered (Specify)			ļ			
Chapel Hill,NC	27517		<u>L</u>	Federal		County:				
919 259-0036			Ш	State 🖂		Municipality:	e. Ei	ection Sum to Date		
			1				\$	1129.01		
					1	···				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	1	j. Amount		equired Remarks		
	C11-1001	D O		9/30/2023	1	\$2753.80		nting, post-		
one	Check 1081	B, O		9/30/2023		Ψ2133.00	elec	tion party		
						\$				
		_					<u> </u>			
5. Total only th	is Page						\$	2919.22		
	CRO-1310 Pages							•		
(This line goes in	om: P									
(This line goes in	line 13b of Detailed Sur	nmary Page CRO-110	0 if	Contrib to Candidates/Politi	ical	l Comm)	\$	J 7,4 01.00		
(This line goes in	line 13c of Detailed Sur	nmary Page CRO-110	- 0 if	Coordinated Party Expendit	ture	es)				
	es (List detailed ex						N.			
A & B.F. Dia	B* - Printing	C* - Fun				D - To Anoth				
E - Salaries	F* - Equipment					H* - Holding	Publ	ic Office Expenses		
I - Postage	J - Penalties	K* - Off				Q* - Donatio	n to L	egal Expense Fund		
O* - Other										
* Codes requir	e detailed explanat	ion in required r	em	arks field (k)			17			

Disburseme	ents report expenditures i	from the committe	ee f		Pg nses. o	<u>6</u> contribution	of <u>7</u> s to ca	ndidate	Amendment Yes e/political		1	No	
	coordinated party ex												
	ıll Name (and Func							<u>`</u>	2. ID Numb				
	lership Political Act								STA-135/	M3-C-0	001		
3. Type of Disbu				-1310 forms for ea		pe of Disbu			n . n . 14				
Operating Ex				ates/Political Committe	es	. Ll	Coor	dinated	Party Expendit	res			
4. Payee Inform				dd Coordinated Commit	tee No	Remove		d. Comments					
=	ng Address & Phone		υ.	Coordinated Commis	itee iva	me		u. Comments					
(include city, state, & PMSI	& zip)												
PO Box 91565			c.	Level Registered (Spe	cify)								
Raleigh, NC 276	575-1565		Federal County:										
919-354-8814			E	State	\boxtimes	Municipality	:	e. Elect	tion Sum to Da	te			
						\$ 11	520.52						
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyyy)	j. Amount		k. Requ	uired Remarks				
one	Check 1080	В		10/26/2023		\$4875.25		Print/l					
								Post C	ards	 			
						\$							
4. Payee Inform	ation	\boxtimes	A	dd		Remove		j.					
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Commi	ttee Na	me		d. Com	ments				
(include city, state, & zip)													
Title Fight, LLC												1	
900 Keosaugua	•		<u>c.</u>	Level Registered (Spe Federal	city)	County:						i	
Des Moines, IA 646-872-9355	50309		╏╠	Federal	X	Municipality		e Eleci	tion Sum to Da	te			
040-8/2-9333			-	Jame		141dinoipanty	-		00				
			L			I							
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy	")	j. Amount			nired Remarks				
one	Wire Trans.	Α		10/23/2023		\$2025.00		Ads	l Media				
one	Wire Trans	A		10/30/2023		\$5025.00		Social Media Ads					
4. Payee Inform	ation	\boxtimes		dd		Remove		ij.					
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Commi	ttee Na	me		d. Con	ments				
(include city, state,			-										
Title Fight, LLC			<u> </u>	7 10 1. 10	•••								
900 Keosaugua	• •		<u>c.</u>	Level Registered (Special Federal	ecity)	County:							
Des Moines, IA	50309			Federal	\square	Municipality	,.	e Elec	tion Sum to Da	ite		\dashv	
646-872-9355			ľ	State	<u> </u>	14tunospans	•		050.00				
f. Account Code	g. Form of Payment	h. Purpose Code	<u> </u>	i. Date (mm/dd/yyy)	······································	j. Amount		k. Req	uired Remark				
				11/02/2023	· ·	\$3025.00		Socia	l Mediat				
one	Wire Trans.	Α		11/02/2023		<u> </u>		Ads					
						\$							
5. Total only th	is Page							\$	14950.25				
	CRO-1310 Pages												
				if Operating Expenses)					\$ 39,461.88				
	line 13b of Detailed Sun												
	line 13c of Detailed Sun		_		снини	, car		ii .					
14 37 1	es (List detailed ex B* - Printing	C* - Fun				D - To	Anothe	r Candi	idate				
E - Salaries I - Postage	F* - Equipment J - Penalties		cal :	Party		H* - H	olding	Public	Office Exper gal Expense l				

O* - Other

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

•									Amendment				
Disburseme				Pg		7 of			Yes	$oxed{oxed}$	No		
			ee i	for; operating expenses	5, (contributions 1	to ca	indidat	e/political				
	coordinated party ex					<u></u>							
1. Committee Fi	ull Name (and Fun	d if applicable)		· · · · · · · · · · · · · · · · · · ·					2. ID Number				
Chapel Hill Lead	dership Political Act	ion Committee							STA-135AF	[3-C-00)1		
3. Type of Disbu	irsement <i>(Plea</i>			1-1310 forms for each	ty	pe of Disburs			·····				
Operating Ex	kpenses		ndid	ates/Political Committees	_		Coo	rdinated	Party Expenditures	<u> </u>			
4. Payee Inform	ation	$oxed{\boxtimes}$.dd 🔲		Remove		_					
a. Full Name, Maili	ng Address & Phone		b	Coordinated Committee N	Na	me		d. Com	ments				
(include city, state,			1										
The Daily Tar H			_										
109 E. Franklin			C	Level Registered (Specify)	<u>) </u>	~							
Chapel Hill, NC	27514		ļ	_ Federal		County:			C 4- T)-4-				
919-962-1163			上	State 🔀		Municipality:		e. Elect	tion Sum to Date				
			l					\$ 0.	00				
	- T	h. Purpose Code	<u> </u>	i Data (mm/dd/mmm)	_	j. Amount		l Dec	uired Remarks				
f. Account Code	g. Form of Payment	n. r ur pose Code		i. Date (mm/dd/yyyy)		1. Amount		News					
one	Check 1082	A		12/05/2023		\$640.00			rtising				
						-		110101	tising		· · · · · ·		
						\$							
4. Payee Inform	eation		_	.dd	_	Remove		i	· · · · · · · · · · · · · · · · · · ·				
	ng Address & Phone			Coordinated Committee I	Na			d. Com	ıments	· •• • • • • • • • • • • • • • • • • •			
(include city, state,	-		广										
Zack Czajkowsł			1										
610 W Main St			C	Level Registered (Specify))								
Durhan, NC 27	-		I	Federal		County:							
919-636-1911				State		Municipality:		e. Elec	tion Sum to Date				
			Г					\$ 0.	00				
\$ 0.00													
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Req	uired Remarks				
	Charle 1092	0		12/18/2023		\$1000.00	!	Camp	aign				
one	Check 1083	0		12/10/2023		\$1000.00		Const	ıltant	·· · · · · · · · · · · · · · · · · · ·			
						s							
		<u> </u>	_			<u>L.</u>		<u> </u>					
4. Payee Inform	ation			Add		Remove		<u>i</u>					
a. Full Name, Maili	ng Address & Phone		L	. Coordinated Committee	N.	ame		d. Comments					
(include city, state,	& zip)		4										
			<u> </u>										
			يا د	Level Registered (Specify	<u>')</u>								
			וַן	Federal [County:			42 C 4- D-4-				
			Ц	State	_	Municipality:		e. Elec	tion Sum to Date				
								\$					
£ 1001 Cl- 2-	a Form of D	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k Ren	uired Remarks				
f. Account Code	g. Form of Payment	n. r ar pase code		I. Date (mm/dwyyy)		J. Amount		R. Req	unco remarks				
		1				\$							
			_		_								
						\$							
5. Total only th	is Page	I				_	٠	\$	1640.00		_		
	CRO-1310 Pages				_			i	· · · · · · · · · · · · · · · · · · ·				
	line 13a of Detailed Sur	nmary Page CRO-110	00 i	Operating Expenses)				6	20 461 00				
				Contrib to Candidates/Poli	itic	cal Comm)		\$	39,461.88				
				Coordinated Party Expend				<u> </u>					
	es (List detailed ex							1					
A* - Media	B* - Printing	C* - Fun	dra	ising		D - To At							
E - Salaries	F* - Equipment								Office Expense				
I - Postage	J - Penalties	K* - Off	ice	Expenses		Q* - Don	atio	n to Le	gal Expense Fu	10			
O* - Other	e detailed explanat	ion in required :	'ATT	arks field (k)									
Codes requir	e uetaneu expianat	ion in required i	сщ	arva nein (v)				r.					

Use this form to report non-monetary contu- Use CRO-1215 if In-Kind Contributions w					e com	nittee or fund.		
1. Committee Full Name (and Fund if ap					2. ID Number			
Chapel Hill Leadership Political Action C CHL-PAC	· · · · · · · · · · · · · · · · · · ·		*****			STA-135AH3-C-001		
3. Contributor Information	Add	П	Remove		i			
a. Full Name, Mailing Address & Phone			b. Type of C	Contributor	c. Con	iments		
(include city, state, & zip)			Indi	vidual				
Julie McClintock				didate				
225 Appletree Lane			Party	y				
Chapel Hill, NC 27517			PAC	;				
919-259-0036			Refe	rendum	d. Elec	ction Sum to Date		
			Othe	er Receipt Source	\$	0.00		
e. Description				f. Date (mm/dd/yy)	yy)	g. Fair Market Amount		
Payment to update CHALT website to Car	y White, 111			09/15/2023	2	\$ 200.00		
Rock Spring Ct., Carrboro, NC 27510				09/13/202.		\$ 200.00		
Payment to Town of Chapel for reservation	n for an			09/24/2023	3	\$ 35.00		
event at Umstead Park				05,21,202.				
						\$		
3. Contributor Information	Add		Remove		į.			
a. Full Name, Mailing Address & Phone			b. Type of C		c. Con	iments		
(include city, state, & zip)			-1 '='	vidual				
			1 😑	didate				
			Party					
			PAC					
			1 ==	erendum	d. Ele	ction Sum to Date		
			Othe	er Receipt Source	\$			
e. Description				f. Date (mm/dd/yy	yy)	g. Fair Market Amount		
						\$		
						\$		
						\$		
3. Contributor Information	Add	<u>П</u>	Remove	<u> </u>				
a. Full Name, Mailing Address & Phone			b. Type of C	Contributor	c. Con	nments		
(include city, state, & zip)			Indi	vidual				
			Can	didate	1	. 		
			Part	y				
			PAC	;	<u> </u>			
			1 😅	rendum	d. Ele	ction Sum to Date		
			Othe	er Receipt Source	\$			
e. Description			1	f. Date (mm/dd/yy	<u>'</u> yy)	g. Fair Market Amount		
					- · · - · ·	\$		
			,			\$		
						\$		
4. Total only this Page				<u> </u>	\$	235.00		
5. Total of ALL CRO-1510 Pages	······································				Ì			
(This line must be on line 17 of Detailed Summar	y Page CRO-1100))			\$	235.00		

Pg

of

In-Kind Contributions

Amendment

Yes

 \boxtimes

Νo