## IN-PERSON

APR 1 3 2012

Amendn	nent
Yes	X No

# Statement of Organization - Independen CERHANITED Political Committee Use this form to create a new or update an existing Independent Expenditure Political committee.

	accompanied by form CRO-3	350 <b>0</b> .			
l. Committee Info	mation 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ti ti di di ese			
a. Full Name					c. ID Number
	am Partnership \$-	Progress			
	clude City, State and Zip Code)				d. Date Organized
9222 N.C.	HIGHWAY 751				11 A?ZIL ZOIZ
DURHAM,	NC 27713			ļ	e. Phone Number
				٠	(914) 256-3770
2=TreasurerInfor	mation		4. Custodian of Bo	ooks Inform	
a. Full Name			a. Full Name	B6. 100.343	Zarbite Miller Miller of America
RHONDA H	ALL SISK		RHOWDA.	HALL SK	۶ <b>୯</b>
	lude City, State, and Zip Code)		b. Mailing Address (in		
	HARWAY 751		4555 A.C. H	THEHWAY 75	<u> </u>
DURHAM,			Danse,		
c. Phone Number	d. Email Address		c. Phone Number	d. Email Addr	ress
(919)256-3770	champrogress ogue	ail.com	(919)256-3770	ductions	progress @ geneils com
5. Assistant Treasu					CRO-3500     Add
a. Full Name		Remove	a. Financial Institution	ı Full Name	Remove
TYCER BINA	US MORRIS	ļ	BBET		
	lude City, State, and Zip Code)	,	b. Purpose		
Alo N. Bohr		l l	454		
RACEIGH, N	15 77603		ALC INA	W\$ACTIONS	<b>5</b>
c. Phone Number	d. Email Address		c. Account Code	d. Type	
(914) 256-3770			1	CHECK	KING
CERTIFICATION		-			
Chapter 163 of the I further certify that is registered with the defined by N.C. Goontributions to case the forth in subsect of Chapter 163 of adhere to this certification of the certification of th	committee or Fund is in compete NC General Statutes and that this report is complete, truthe North Carolina State Boaten. Stat. 163-278.6(6), directed and the North Carolina Committee tions (a) and (b) of N.C. General State North Carolina General State in the North Carolina General	hat no funds and ue and correct and of Election of Ele	re commingled with and that I certify the and that I certify the sand does not and tly, to a candidate or is certification are not also certification are not able to political committee to the North Carolina Stee.	n prohibited on the above it will not make or a political control subject to the by all other the determines that Board of the board of	or other non-disclosed funds. named political committee the any contributions as committee that makes the contribution limitations reprovisions of Article 22A that it no longer wishes to Elections before any further
Printed	d Name of Signer	Signa	nture of NC Assistant Tre	:asuret	Date

DURHAM BO.

=	5	,
4	-	-
_	Ť	7
_	Ť	í
Ţ	÷	-
-	٠.	2
(	J	J
- (		3

Independent Expenditure Report Cover

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

a. Full Name of Eatity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Number (if applicable)
The Durham Partnership to Proggas 1	Individual Other Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number	☐ Nonprofit Organization	f. Date Filed
922 N.C. HIGHWAY 757		4/11/2012
DuaHAM, NC 27713	g. Employer's Name or Principal Place of Business	Place of Business h. Occupation
c. Report Type		
Quarterly:	☐ Third ☐ Fourth ☐ Other (Specify)	baddarah
2. Report Year 3. Period Start Date (mm/dd/yyyy)	4. Period End Date (m	d Date (mm/dd/yyyy)
2012 04/11/2012	ر/ 40	04/13/2012
5. Custodian of Books		
RHOWAR HALL SIKK		
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business	Place of Business
SZZZ N.C. HIGHWAY 751		
PURHAM, NC 77713	d. Occupation	
6. Total Donations ALL Pages (CRO=2108)		\$ 2600 =
7. Total Disbursements ALL Pages (080-20100)		\$ 2500
CERTIFICATION		
I certify that this statement is complete, true and correct.		
Rhonela Hall Sick Printed Name of Signer	Hunda Hall Sinh	1/13/12 Date

Donations for Independent Expenditures

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report BURHAM BO the donation was made to further the reported independent expenditure or contributions

March 2012		of Elections	NC State Board of Elections	2210B	CRO-2210B
\$ 2600 94		The second secon	(sum all the 'le' entries on all receipt pages)	3. Total Donations ALL Pages	3. To
\$ 2600 ≃		The state of the s	(sum all the 'le' entries on this page)	2. Total Donations THIS Page	2. To
- <del>\$</del>					
<b>.</b>					
<del>⇔</del>					
<del>\$</del>	•				_
\$ 100	04/12/2012	REAL ESTATE YEVELOOMENT	Develorment, lec 751	Southern Development 9222 NC HIGHWAY 751 Durham NC 27713	2
\$ 2500 &	7 201 2	REAC ESTATIE	SWTHERN DURHMAY 751 (JN KIND) DURHAM, NC 27713	Switter Distan Di 9222 NC HIGHWAY 751 Duarram, NC 27713	4
e. Amount	d. Date (mm/dd/yyyy)	c. Principal Occupation of Donor	one Number	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	a. Item Num
puls	CONTROL CONTRO			1.Donation Information	1.Do

# IN-PERSON

# Disbursements for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also DURHAM BOE be used to report expenses of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

ŕ	)	•
	Page	
	_	
	of.	

S 2500 P		(sum all the 'If entries on this page)		nents THIS Page	2. Total Disbursements THIS Page
☐ Municipality	Oppose				
State County	□ Support				
Date Level					Referendum Name
County/District:		Other Office	Oppose *		
Co/Municipal Office Co.	District:	☐ House ☐ Senate	Support		
		Office Sought	Amount		Candidate Full Name
ounty/District:		Other Office:	Oppose *		
Co./Municipal Office Co.	District:	☐ House ☐ Senate	Support		
		Office Sought	Amount		Candidate Full Name
€9					
Address of the second of the s		the state of the s	d zip) & Phone Number	ress (include city, state, an	e Full Name, Mailing Address (include city, state, and zip) & Phone Number
Angel Comment					
	d. Purpose (includin	c. Communication Start Date		b. Disbursement Date (mm/dd/yyyy)	a. Item Number
State	Support Oppose				
Date Level					Referendum Name
ounty/District:		Other Office:	Oppose *		NA
Co./Municipal Office Co.	District:	☐ House ☐ Senate	□ Support		
The state of the s		Office Sought	Amount		Candidate Full Name
nuntv/District:		e [	Oppose		N/A
X Co Municipal Office Day was	District:	☐ House ☐ Senate	Support	3.5	
				+, wc 27604	₹4cē161+
\$ 2500			\T . \C	2912 HIGHWOODS BLUD	2912 His
3		(919) 744-6312	(919) 71	יוכא שירווחני	Purce Pouch
L Amount To the second			d zip) & Phone Number	ress (include city, state, an	e. Full Name, Mailing Address (include city, state, and zip) & Phone Number
	25.4	04/02/2012	12012	04/05/20	4
ng title(s) of communication(s))	d. Purpose (includin	c. Communication Start Date	, constitution of	b. Disbursement Date (min/dd/yyyy)	a. Item Number
		The second secon	The state of the s	nformation	1. Disbursement Information
CALL CONTROL OF THE CASE OF TH				F	