

IN-PERSON

APR 13 2012

Amendment

☐ Yes☒ No

Statement of Organization - Independent DURHAM BOE Political Committee

Use this form to create a new or update an existing Independent Expenditure Political committee.

This form must be accompanied by form CRO-3500.

1. Committee Information			
a. Full Name		c. ID Number	
The Durham Partnership for Progress			
b. Mailing Address (include City, State and Zip Code)		d. Date Organized	
9222 N.C. HIGHWAY 751 DURHAM, NC 27713		11 APRIL 2012	
		e. Phone Number	
		(919) 256-3770	
2. Treasurer Information		4. Custodian of Books Information	
a. Full Name		a. Full Name	
RHONDA HALL SISK		RHONDA HALL SISK	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
9222 N.C. HIGHWAY 751 DURHAM, NC 27713		9222 N.C. HIGHWAY 751 DURHAM, NC 27713	
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
(919) 256-3770	durhamprogress@gmail.com	(919) 256-3770	durhamprogress@gmail.com
5. Assistant Treasurer Information		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
TYLER BINNS MORRIS		B3BT	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
410 N. BOYLAN AVENUE RALEIGH, NC 27603		ALL TRANSACTIONS	
c. Phone Number	d. Email Address	c. Account Code	d. Type
(919) 256-3770		1	CHECKING
CERTIFICATION			
<p>I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I certify that the above named political committee is registered with the North Carolina State Board of Elections and does not and will not make any contributions as defined by N.C. Gen. Stat. 163-278.6(6), directly or indirectly, to a candidate or a political committee that makes contributions to candidates. Political committees signing this certification are not subject to the contribution limitations set forth in subsections (a) and (b) of N.C. Gen. Stat. 163-278.13 but must abide by all other provisions of Article 22A of Chapter 163 of the North Carolina General Statutes. If the political committee determines that it no longer wishes to adhere to this certification, then it must immediately notify the North Carolina State Board of Elections before any further deposits or expenditures are made by the political committee.</p> <p>If Treasurer is outside of NC, both the Treasurer and NC Assistant Treasurer must sign Certification.</p>			
RHONDA HALL SISK		Rhonda Hall Sisk	
Printed Name of Signer		Signature of Appointed Treasurer	
Printed Name of Signer		Signature of NC Assistant Treasurer	
		4/13/12	
		Date	
		Date	

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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).

Amendment
☐ Yes ☒ No

DURHAM BC

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement		d. Entity Type (Check One)	
The Durham Public Library for Progress		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		e. Federal ID Number (if applicable)	
9222 N.C. HIGHWAY 751 DURHAM, NC 27713			
c. Report Type		f. Date Filed	
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> 48 Hour <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> First <input type="checkbox"/> Mid Year <input type="checkbox"/> Second <input type="checkbox"/> Year End <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Other (Specify)		4/11/2012	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2012	04/11/2012	04/13/2012	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts			
RHONDA HALL SICK			
b. Mailing Address (include City, State and Zip Code) and Phone Number		c. Employer's Name or Principal Place of Business	
9222 N.C. HIGHWAY 751 DURHAM, NC 27713			
		d. Occupation	
6. Total Donations ALL Pages (CRO-2210B)		\$ 2600	
7. Total Disbursements ALL Pages (CRO-2210C)		\$ 2500	
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Printed Name of Signer		Signature	
Rhonda Hall Sick		Rhonda Hall Sick	
		4/13/12	
		Date	

CRO-2210A

NC State Board of Elections

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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. **DURHAM BC** the donation was made to further the reported independent expenditure or contributions

1. Donation Information

a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
1	SOUTHERN DURHAM DEVELOPMENT, LLC 9222 NC HIGHWAY 751 (IN KIND) DURHAM, NC 27713	REAL ESTATE DEVELOPMENT	04/05/2012	\$ 2500 ⁰⁰
2	SOUTHERN DURHAM DEVELOPMENT, LLC 9222 NC HIGHWAY 751 DURHAM, NC 27713	REAL ESTATE DEVELOPMENT	04/05/2012 04/12/2012	\$ 100 ⁰⁰
				\$
				\$
				\$
				\$
				\$
				\$

2. Total Donations THIS Page (sum all the '1e' entries on this page)

\$ 2600 ⁰⁰

3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)

\$ 2600 ⁰⁰

CRO-2210B

NC State Board of Elections

March 2012

