


# Independent Expenditure Report Cover

Amendment  
☐ Yes ☒ No

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).

<b>1. Reporting Entity Information</b>		
a. Full Name of Entity Making Disbursement <b>THE DURHAM PARTNERSHIP FOR PROMOTERS</b>	d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) 
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>9222 NC HIGHWAY 751 DURHAM, NC 27713</b>	f. Date Filed <b>7/9/2012</b>	
c. Report Type <input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		
2. Report Year <b>2012</b>	3. Period Start Date (mm/dd/yyyy) <b>4/22/2012</b>	4. Period End Date (mm/dd/yyyy) <b>6/30/2012</b>
<b>5. Custodian of Books</b>		
a. Full Name of Entity's Custodian of Books and Accounts <b>RHONDA HALL SISK</b>		
b. Mailing Address (include City, State and Zip Code) and Phone Number <b>9222 NC HIGHWAY 751 DURHAM, NC 27713</b>		c. Employer's Name or Principal Place of Business 
		d. Occupation 
6. Total Donations ALL Pages		\$ <b>0.00</b>
7. Total Expenditures ALL Pages		\$ <b>0.00</b>
<b>CERTIFICATION</b>		
I certify that this statement is complete, true and correct.		
<b>TYLER B. MORRIS</b> Printed Name of Signer		 Signature
		<b>7/10/2012</b> Date

MAIL  
 JUL 11 2012  
 DURHAM BOE

## Donations for Independent Expenditures

Page 1 of 1

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 if 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
	NONE			\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 0.00
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$

# Incurred Costs for Independent Expenditures

Page 1 of 1

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

be used to report incurred costs 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

## 1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
NONE			\$
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office County/District	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office County/District	
Referendum Name	Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
			\$
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office County/District	
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: <input type="checkbox"/> Co./Municipal Office Co. <input type="checkbox"/> Other Office County/District	
Referendum Name	Date	Level	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality	

## 2. Total Expenditures THIS Page

(sum all the '1's' entries on this page)

\$ 0.00

## 3. Total Expenditures ALL Pages

(sum all the '1's' entries on all expenditure pages)

\$ 0.00