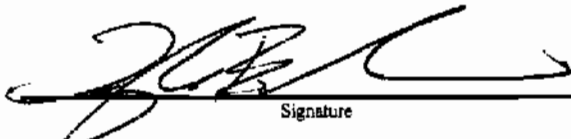


# Independent Expenditure Report Cover

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 PROGRESS</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>10/22/2012</b>	
c. Report Type <input type="checkbox"/> Initial      Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" 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) _____		g. Employer's Name or Principal Place of Business	
		h. Occupation	
<b>2. Report Year</b> <b>2012</b>			
<b>3. Period Start Date (mm/dd/yyyy)</b> <b>7/1/2012</b>		<b>4. Period End Date (mm/dd/yyyy)</b> <b>10/20/2012</b>	
<b>5. Custodian of Books</b>			
a. Full Name of Entity's Custodian of Books and Accounts <b>RHONDA HALL SSK</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	
<b>6. Total Donations ALL Pages</b>		\$ 0 <sup>00</sup>	
<b>7. Total Expenditures ALL Pages</b>		\$ 0 <sup>00</sup>	
<b>CERTIFICATION</b>			
I certify that this statement is complete, true and correct.			
<b>TYLER B. MORRIS</b> Printed Name of Signer		 Signature	
		<b>10/20/2012</b> Date	

## 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			\$
				\$
				\$
				\$
				\$
				\$
<b>2. Total Donations THIS Page</b> (sum all the 'e' entries on this page)				\$ 0 =
<b>3. Total Donations ALL Pages</b> (sum all the 'e' 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

<b>2. Total Expenditures THIS Page</b>	(sum all the 'f' entries on this page)	\$ 0.00
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<b>3. Total Expenditures ALL Pages</b>	(sum all the 'f' entries on all expenditure pages)	\$ 0.00
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