



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

IN-PERSON

JAN 03 2011

DURHAM BOE

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
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Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

FILED BY:

Committee Name: THE DURHAM PARTNERSHIP FOR PROGRESS

Treasurer Name: RHONDA HALL SICK

Treasurer Address: 9222 NC HIGHWAY 751

(include city, state, & zip) DURHAM, NC 27713

Treasurer Phone: (919) 405-3884

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1/3/11
Date Signed

Rhonda Sick
Signature

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

PERSON

Incurred Costs 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 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.

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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 1f entries on this page)			\$ 0 ⁰⁰
3. Total Expenditures ALL Pages (sum all the 1f entries on all expenditure pages)			\$ 0 ⁰⁰

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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).

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Number (if applicable)
THE DURHAM PARTNERSHIP 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	f. Date Filed	
9222 NC HIGHWAY 751 DURHAM, NC 27713		
g. Employer's Name or Principal Place of Business		h. Occupation
2. Report Type		
<input type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input checked="" 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) <u>AND FINAL</u>		
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2012	10/21/2012	12/31/2012
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
RHONDA HALL SISK		
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business	
9222 NC HIGHWAY 751 DURHAM, NC 27713		
		d. Occupation
6. Total Donations All Pages		\$ 0 ⁰⁰
7. Total Expenditures All Pages		\$ 0 ⁰⁰
CERTIFICATION		
I certify that this statement is complete, true and correct.		
<u>Rhonda Sisk</u>	<u>Rhonda Sisk</u>	<u>1/3/13</u>
Printed Name of Signer	Signature	Date

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Page 1 of 1**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 if the donation was made to further the reported independent expenditure or contributions

DUNHAM BOE

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 18 entries on this page)				\$ 0 ⁰⁰
3. Total Donations ALL Pages (sum all the 18 entries on all pages)				\$ 0 ⁰⁰