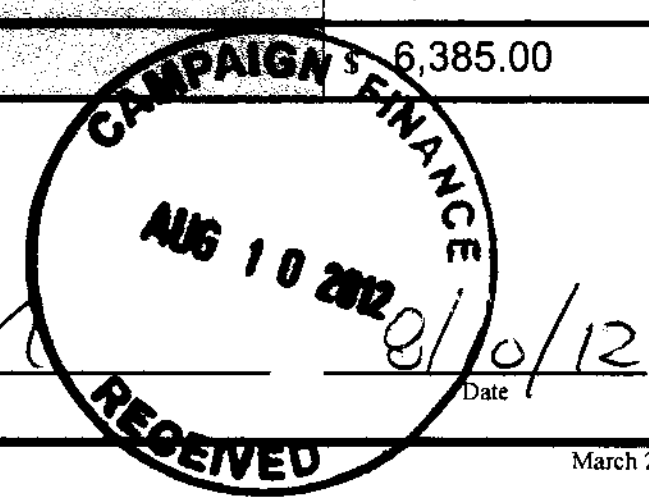


# Independent Expenditure Report Cover

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).

1. Reporting Entity Information		
a. Full Name of Entity Making Disbursement	d. Entity Type (Check One)	e. Federal ID Number (if applicable)
A True Direction Committee	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	45-5511915
b. Mailing Address (include City, State and Zip Code) and Phone Number		f. Date Filed
P.O. Box 12363 Raleigh, NC 27605		8/10/12
	g. Employer's Name or Principal Place of Business	h. Occupation
c. Report Type		
<input type="checkbox"/> Initial      Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth    30 Day <input type="checkbox"/> 48 Hour      Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify)		
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2012	7/1/12	8/15/12
5. Custodian of Books		
a. Full Name of Entity's Custodian of Books and Accounts		
Daniel Spuller		
b. Mailing Address (include City, State and Zip Code) and Phone Number	c. Employer's Name or Principal Place of Business	
P.O. Box 12363 Raleigh, NC 27605	Treasurer	
	d. Occupation	
6. Total Donations ALL Pages		\$ 1,020.00
7. Total Expenditures ALL Pages		\$ 6,385.00
CERTIFICATION		
I certify that this statement is complete, true and correct.		
<u>Daniel Spuller</u> Printed Name of Signer	<u>[Signature]</u> Signature	<u>8/10/12</u> Date



8/1/12

# 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

<b>1. Donation Information</b>				
<b>a. Item Num</b>	<b>b. Full Name, Mailing Address &amp; Phone Number (include city, state, and zip)</b>	<b>c. Principal Occupation of Donor</b>	<b>d. Date (mm/dd/yyyy)</b>	<b>e. Amount</b>
	WRAL-TV 2619 Western Blvd. Raleigh, NC 27606	Media	8/6/2012	\$ 1,020 (Reimbursement)
				\$
				\$
				\$
				\$
				\$
<b>2. Total Donations THIS Page</b> <i>(sum all the '1e' entries on this page)</i>				\$ 1,020
<b>3. Total Donations ALL Pages</b> <i>(sum all the '1e' entries on all receipt pages)</i>				\$ 1,020

# 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.

1. Expenditure Information					
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))		
	7/9/12	7/12/12	Message and Media		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
WRAL-TV 2619 Western Blvd. Raleigh, NC 27606					\$ 1,020.00
Candidate Full Name		Amount	Office Sought		
Tony Gurley		\$ 1,020.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: Lieutenant Governor County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<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"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <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))		
	7/9/12	7/12/12	Message and Media		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
The ITB Capital Group 4030 Wake Forest Rd. Suite 349 Raleigh, NC 27609					\$ 1,000.00
Candidate Full Name		Amount	Office Sought		
Tony Gurley		\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: Lieutenant Governor County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<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"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
<b>2. Total Expenditures THIS Page</b>					<b>\$ 2,020.00</b>
<b>3. Total Expenditures ALL Pages</b>					<b>\$ 6385.00</b>

# 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.

## 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
	7/11/12	7/12/12	Message and Media	North Carolina Community Newspapers 363 Church Street North, Suite 140 Concord, NC 28025	\$ 795.00
Candidate Full Name					
Tony Gurley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ 795.00 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Other Office: Lieutenant Governor County/District: _____	Amount \$ 795.00
Candidate Full Name					
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Other Office: _____ County/District: _____	Amount \$ _____
Referendum Name					
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Other Office: _____ County/District: _____	Amount \$ _____
Candidate Full Name					
Tony Gurley			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ 900.00 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Other Office: Lieutenant Governor County/District: _____	Amount \$ 900.00
Candidate Full Name					
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Other Office: _____ County/District: _____	Amount \$ _____
Referendum Name					
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount \$ _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Other Office: _____ County/District: _____	Amount \$ _____

**2. Total Expenditures THIS Page** (sum all the '1's' entries on this page) \$ 1695.00

**3. Total Expenditures ALL Pages** (sum all the '1's' entries on all expenditure pages) \$ 6385.00

# Incurring 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.

## 1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
	7/23/12	7/16/12	Message and Media	
<p>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</p> <p>American Technology Consulting (866) 370-0994 Washington, DC</p>				
Candidate Full Name				
Tony Gurley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 556.23
Candidate Full Name				
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$
Referendum Name				
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
	7/22/12	7/17/12	Message and Media	
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
Must Media P.O. Box 36701 Charlotte, NC 28236				
Candidate Full Name				
Tony Gurley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	\$ 516.50
Candidate Full Name				
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$
Referendum Name				
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$

## 2. Total Expenditures THIS Page

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

\$ 1,072.73

## 3. Total Expenditures ALL Pages

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

\$ 6,385.00

# Incurring 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.

## 1. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	f. Amount
	7/17/12	N/A	Bank Fee	
<b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b> North State Bank 230 Fayetteville St. Raleigh, NC 27601				
<b>Candidate Full Name</b> Amount				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	Co. _____ County/District: _____
<b>Candidate Full Name</b> Amount				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	Co. _____ County/District: _____
<b>Referendum Name</b> Date Level				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County
<b>a. Item Number</b> <b>b. Incurred Date (mm/dd/yyyy)</b> <b>c. Communication Start Date</b> <b>d. Purpose (including title(s) of communication(s))</b>				
	8/6/12	N/A	Consulting	
<b>e. Full Name, Mailing Address (include city, state, and zip) &amp; Phone Number</b> The ITB Capital Group 4030 Wake Forest Rd., Suite 349 Raleigh, NC 27609				
<b>Candidate Full Name</b> Amount				
Tony Gurley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Office Sought <input type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: Lieutenant Governor	Co. _____ County/District: _____
<b>Candidate Full Name</b> Amount				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____	Co. _____ County/District: _____
<b>Referendum Name</b> Date Level				
		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County

**2. Total Expenditures THIS Page** (sum all the '1f' entries on this page) \$ 1,597.27

**3. Total Expenditures ALL Pages** (sum all the '1f' entries on all expenditure pages) \$ 6385.22