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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

THE Trust Squad

ADDRESS (number and street) PO Box 399

Check if different than previously reported. (ACC) MASS NC 28394

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

00491167

3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on in the State of NC

5. Covering Period 11/01/2010 through 11/22/2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Beth Behn

Signature of Treasurer Date 03/21/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns and 1 row, labeled 'Office Use Only'.

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THE Truth Squad

Report Covering the Period: From:

11 01 2010

To:

11 22 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<i>145.85</i>	<i>145.85</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>145.85</i>	
(c) Total Receipts (from Line 19).....	<i>120,646.3</i>	<i>120,646.3</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<i>10,20.48</i>	<i>10,20.48</i>
7. Total Disbursements (from Line 31).....	<i>10,21.33</i>	<i>10,21.33</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<i>89.15</i>	<i>89.15</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

THE Truth Squad

Report Covering the Period: From:

11 01 2010

To:

11 22 2010

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

- 11. Contributions (other than loans) From:
 - (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶
 - (b) Political Party Committees.....
 - (c) Other Political Committees (such as PACs).....
 - (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶
- 12. Transfers From Affiliated/Other Party Committees.....
- 13. All Loans Received.....
- 14. Loan Repayments Received.....
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....
- 17. Other Federal Receipts (Dividends, Interest, etc.).....
- 18. Transfers from Non-Federal and Levin Funds
 - (a) Non-Federal Account (from Schedule H3).....
 - (b) Levin Funds (from Schedule H5).....
 - (c) Total Transfers (add 18(a) and 18(b))..
- 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶
- 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

10,064.63

10,064.63

10,064.63

10,064.63

10,064.63

10,064.63

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DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	10/2/33	10/2/33
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10/2/33	10/2/33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10/2/33	10/3/33

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**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

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**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE	OF
	(check only one)			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TAE TRUTH Squad

A. Full Name (Last, First, Middle Initial)
N.C. Howas Assoc

Mailing Address
PO Box 399

City
Vass State
NC Zip Code
28394

FEC ID number of contributing federal political committee.
C 00491167

Name of Employer
Corporation Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10,064.63

Date of Receipt
10 25 2010

Amount of Each Receipt this Period
10,064.63

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10,064.63

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE TRUTH Squad	FEC IDENTIFICATION NUMBER 000491167
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee Jampson Independent	Date 10 25 2011
Mailing Address 303 W. Elizabeth St	Amount 762.31
City Clinton	State NC
Zip Code 28328	
Purpose of Expenditure Newspaper Ad	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Etheridge	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2nd
Calendar Year-To-Date Per Election for Office Sought 2011	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Fayetteville Observer	Date 10 25 2011
Mailing Address PO Box 849	Amount 227.87
City Fayetteville	State NC
Zip Code 28302	
Purpose of Expenditure Newspaper Ad	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Etheridge	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2nd
Calendar Year-To-Date Per Election for Office Sought 2011	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	3537.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3571.8

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **[Signature]** Date **03 31 2011**

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE TRUTH SQUAD	FEC IDENTIFICATION NUMBER ▼ C00491167
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee Sanford Herald	Date 10 25 2010
Mailing Address PO Box 100	Amount 675.37 ✓
City Sanford State NC Zip Code 27331	
Purpose of Expenditure Newspaper Ad Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 2nd <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Etheridge	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2011	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Chatham News	Date 10 25 2010
Mailing Address PO Box 290	Amount 209.63 ✓
City Siler City State NC Zip Code 27344	
Purpose of Expenditure Newspaper Ad Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: NC <input type="checkbox"/> Senate District: 2nd <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Etheridge	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2011	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	885.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	885.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: *[Signature]* Date: **01 03 2011**

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>The Truck Squad</i>	FEC IDENTIFICATION NUMBER ▼ <i>C 00491167</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>Harnett County News</i>	Date <i>10 25 2010</i>
Mailing Address <i>PO Box 759</i>	Amount <i>848.160</i> ✓
City State Zip Code <i>Lillington NC 27546</i>	
Purpose of Expenditure <i>Newspaper Ad</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>NC</i> District: <i>2d</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Bob Etheridge</i>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>2011</i>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>THE News & Observer</i>	Date <i>10 25 2011</i>
Mailing Address <i>PO Box 191</i>	Amount <i>2399.50</i>
City State Zip Code <i>Raleigh NC 27602</i>	
Purpose of Expenditure <i>Newspaper Ad</i>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <i>NC</i> District: <i>2d</i>
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Bob Etheridge</i>	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <i>2011</i>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	<i>3248.10</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<i>3248.10</i>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *[Handwritten Signature]*

Date *01 03 2011*

11030583732

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ C00491167
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee Clayton News Star		Date 10 25 2010
Mailing Address PO Box 157		Amount 390.25
City Clayton	State NC	
Zip Code 27528		
Purpose of Expenditure Newspaper Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2nd
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Etheridge		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2011		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Foxe oaks - Banson News + Review		Date 10 25 2010
Mailing Address 113 S Market St		Amount 559.13
City Banson	State NC	
Zip Code 27504		
Purpose of Expenditure Newspaper Ad	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 2nd
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Etheridge		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2011		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	949.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	949.38

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: *[Signature]* Date: **01 03 2011**

1103058373

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>The Truth Squad</i>	FEC IDENTIFICATION NUMBER ▼ <i>C00491167</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>Dunn Daily Record</i>		Date <i>10 25 2010</i>
Mailing Address <i>PO Box 1448</i>		Amount <i>577.07</i>
City <i>Dunn</i>	State <i>NC</i>	
Zip Code <i>28335</i>		
Purpose of Expenditure <i>News paper Ad</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Bob Etheridge</i>		State: <i>NC</i> District: <i>2nd</i>
Calendar Year-To-Date Per Election for Office Sought <i>2011</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee <i>Rocky Mount Telegram</i>		Date <i>10 25 2010</i>
Mailing Address <i>PO Box 1080</i>		Amount <i>924.60</i>
City <i>Rocky Mount</i>	State <i>NC</i>	
Zip Code <i>27803</i>		
Purpose of Expenditure <i>Newspaper Ad</i>	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: <i>Bob Etheridge</i>		State: <i>NC</i> District: <i>2nd</i>
Calendar Year-To-Date Per Election for Office Sought <i>2011</i>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	<i>1501.67</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<i>1501.67</i>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: *[Signature]* Date: *01 03 2010*

11030583734

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *fed Ex* Shipping Date
3/21/11
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ll *3/22/11*
 PREPARER DATE PREPARED

11030583735