Amendment ☐ Yes ☒ 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: North Carolina Property Rights Fund, Inc.

b. Mailing Address (include City, State and Zip Code) and Phone Number: P.O. Box 4674, Greensboro NC 27404-4674, 336-294-1415

d. Entity Type (Check One): ☐ Individual ☐ Other Organization ☒ Nonprofit Organization

e. Federal ID Number (if applicable): 20-5345771

f. Date Filed: 10/12/2018

g. Employer's Name or Principal Place of Business: N/A

h. Occupation: N/A

c. Report Type: ☐ Initial ☐ 48 Hour Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth Semi-Annual: ☐ Mid Year ☐ Year End ☒ Other (Specify) Independent Expenditure Report

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)
2018	10/11/2018	10/12/2018

5. Custodian of Books

a. Full Name of Entity's Custodian of Books and Accounts: Bryan M. Jenkins

b. Mailing Address (include City, State and Zip Code) and Phone Number: 4511 Weybridge Lane, Greensboro NC 27407, 336-294-1415

c. Employer's Name or Principal Place of Business: N.C. Association of REALTOR's, Inc.

d. Occupation: CFO

6. Total Donations ALL Pages: $ $0

7. Total Expenditures ALL Pages: $ $11,500.00

CERTIFICATION

I certify that this statement is complete, true and correct.

RECEIVED OCT 15 2018 NHC Bd. of Elections

Bryan M. Jenkins (Printed Name of Signer) — Bryan M Jenkins (Signature) — 10/11/2018 (Date)

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

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
				$ Ø
				$
				$
				$
				$
				$

RECEIVED
OCT 15 2018
NHC Bd. of Elections

2. Total Donations THIS Page	*(sum all the '1e' entries on this page)*	$ Ø
3. Total Donations ALL Pages	*(sum all the '1e' entries on all receipt pages)*	$ Ø

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))
1	10/11/2018	10/15/2018	Radio Advertising

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount
Campaign Connections 3801 Lake Boone Trail, Ste 255 Raleigh NC 27607 919-834-8994	$ $11,500.00

Candidate Full Name		Amount	Office Sought
Skip Watkins	☒ Support ☐ Oppose	$ $11,500.00	☐ House ☐ Senate District:____ ☒ Co./Municipal Office Commissioner Co. New Hanover ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ 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
	$

RECEIVED
OCT 15 2018
NHC Bd. of Elections

Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____
Candidate Full Name		Amount	Office Sought
	☐ Support ☐ Oppose	$	☐ House ☐ Senate District:____ ☐ Co./Municipal Office_____ Co._____ ☐ Other Office:_____ County/District:_____

Referendum Name		Date	Level
	☐ Support ☐ Oppose		☐ State ☐ County ☐ Municipality

2. Total Expenditures THIS Page	*(sum all the '1f' entries on this page)*	$ $11,500.00
3. Total Expenditures ALL Pages	*(sum all the '1f' entries on all expenditure pages)*	$ $11,500.00