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OCT 23 2019

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).

New Hanover County  
Board of Elections

<b>1. Reporting Entity Information</b>		
a. Full Name of Entity Making Disbursement <i>North Carolina Property Rights Fund, Inc.</i>	d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) <i>20-5345771</i>
b. Mailing Address (Include City, State and Zip Code) and Phone Number <i>P.O. Box 4674 Greensboro NC 27404-4674 336-294-1415</i>	f. Date Filed <i>10/21/19</i>	
	g. Employer's Name or Principal Place of Business <i>N/A</i>	h. Occupation <i>N/A</i>
c. Report Type <input type="checkbox"/> Initial      Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input 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 checked="" type="checkbox"/> Other (Specify) <i>Independent Expenditure Report</i>		
2. Report Year <i>2019</i>	3. Period Start Date (mm/dd/yyyy) <i>10/15/2019</i>	4. Period End Date (mm/dd/yyyy) <i>10/20/2019</i>
<b>5. Custodian of Books</b>		
a. Full Name of Entity's Custodian of Books and Accounts <i>Bryan M. Jenkins</i>		
b. Mailing Address (Include City, State and Zip Code) and Phone Number <i>4511 Weybridge Lane Greensboro NC 27407 336-294-1415</i>	c. Employer's Name or Principal Place of Business <i>N.C. Association of REALTOR'S, Inc.</i>	
	d. Occupation <i>CFO</i>	
6. Total Donations ALL Pages		\$ <i>0</i>
7. Total Expenditures ALL Pages		\$ <i>#2,030.28</i>
<b>CERTIFICATION</b>		
I certify that this statement is complete, true and correct.		
<i>Bryan M. Jenkins</i> Printed Name of Signer	<i>Bryan M. Jenkins</i> Signature	<i>10/21/2019</i> 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
	N/A			\$ <del>5</del> 0
				\$
				\$
	RECEIVED OCT 23 2019 NHC Bd. of Elections			\$
				\$
				\$
<b>2. Total Donations THIS Page</b> (sum all the '1e' entries on this page)				\$ <del>5</del> 0
<b>3. Total Donations ALL Pages</b> (sum all the '1e' entries on all receipt pages)				\$ <del>5</del> 0

# 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	10/20/19	10/21/19	mailer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Sinclair Public Affairs, LLC 1101 Haynes Street, Ste 3 Raleigh, NC 27604 919-803-3700					\$ #2,030.28
Candidate Full Name		Amount	Office Sought		
LeAnn Pierce		\$2,030.28	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input checked="" type="checkbox"/> Other Office: <u>Town of Carolina Beach, Mayor</u> 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))		
			RECEIVED		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
OCT 23 2019 NHC Bd. of Elections					\$
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>					\$ #2,030.28
<i>(sum all the '1f' entries on this page)</i>					
<b>3. Total Expenditures ALL Pages</b>					\$ #2,030.28
<i>(sum all the '1f' entries on all expenditure pages)</i>					