

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)	
North Carolina Property Rights Fund, Inc.		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number		e. Federal ID Number (if applicable)	
P.O. Box 4674 Greensboro NC 27404-4674 336-294-1415		20-5345771	
		f. Date Filed	
		10/30/2019	
		g. Employer's Name or Principal Place of Business	h. Occupation
		N/A	N/A
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) <u>Independent Expenditure Report</u>			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2019	10/21/2019	10/29/2019	
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		c. Employer's Name or Principal Place of Business	
4511 Weybridge Lane Greensboro NC 27407 336-294-1415		N.C. Association of REALTOR'S, Inc.	
		d. Occupation	
		CFO	
6. Total Donations ALL Pages			\$ #0
7. Total Expenditures ALL Pages			\$ #2,030.28
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Bryan M Jenkins		Bryan M Jenkins	
Printed Name of Signer		Signature	
		10/30/19	
		Date	

CRO-2210A

NC State Board of Elections

RECEIVED March 2012

NOV 01 2019

New Hanover County
Board of Elections

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

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			\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 50
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 50

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))		
1	10/29/2019	10/30/2019	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))		
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					\$ #2,030.28
<i>(sum all the 'If' entries on this page)</i>					
3. Total Expenditures ALL Pages					\$ #2,030.28
<i>(sum all the 'If' entries on all expenditure pages)</i>					