

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

Table with columns: a. Item Number, b. Incurred Date, c. Communication Start Date, d. Purpose, e. Amount, f. Amount. Includes entries for Jonathon Barfield and Deb Hayes.

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2. Total Expenditures THIS Page (sum all the 'if' entries on this page)

3. Total Expenditures ALL Pages (sum all the 'if' entries on all expenditure pages)

Incurring Costs for Independent Expenditures

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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
3	02/10/2020	02/11/2020	Digital Advertising	\$ 6,300.00
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
Sinclair Public Affairs, LLC 1101 Haynes Street, Ste 3 Raleigh, NC 27604 919-803-3700				
Candidate Full Name	Amount	Office Sought	Senate District: _____ Co. _____	
Jonathon Barfield	\$ 6,300.00	<input type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: Commissioner	County/District: New Hanover	
Candidate Full Name	Amount	Office Sought	Senate District: _____ Co. _____	
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	County/District: _____	
Referendum Name			Level	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> Municipality <input type="checkbox"/> County	

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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number				
Sinclair Public Affairs, LLC 1101 Haynes Street, Ste 3 Raleigh, NC 27604 919-803-3700				
Candidate Full Name	Amount	Office Sought	Senate District: _____ Co. _____	
Deb Hayes	\$ 6,300.00,	<input type="checkbox"/> House <input checked="" type="checkbox"/> Other Office: Commissioner	County/District: New Hanover	
Candidate Full Name	Amount	Office Sought	Senate District: _____ Co. _____	
	\$	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	County/District: _____	
Referendum Name			Level	
		<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 'if' entries on this page)

3. Total Expenditures ALL Pages (sum all the 'if' entries on all expenditure pages)

RECEIVED

FEB 14 2020

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			\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the 'le' entries on this page)				\$ 0
3. Total Donations ALL Pages (sum all the 'le' entries on all receipt pages)				\$ 0

FEB 14 2020

Amendment
NHC Bd. 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 Entry Making Disbursement North Carolina Property Rights Fund, Inc.	d. Entity Type (Check One) <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 PO Box 4674 Greensboro, NC 27404-4674 336-294-1415	e. Federal ID Number (if applicable) 20-5345771
c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> 48 Hour Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) _____ Independent Expenditure Report	f. Date Filed 02/12/2020
g. Employer's Name or Principal Place of Business N/A	h. Occupation N/A
2. Report Year 2020	
3. Period Start Date (mm/dd/yyyy) 02/10/2020	
4. Period End Date (mm/dd/yyyy) 02/12/2020	
5. Custodian of Books	
a. Full Name of Entry'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 North Carolina Association of REALTORS, Inc.	
d. Occupation C.F.O.	
6. Total Donations ALL Pages \$ 0	
7. Total Expenditures ALL Pages \$ 39,742.33	
CERTIFICATION	
I certify that this statement is complete, true and correct.	
Bryan M. Jenkins	
Printed Name of Signer	Signature
	2/12/2020
	Date