

FEB 20 2020


Amendment

Yes No

New Hanover County Board of Elections

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		d. Entity Type (Check One)	e. Federal ID Number (if applicable)
North Carolina Property Rights Fund, Inc.		<input type="checkbox"/> Individual	20-5345771
b. Mailing Address (include City, State and Zip Code) and Phone Number		<input type="checkbox"/> Other Organization	f. Date Filed
PO Box 4674 Greensboro, NC 27404-4674 336-294-1415		<input checked="" type="checkbox"/> Nonprofit Organization	02/17/2020
		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 checked="" type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) Independent Expenditure Report			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2020	02/13/2020	02/17/2020	
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		North Carolina Association of REALTORS, Inc.	
		d. Occupation	
		C.F.O.	
6. Total Donations ALL Pages			\$ 0
7. Total Expenditures ALL Pages			\$ 13,492.33
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Bryan M. Jenkins			2/18/2020
Printed Name of Signer		Signature	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			\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page <i>(sum all the '1e' entries on this page)</i>				\$ 0
3. Total Donations ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i>				\$ 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	02/17/2020	02/18/2020	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					\$ 13,492.33
Candidate Full Name		Amount	Office Sought		
Jonathon Barfield		\$ 13,492.33	<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: Commissioner County/District: New Hanover		
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					\$ 13,492.33
3. Total Expenditures ALL Pages					\$ 13,492.33