

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	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)
PO Box 4674 Greensboro, NC 27404-4674 336-294-1415	20-5345771
	f. Date Filed
	02/25/2020
c. Report Type	g. Employer's Name or Principal Place of Business
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> 48 Hour	N/A
Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify)	h. Occupation
	N/A
2. Report Year	4. Period End Date (mm/dd/yyyy)
2020	02/25/2020
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	\$27,142.34
CERTIFICATION	
I certify that this statement is complete, true and correct.	
Bryan M. Jenkins	<i>Bryan M. Jenkins</i>
Printed Name of Signer	Signature
	2/25/2020
	Date

CRO-2210A NC State Board of Elections March 2012 FEB 28 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 '1e' entries on this page)				\$0
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$0

CRO-2210B

NC State Board of Elections

March 2012

FEB 28 2020

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))	e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount				
1	02/24/2020	02/25/2020	Mailer	Sinclair Public Affairs, LLC 1101 Haynes Street, Ste 3 Raleigh, NC 27604 919-803-3700	\$ 13,492.34				
Candidate Full Name		Office Sought		Amount		County/District: New Hanover			
Jonathon Barfield		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: Commissioner		\$ 13,492.34		Co. _____			
Candidate Full Name		Office Sought		Amount		County/District: _____			
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		\$		Co. _____			
Referendum Name		Date		Level		County			
				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <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				
2	02/24/2020	02/25/2020	Mailer	Sinclair Public Affairs, LLC 1101 Haynes Street, Ste 3 Raleigh, NC 27604 919-803-3700	\$ 13,650.00				
Candidate Full Name		Office Sought		Amount		County/District: New Hanover			
Deb Hayes		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: Commissioner		\$ 13,650.00		Co. _____			
Candidate Full Name		Office Sought		Amount		County/District: _____			
		<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Other Office: _____		\$		Co. _____			
Referendum Name		Date		Level		County			
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> Municipality			
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)				
					\$ 27,142.34				
					\$ 27,142.34				