



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).

I. Reporting Entity Information

a. Full Name of Entity 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		e. Federal ID Number (if applicable) 20-5345771	
b. Mailing Address (include City, State and Zip Code) and Phone Number PO Box 4674 Greensboro, NC 27404-4674 336-294-1415		f. Date Filed 02/25/2020		g. Employer's Name or Principal Place of Business N/A	
		h. Occupation N/A			

c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> 48 Hour <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> First <input type="checkbox"/> Mid Year <input type="checkbox"/> Second <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Third <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Fourth		Independent Expenditure Report	
2. Report Year 2020	3. Period Start Date (mm/dd/yyyy) 02/12/2020	4. Period End Date (mm/dd/yyyy) 02/25/2020	

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
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 \$9,950.00

CERTIFICATION

I certify that this statement is complete, true and correct.

Bryan M. Jenkins
 Printed Name of Signer
 Signature
 2/25/2020
 Date

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.

I. Expenditure Information

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))	e. Amount
1	02/24/2020	02/25/2020	Mailier	\$9,950.00

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: Royce Bennett

Amount: \$9,950.00

Office Sought: House Senate District: _____ Co./Municipal Office: _____
 County/District: Onslow

Support: Support Oppose

Candidate Full Name: _____

Amount: \$ _____

Office Sought: House Senate District: _____ Co./Municipal Office: _____
 County/District: _____

Support: Support Oppose

Referendum Name: _____

Date: _____

Level: State County 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: House Senate District: _____ Co./Municipal Office: _____
 County/District: _____

Support: Support Oppose

Candidate Full Name: _____

Amount: \$ _____

Office Sought: House Senate District: _____ Co./Municipal Office: _____
 County/District: _____

Support: Support Oppose

Referendum Name: _____

Date: _____

Level: State County Municipality

2. Total Expenditures THIS Page: (sum all the 'If' entries on this page) \$9,950.00

3. Total Expenditures ALL Pages: (sum all the 'If' entries on all expenditure pages) \$9,950.00

CRO-2210c

NC State Board of Elections

October 2010