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: North Carolina Property Rights Fund, Inc.

b. Mailing Address (include City, State and Zip Code) and Phone Number: P.O. Box 4674, Greensboro NC 27404-4674, 336-294-1415

d. Entity Type (Check One): ☐ Individual ☐ Other Organization ☒ Nonprofit Organization

e. Federal ID Number (if applicable): 20-5345771

f. Date Filed: 10/20/2016

g. Employer's Name or Principal Place of Business: N/A

h. Occupation: N/A

c. Report Type: ☐ Initial ☐ 48 Hour; Quarterly: ☐ First ☐ Second ☐ Third ☐ Fourth; Semi-Annual: ☐ Mid Year ☐ Year End ☐ Other (Specify) Independent Expenditure Report

| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) |
|---|---|---|
| 2016 | 10/18/2016 | 10/20/2016 |

## 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: N.C. Association of REALTOR's, Inc.

d. Occupation: CFO

**6. Total Donations ALL Pages** $ Ø

**7. Total Expenditures ALL Pages** $ $11,666.67

## CERTIFICATION

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

Bryan M Jenkins — Printed Name of Signer

Bryan M Jenkins — Signature

10/20/16 — Date



RECEIVED OCT 24 2016 BY:

# 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 | 10/19/2016 | 10/20/2016 | Mailer & Digital/online advertising |

e. Full Name, Mailing Address (include city, state, and zip) & Phone Number:
Cornerstone Solutions NC, LLC
1101 Haynes St., Ste 003
Raleigh NC 27604
919-803-3700

f. Amount: $ $11,666.67

| Candidate Full Name | | Amount | Office Sought |
|---|---|---|---|
| Royce Bennett | ☒ Support ☐ Oppose | $ 11,666.67 | ☐ House ☐ Senate District:____ ☒ Co./Municipal Office Commission Co. Onslow ☐ Other Office:____ County/District:____ |
| | ☐ Support ☐ Oppose | $ | ☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____ |

| Referendum Name | | Date | Level |
|---|---|---|---|
| | ☐ Support ☐ Oppose | | ☐ 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 |
|---|---|---|---|
| | ☐ Support ☐ Oppose | $ | ☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____ |
| | ☐ Support ☐ Oppose | $ | ☐ House ☐ Senate District:____ ☐ Co./Municipal Office____ Co.____ ☐ Other Office:____ County/District:____ |

| Referendum Name | | Date | Level |
|---|---|---|---|
| | ☐ Support ☐ Oppose | | ☐ State ☐ County ☐ Municipality |

| | | |
|---|---|---|
| **2. Total Expenditures THIS Page** | *(sum all the 'If' entries on this page)* | $ $11,666.67 |
| **3. Total Expenditures ALL Pages** | *(sum all the 'If' entries on all expenditure pages)* | $ $11,666.67 |

# 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 | | | $ Ø |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |
| | | | | $ |

**2. Total Donations THIS Page** *(sum all the '1e' entries on this page)* $ Ø

**3. Total Donations ALL Pages** *(sum all the '1e' entries on all receipt pages)* $ Ø