

Incurring Costs for Independent Expenditures

Use this form to report independent expenditures within 30 days after they exceed \$1000 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 <u>1</u>	b. Incurred Date (mm/dd/yyyy) <u>11/01/2016</u>	c. Communication Start Date <u>11/02/2016</u>	d. Purpose (including title(s) of communication(s)) <u>mailer</u>	e. Amount <u>\$6,666.67</u>
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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

Candidate Full Name
Royce Bennett

<input checked="" type="checkbox"/> Support	Amount <u>\$6,666.67</u>	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>Commission</u> Co. <u>Orange</u>
<input type="checkbox"/> Oppose		<input type="checkbox"/> Other Office: _____

<input type="checkbox"/> Support	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____
<input type="checkbox"/> Oppose		<input type="checkbox"/> Other Office: _____

Referendum Name _____

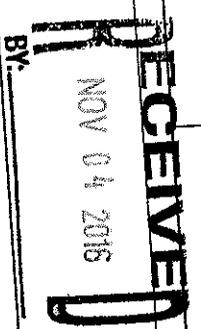
d. Purpose (including title(s) of communication(s)) _____

Support Oppose

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. Amount
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number

Candidate Full Name

<input type="checkbox"/> Support	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co. _____
<input type="checkbox"/> Oppose		<input type="checkbox"/> Other Office: _____

<input type="checkbox"/> Support	Amount \$	Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____
<input type="checkbox"/> Oppose		<input type="checkbox"/> Other Office: _____

(sum all the 'f' entries on this page)

(sum all the 'f' entries on all expenditure pages)

NC State Board of Elections

CRO-2210c

October
 \$ 6,666.67
 \$ 6,666.67

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).

Amendment
 Yes
 No

1. Reporting Entity Information		d. Entity Type (Check One)		e. Federal ID Number (if applicable)	
a. Full Name of Entity Making Disbursement <u>North Carolina Property Right Fund, Inc.</u>		<input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization		20-5345771	
b. Mailing Address (include City, State and Zip Code) and Phone Number <u>P.O. Box 4674 Greensboro NC 27404-4674 336-294-1415</u>		g. Employer's Name or Principal Place of Business <u>N/A</u>		f. Date Filed <u>11/02/2016</u>	
c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> 48 Hour <input type="checkbox"/> Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		4. Period End Date (mm/dd/yyyy) <u>11/02/2016</u>		h. Occupation <u>N/A</u>	
2. Report Year <u>2016</u>		3. Period Start Date (mm/dd/yyyy) <u>10/21/2016</u>		Independent Expenditure Report	
5. Custodian of Books					
a. Full Name of Entity's Custodian of Books and Accounts <u>Bryan M. Jenkins</u>					
b. Mailing Address (include City, State and Zip Code) and Phone Number <u>4511 Weybridge Lane Greensboro NC 27407 336-294-1415</u>					
c. Employer's Name or Principal Place of Business <u>N.C. Association of REALTOR's, Inc.</u>					
d. Occupation <u>CFO</u>					
6. Total Donations ALL Pages \$ <u>0</u>					
7. Total Expenditures ALL Pages \$ <u>6666.67</u>					
CERTIFICATION					
I certify that this statement is complete, true and correct.					
Printed Name of Signer <u>Bryan M. Jenkins</u>		Signature <u>Bryan M. Jenkins</u>		Date <u>11/02/2016</u>	

CRO-2210A

NC State Board of Elections

March 2012

