

Independent Expenditure Report Cover

Amendment
 Yes No

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).

MAIL

OCT 03 2017

DURHAM BOE

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 <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	f. Date Filed	
P.O. Box 4674 Greensboro NC 27404-4674 336-294-1415	09/30/2017	
	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 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)
2017	09/24/2017	09/30/2017
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	N.C. Association of REALTOR's, Inc.	
	d. Occupation	
	CFO	
6. Total Donations ALL Pages		\$ 0
7. Total Expenditures ALL Pages		\$ 19,860.00
CERTIFICATION		
I certify that this statement is complete, true and correct.		
<u>Bryan m. Jenkins</u> Printed Name of Signer	<u>Bryan m. Jenkins</u> Signature	<u>09/30/2017</u> Date

Donations for Independent Expenditures

Page 1 of 1 **MAIL**
OCT 03 2017

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

I. Donation Information

DURHAM BOE

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)				\$ \emptyset
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 19,860.00

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.

MAIL

OCT 03 2017

DURHAM BOE

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	09/24/2017	09/26/2017	Mailer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Cornerstone Solutions NC, LLC 1101 Haynes St., Ste 003 Raleigh NC 27604 919-803-3700					\$9,930.00
Candidate Full Name		Amount	Office Sought		
Farad Ali		\$9,930.00	<input checked="" type="checkbox"/> Support <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor, Durham</u> Co. _____ <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
2	09/28/2017	09/29/2017	Mailer		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Cornerstone Solutions NC, LLC 1101 Haynes St., Ste. 003 Raleigh NC 27604 919-803-3700					\$9,930.00
Candidate Full Name		Amount	Office Sought		
Farad Ali		\$9,930.00	<input checked="" type="checkbox"/> Support <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Mayor, Durham</u> Co. _____ <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____		
Candidate Full Name		Amount	Office Sought		
		\$	<input type="checkbox"/> Support <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Oppose <input type="checkbox"/> Other Office: _____ County/District: _____		
Referendum Name			Date	Level	
				<input type="checkbox"/> Support <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Oppose <input type="checkbox"/> Municipality	
2. Total Expenditures THIS Page					\$9,860.00
<i>(sum all the 'If' entries on this page)</i>					
3. Total Expenditures ALL Pages					\$9,860.00
<i>(sum all the 'If' entries on all expenditure pages)</i>					