

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 PO Box 4674 Greensboro NC 27404-4674 336-294-1415	
c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> 48 Hour <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____	
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	f. Date Filed 10/04/2017
g. Employer's Name or Principal Place of Business N/A	
h. Occupation N/A	
2. Report Year 2017	
3. Period Start Date (mm/dd/yyyy) 10/01/2017	
4. Period End Date (mm/dd/yyyy) 10/04/2017	
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 4511 Weybridge Lane Greensboro NC 27407 336-294-1415	
c. Employer's Name or Principal Place of Business N.C. Association of REALTORS, Inc	
d. Occupation CFO	
6. Total Donations ALL Pages \$ 0	
7. Total Expenditures ALL Pages \$ 14,940.00	
CERTIFICATION	
I certify that this statement is complete, true and correct.	
Bryan M. Jenkins Printed Name of Signer	Bryan M. Jenkins Signature
	10/04/2017 Date

CRO-2210A

NC State Board of Elections

March 2017

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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. Donor 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)				\$ <u> </u>
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ <u> </u>

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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))	e. Full Name, Mailing Address (include city, state, and zip) & Phone Number	f. Amount				
1	10/03/2017	10/04/2017	mailer	Cornestone Solutions NC, LLC 1101 Haynes St., Ste 003 Raleigh NC 27604 919-803-3700	\$ 9,940.00				
Candidate Full Name: Farad Ali									
Amount: \$ 9,940.00									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____									
Other Office: <input type="checkbox"/> Other Office: _____									
Candidate Full Name: _____									
Amount: \$ _____									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____									
Other Office: <input type="checkbox"/> Other Office: _____									
Referendum Name: _____									
Date: _____									
Level: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality									
d. Purpose (including title(s) of communication(s))									
2	10/04/2017	10/06/2017	Facebook Advertising	Cornestone Solution NC, LLC 1101 Haynes St., Ste. 003 Raleigh NC 27604 919-803-3700	\$ 5,000.00				
Candidate Full Name: Farad Ali									
Amount: \$ 5,000.00									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____									
Other Office: <input type="checkbox"/> Other Office: _____									
Candidate Full Name: _____									
Amount: \$ _____									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____									
Other Office: <input type="checkbox"/> Other Office: _____									
Referendum Name: _____									
Date: _____									
Level: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality									
d. Purpose (including title(s) of communication(s))									
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)									

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CRO-2210c

NC State Board of Elections

October 2010

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