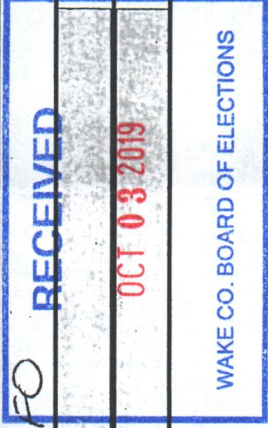


Amendment  
 Yes  No

**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).

<b>1. Reporting Entity Information</b>	
a. Full Name of Entity Making Disbursement <i>North Carolina Property Rights Fund, Inc.</i>	d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>P.O. Box 4674 Greensboro NC 27404-4674 336-294-1415</i>	e. Federal ID Number (if applicable) <i>20-5345771</i>
c. Report Type <input type="checkbox"/> Initial <input type="checkbox"/> 48 Hour Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input checked="" type="checkbox"/> Other (Specify) <i>Independent Expenditure Report</i>	f. Date Filed <i>10/01/2019</i>
g. Employer's Name or Principal Place of Business <i>N/A</i>	h. Occupation <i>N/A</i>
<b>2. Report Year</b> 2019      3. Period Start Date (mm/dd/yyyy) <i>09/24/2019</i> 4. Period End Date (mm/dd/yyyy) <i>09/30/2019</i>	
<b>5. Custodian of Books</b>	
a. Full Name of Entity's Custodian of Books and Accounts <i>Bryan M. Jenkins</i>	c. Employer's Name or Principal Place of Business <i>N.C. Association of REALTOR's, Inc.</i>
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>4511 Weybridge Lane Greensboro NC 27407 336-294-1415</i>	d. Occupation <i>CFO</i>
<b>6. Total Donations ALL Pages</b> \$ <i>∅</i>	
<b>7. Total Expenditures ALL Pages</b> \$ <i>14,666.75</i>	
<b>CERTIFICATION</b>	
I certify that this statement is complete, true and correct.	
<i>Bryan M. Jenkins</i> Printed Name of Signer	<i>Bryan Jenkins</i> Signature
	<i>10/01/19</i> Date





# 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			\$
				\$
				\$
				\$
				\$
				\$
<b>2. Total Donations THIS Page</b> (sum all the '1e' entries on this page)				\$ <u>0</u>
<b>3. Total Donations ALL Pages</b> (sum all the '1e' entries on all receipt pages)				\$ <u>0</u>



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Page 1 of 1

WAKE CO. BOARD OF ELECTIONS  
CRO-2210c  
09/30-2019

### 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-2210c

1. Expenditure Information		c. Communication Start Date		d. Purpose (including title(s) of communication(s))		f. Amount
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date		d. Purpose (including title(s) of communication(s))		f. Amount
1	09/30/2019	10/01/2019		Mailers		\$ 8,598.50
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						
David Kight						
Amount						
\$ 8,598.50						
Office Sought						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: Raleigh City Council County/District: E						
Candidate Full Name						
David Kight						
Amount						
\$						
Office Sought						
<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____						
Referendum Name						
Date						
Support <input type="checkbox"/> Oppose <input type="checkbox"/>						
Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/>						
d. Purpose (including title(s) of communication(s))						
Mailers						
2	09/30/2019	10/01/2019		Mailers		\$ 6,068.25
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						
Brian Fitzimmons						
Amount						
\$ 6,068.25						
Office Sought						
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: Raleigh City Council County/District: B						
Candidate Full Name						
Brian Fitzimmons						
Amount						
\$						
Office Sought						
<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____						
Referendum Name						
Date						
Support <input type="checkbox"/> Oppose <input type="checkbox"/>						
Level <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/>						
d. Purpose (including title(s) of communication(s))						
Mailers						

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)

\$ 14,666.75  
\$ 14,666.75

NC Property Rights Fund, Inc.  
P.O. Box 4674  
Greensboro, NC 27404-4674

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WAKE CO. BOARD OF ELECTIONS

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