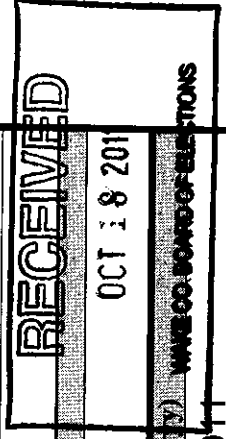


Independent Expenditure Report

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

a. Full Name of Entity Making Disbursement National Association of REALTORS Fund		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	e. Federal ID Number (if applicable) 26-1725187
b. Mailing Address (include City, State and Zip Code) and Phone Number 430 N. Michigan Avenue Chicago, IL 60611		f. Date Filed 9/30/2011	g. Employer's Name or Principal Place of Business _____ h. Occupation _____
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	3. Period Start Date (mm/dd/yyyy) 2011 9/19/2011	
2. Report Year 2011		4. Period End Date (mm/dd/yyyy) 9/26/2011	



a. Full Name of Entity's Custodian of Books and Accounts National Association of REALTORS	c. Employer's Name or Principal Place of Business _____ d. Occupation _____
b. Mailing Address (include City, State and Zip Code) and Phone Number 430 N. Michigan Avenue Chicago, IL 60611	

	\$57390
	\$57390

CERTIFICATION

I certify that this statement is complete, true and correct. As provided by N.C.G.S. 163-278.32 this certification is treated as being made under oath and any person making this certification knowing the information to be untrue is guilty of a class 1 felony.

John Pierpoint _____ **9/26/2011** _____
 Printed Name of Signer Signature Date

Receipts 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. Receipt 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
1	National Association of REALTORS 430 N. Michigan Avenue Chicago, IL 60611		9/19/2011	\$ 57390
				\$
				\$
				\$
				\$
				\$
2. Total Receipts THIS Page (sum all the '1c' entries on this page)				\$ 57390
3. Total Receipts ALL Pages (sum all the '1c' entries on all receipt pages)				\$ 57390

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	9/19/2011	9/21/2011	Advocacy and support of the Billie Redmond's race for Mayor of Raleigh
Campaign Connections 3141 John Humphries Wynd Raleigh, NC 27612-5382			Amount \$ 30996.00
Candidate Full Name Billie Redmond			
Amount \$ 30996			
Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Co./Municipal Office MAYORAL _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____			
Candidate Full Name Billie Redmond			
Amount \$			
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____			
Candidate Full Name Billie Redmond			
Amount \$			
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
2	9/22/2011	9/21/2011	Polling and consulting expenses
National Association of REALTORS 430 N. Michigan Avenue Chicago, IL 60611			Amount \$ 14525.00
Candidate Full Name Billie Redmond			
Amount \$ 14525			
Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Co./Municipal Office MAYORAL _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____			
Candidate Full Name Billie Redmond			
Amount \$			
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____			
Candidate Full Name Billie Redmond			
Amount \$			
Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: _____ Co./Municipal Office _____ Co. <input type="checkbox"/> Other Office: _____ County/District: _____			
2. Total Disbursements THIS Page (sum all the "f" entries on this page)			\$ 45521
3. Total Disbursements ALL Pages (sum all the "f" entries on all disbursement pages)			\$ 57390

Disbursements for Independent Expenditures

Persons or entities permitted to make contributions but not otherwise required to report should use this form to report independent expenditures in excess of \$100 and to report independent expenditures in excess of \$5,000 within the 48 hour reporting period.

1. Disbursement Information			
a. Item Number	b. Disbursement Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
3	9/26/2011	9/21/2011	Advocacy and support of the Billie Redmond's race for Mayor of Raleigh
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Campaign Connections 3141 John Humphries Wynd Raleigh, NC 27612-5382			
Candidate Full Name		Amount	f. Amount
Billie Redmond		\$ 11869	11869
Candidate Full Name Support <input type="checkbox"/> Oppose <input type="checkbox"/>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input checked="" type="checkbox"/> Co./Municipal Office MAYORAL <input type="checkbox"/> Other Office: _____ Co. _____	
Candidate Full Name Support <input type="checkbox"/> Oppose <input type="checkbox"/>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office: _____ Co. _____	
Candidate Full Name Support <input type="checkbox"/> Oppose <input type="checkbox"/>		Office Sought <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> District: <input type="checkbox"/> Co./Municipal Office <input type="checkbox"/> Other Office: _____ Co. _____	
2. Total Disbursements THIS Page			
			\$ 11869
3. Total Disbursements ALL Pages			
			\$ 57390