

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).

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement		d. Entity Type (Check One)	
North Carolina Property Rights Fund, Inc.		<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		e. Federal ID Number (if applicable)	
P.O. Box 4674 Greensboro NC 27404-4674 336-294-1415		20-5345771	
		f. Date Filed	
		10/26/2017	
c. Report Type		g. Employer's Name or Principal Place of Business	
<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)		N/A	
		h. Occupation	
		N/A	
Independent Expenditure Report			
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	
2017	10/24/2017	10/26/2017	
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			\$ #5,000.00
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Bryan M Jenkins Printed Name of Signer		Bryan M Jenkins Signature	
		Wake County Board of Elections	
		10/26/2017	
		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			\$
				\$
				\$
				\$
				\$
				\$
2. Total Donations THIS Page (sum all the '1e' entries on this page)				\$ 0
3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages)				\$ 0

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.

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	10/26/2017	10/28/2017	Facebook Advertising		
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number					f. Amount
Comerstone Solutions NC, LLC 1101 Haynes St., Ste 003 Raleigh NC 27604 919-803-3700					\$ 5,000.00
Candidate Full Name		Amount	Office Sought		
Nancy McFarlane		\$ 5,000.00	<input checked="" type="checkbox"/> Support <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Mayor, Raleigh 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"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
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
					\$
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: _____		
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"/> Oppose	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page (sum all the '1f' entries on this page)					\$ 5,000.00
3. Total Expenditures ALL Pages (sum all the '1f' entries on all expenditure pages)					\$ 5,000.00

NC Property Rights Fund, Inc.
4511 Weybridge Lane
Greensboro, NC 27407

OCT 30 2017

GREENSBORO
NC 274
27 OCT '17
PM 7 L

NEOPOST FIRST-CLASS MAIL
10/27/2017
US POSTAGE \$000.46-0



ZIP 27407
041L10252255

RECEIVED

OCT 30 2017

Wake County Board of Elections

Wake County Board of Elections
PO Box 695
Raleigh, NC 27602

27602-069595

