



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).

BY: _____

1. Reporting Entity Information		e. Federal ID Number (if applicable) 20-5345771	
a. Full Name of Entity Making Disbursement North Carolina Property Rights Fund, Inc.		f. Date Filed 03/04/2016	
b. Mailing Address (include City, State and Zip Code) and Phone Number P.O. Box 4674 Greensboro NC 27404-4674 336-294-1415		g. Employer's Name or Principal Place of Business N/A	
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 Other (Specify) <i>Independent Expenditure Report</i>		h. Occupation N/A	
2. Report Year 2016		3. Period Start Date (mm/dd/yyyy) 02/23/2016	
4. Period End Date (mm/dd/yyyy) 03/04/2016			
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts Bryan 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		\$ \$20,000	
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Bryan M. Jenkins Printed Name of Signer		Bryen M. Jenkins Signature	
		3/2/16 Date	

CRO-2210A

NC State Board of Elections

March 2012

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))							e. Amount	
1	2/23/2016	02/29/2016	mailers & online advertising							\$ 20,000	
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number											
Comerstone Solutions NC, LLC 1101 Haynes St., Ste 003 Raleigh NC 27604 919-803-3700											
Candidate Full Name		Amount	Office Sought		Senate District:		County/District:				
Royce Bennett		\$ 20,000	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input checked="" type="checkbox"/> Co./Municipal Office	Commissioner		Co. Gaston			
Candidate Full Name		Amount	Office Sought		Senate District:		County/District:				
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Co./Municipal Office			Co.			
Referendum Name											
a. Item Number		b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date							d. Purpose (including title(s) of communication(s))	e. Amount
											\$
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number											
Candidate Full Name		Amount	Office Sought		Senate District:		County/District:				
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Co./Municipal Office			Co.			
Candidate Full Name		Amount	Office Sought		Senate District:		County/District:				
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> House <input type="checkbox"/> Other Office:	<input type="checkbox"/> Co./Municipal Office			Co.			
Referendum Name											
2. Total Expenditures THIS Page								(sum all the 'f' entries on this page)		\$ 20,000	
3. Total Expenditures ALL Pages								(sum all the 'f' entries on all expenditure pages)		\$ 20,000	

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
				\$
				\$
				\$
				\$
				\$
				\$
				\$

2. Total Donations THIS Page (sum all the 'le' entries on this page) \$ 0

3. Total Donations ALL Pages (sum all the 'le' entries on all receipt pages) \$ 0