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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).

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement <i>North Carolina Homeowners Alliance</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> f. Date Filed <i>10/25/2013</i>	
		g. Employer's Name or Principal Place of Business <i>N/A</i> h. Occupation <i>N/A</i>	
2. Report Type			
<input checked="" 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 type="checkbox"/> Other (Specify) _____			
2. Report Year		3. Period Start Date (mm/dd/yyyy)	
<i>2013</i>		<i>10/14/2013</i>	
		4. Period End Date (mm/dd/yyyy)	
		<i>10/25/2013</i>	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts <i>Bryan Jenkins</i>			
b. Mailing Address (Include City, State and Zip Code) and Phone Number <i>4511 Weybridge Lane Greensboro NC 27407 336-294-1415</i>		c. Employer's Name or Principal Place of Business <i>N.C. Association of Realtors, Inc.</i> d. Occupation <i>CFO</i>	
6. Total Donations ALL Pages		\$ <i>0</i>	
7. Total Expenditures ALL Pages		\$ <i>\$5,900.00</i>	
CERTIFICATION			
<p>I certify that this statement is complete, true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p><i>Bryan M. Jenkins</i></p> <p>Printed Name of Signer</p> </div> <div style="width: 30%;"> <p><i>Bryan M. Jenkins</i></p> <p>Signature</p> </div> <div style="width: 30%;"> <p><i>10/25/2013</i></p> <p>Date</p> </div> </div>			

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Donations to further Contributions reported at 2215C

Use this form to identify each person or entity making a donation of more than \$100, to further the contribution(s) reported on 2215C.

Page 1 of 1

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 1e entries on this page)				\$ 0
3. Total Donations ALL Pages (sum all the 1e entries on all receipt pages)				\$ 0

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Incurred Costs for Independent Expenditures

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Page 1 of 1
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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 & 2	10/14/2013	10/14/2013	mailers
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Cornerstone Solutions & Communications, LLC 6917 Vista Parkway North, Ste 1 West Palm Beach, FL 33411 561-689-9787			\$ \$ 3,300.00
Candidate Full Name		Amount	Office Sought
Jeff MacIntosh <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ \$1,650.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Winston-Salem, NW Ward</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Forsyth</u>
Candidate Full Name		Amount	Office Sought
Jeff MacIntosh <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ \$1,650.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Winston-Salem, NW Ward</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Forsyth</u>
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))
3 & 4	10/22/2013	10/25/2013	mailers
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Cornerstone Solutions & Communications, LLC 6917 Vista Parkway North, Ste 1 West Palm Beach, FL 33411 561-689-9787			\$ \$2,600.00
Candidate Full Name		Amount	Office Sought
Jeff MacIntosh <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ \$1,300.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Winston-Salem, NW Ward</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Forsyth</u>
Candidate Full Name		Amount	Office Sought
Jeff MacIntosh <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		\$ \$1,300.00	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office <u>Winston-Salem, NW Ward</u> <input type="checkbox"/> Other Office: _____ County/District: <u>Forsyth</u>
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			\$ \$5,900.00
3. Total Expenditures ALL Pages			\$ \$5,900.00