

Disclosure Report Cover

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

Use this form for general report and committee information, must be signed and submitted along with other detailed forms
Do not use this form to update information

| 1. Committee Information | |
|--|---------------------------|
| a. Full Name BobbyHurst.com | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 2010 Whisper Lane Fayetteville, NC 28303 | d. Date Filed 02/02/12 |
| | e. Phone Number |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2011 | 07/01/11 | 09/26/11 | Angela D Packer |

| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
|---|--------------------------------|---|---|---|
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | | <input checked="" type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First Plus | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third Plus | <input type="checkbox"/> Annual |
| <input type="checkbox"/> NC Political Party Financing Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| | | | | |

| 11. Account Information | | 11. Account Information | |
|---|---------------------------------------|------------------------------------|-------------------------------|
| a. Financial Institution Full Name Wachovia Bank | | a. Financial Institution Full Name | |
| b. Purpose Campaign | c. Account Code 01 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 3293.96 | | d. Period Begin Balance \$ |

CERTIFICATION
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).

Angela D. Packer
Printed Name of Signer

Angela D. Packer
Signature of Appointed Treasurer

02/02/12
Date

FOR OFFICE USE ONLY

Date Received: 2/3/12
Date Postmarked: _____
Date Scanned: _____
Date Data Entered: _____

Employee: _____
Employee: _____
Employee: _____
Employee: _____

RECEIVED
FEB 3 2012

Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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

Use this form to summarize all disclosure reporting forms and to total monetary information

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 2. ID Number | |
|--|------------------------|------------------------------------|----------------------------------|
| BobbyHurst.com | Thirty Five Report | | |
| Start of Election Cycle: | January 1, 2010 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 3,293.96 | \$ 3,743.96 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 100.00 | \$ 100.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 3,750.00 | \$ 3,750.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 250.00 | \$ 250.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ |
| 10) Refunds/Reimbursements To the Committee | (CRO-1240) | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ | \$ |
| 11b) Contributions from Not-for-Profit Organizations | (CRO-1250) | \$ | \$ |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.03 | \$ 0.03 |
| 12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i> | | \$ 4,100.03 | \$ 4,100.03 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 1,119.55 | \$ 1,569.55 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) Loan Repayments | (CRO-1420) | \$ | \$ |
| 15) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 16) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 17) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i> | | \$ | \$ |
| 18) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 17)</i> | | \$ 6,274.44 | \$ 6,274.44 |
| ADDITIONAL INFORMATION | | | |
| 19) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 20) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | |
| 21) Debts and Obligations owed By the Committee | (CRO-1610) | \$ | |
| 22) Debts and Obligations owed To the Committee | (CRO-1620) | \$ | |
| 23) Account Transfers Within the Committee | (CRO-1720) | \$ | |
| 24) Administrative Support | (CRO-1710) | \$ | \$ |
| 25) Forgiven Loans | (CRO-1440) | \$ | \$ |
| 26) 48-Hour Notice Reports Sum | | \$ | \$ |

Contributions from Individuals

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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| BobbyHurst.com | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| A. Howard Bullard 4901 Morganton Road Fayetteville, NC 28314 | | | Business Owner | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Bullard Furniture | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | Check | | 09/21/11 | | \$ 200.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Murray Duggins 1107 Offshore Drive Fayetteville, NC 28305 | | | Developer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | United Developers | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | Check | | 09/23/11 | | \$ 250.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jeffrey Bullard 402 Wayberry Drive Fayetteville, NC 28303 | | | Mortgage Banker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Wells Fargo | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | Check | | 09/20/11 | | \$ 250.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 3,750.00 | |

Contributions from Individuals

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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| BobbyHurst.com | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| Dan Dederick 6838 Surrey Road Fayetteville, NC 28306 | | | Dealership Manager | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | Blecker Chrysler Dodge Jeep | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Check | | 09/24/11 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| Dot Wyatt 515 Windwood on Skye Fayetteville, NC 28303 | | | Retired | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Check | | 09/26/11 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| Dr. Tinsley Rucker 2432 Torcross Drive Fayetteville, NC 28304 | | | Physician | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | Fayetteville Family Medical Care | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 01 | Check | | 09/24/11 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 450.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 3750.00 | |

Contributions from Individuals

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

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|---|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| BobbyHurst.com | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| James V. Townsend 221 Devane Street Fayetteville, NC 28305 | | | Real Estate Broker | | | |
| | | | c. Employer's Name/Specific Field Townsend Real Estate | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | Check | | 09/28/11 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Donovan McLaurin PO Box 97 Wade, NC 28395 | | | Land Developer | | | |
| | | | c. Employer's Name/Specific Field McLaurin Builders | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 2,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | Check | | 10/05/11 | | \$ 2,000.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Carolyn Armstrong 238 N. McPherson Church Road Fayetteville, NC 28303 | | | Developer | | | |
| | | | c. Employer's Name/Specific Field C&S Commercial Properties | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 01 | Check | | 10/07/11 | | \$ 500.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 2,600.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 3750.00 | |

Contributions from Other Political Committees

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | |
|---|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| BobbyHurst.com | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| Cumberland County Republican Womens Club 2595 Lakeview Drive Fayetteville, NC 28306 | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | NC | | \$ 250.00 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 01 | Check | | 08/16/11 | \$ 150.00 | |
| 01 | Check | | 09/21/11 | \$ 100.00 | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | |
| | | <input type="checkbox"/> Referendum | | | |
| | | c. Level Registered (Specify) | | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | e. Election Sum to Date | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1230 Pages <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i> | | | | \$ 250.00 | |

Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

| | | | | | |
|--|---------------------------|--|---------------------------------------|---|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| BobbyHurst.com | | | | | |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> | | | | | |
| <input type="checkbox"/> Interest | | <input type="checkbox"/> Contributions from Not-for-Profit Organizations | | <input checked="" type="checkbox"/> Outside Sources of Income | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | | d. Comments |
| PayPal Internet Paysource paypal.com | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 0.03 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | | j. Amount |
| 01 | Credit to account | | 09/14/11 | | \$ 0.03 |
| | | | | | \$ |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | | d. Comments |
| | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | | j. Amount |
| | | | | | \$ |
| | | | | | \$ |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Not-for-Profit Federal ID # | | d. Comments |
| | | | | | |
| | | | c. Outside Source Explanation | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | | j. Amount |
| | | | | | \$ |
| | | | | | \$ |
| 5. Total only this Page | | | | | \$ 0.03 |
| 6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i> | | | | | \$ 0.03 |

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | |
|---|--------------------|--|-------------------------------------|-------------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
| BobbyHurst.com | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Biz Tools One, Inc. PO Box 87922 Fayetteville, NC 28304 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 300.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 01 | Check | O | 09/08/11 | \$75.00 | web hosting |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Cumberland County bd of Elections 301 East Russell St Fayetteville, NC 28301 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 24.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 01 | Check | O | 08/08/11 | \$24.00 | Filing Fee |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Williams Printing and Office Supply 1033 Bragg Blvd Fayetteville, NC 28302 | | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 418.37 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 01 | Check | B | 09/16/11 | \$418.37 | printing letters |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 517.37 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1,119.55 |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | O* - Other | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | |
|---|---------------------------|---|---|---|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number |
| BobbyHurst.com | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Benton Cards Company 105 South Wall Street Benson, NC 27504 | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ 602.18 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 01 | Check | B | 09/26/11 | \$602.18 | political cards |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | |
| | | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 602.18 |
| 6. Total of ALL CRO-1310 Pages | | | | | |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | \$ 1,119.55 |
| <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | O* - Other | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |