

Disclosure Report Cover

Amendment
 Yes 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 Robert Thomas Hurst, Jr.	c. ID Number
b. Mailing Address (include City, State and Zip Code) 2010 Whisper Lane Fayetteville, NC 28303	d. Date Filed 01/29/10
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2009	10/20/09	12/31/09	Angela D Packer

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

11. Account Information		11. Account Information	
a. Financial Institution Full Name Wachovia Bank	b. Purpose Campaign	a. Financial Institution Full Name	b. Purpose
c. Account Code 01	d. Period Begin Balance \$ 2643.96	c. Account Code	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 Packer Signature of Appointed Treasurer
01/29/10 Date

FOR OFFICE USE ONLY

Date Received: 2/2/10
 Date Postmarked: _____
 Date Scanned: _____
 Date Data Entered: _____

Employee: [Signature]
 Employee: FEB 2 2010
 Employee: _____
 Employee: _____

RECEIVED

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

Yes No

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

1. Committee Full Name		2. Type of Report		3. ID Number	
BobbyHurst.com		Semi-annual Year End			
Start of Election Cycle:			January 1,		2008
			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 2643.96		\$ 2198.49
5) Aggregated Contributions from Individuals			<i>(CRO-1205)</i>		\$
6) Contributions from Individuals			<i>(CRO-1210)</i>		\$ 1250
7) Contributions from Political Party Committees			<i>(CRO-1220)</i>		\$
8) Contributions from Other Political Committees			<i>(CRO-1230)</i>		\$ 0
9) Loan Proceeds			<i>(CRO-1410)</i>		\$
10) Refunds/Reimbursements To the Committee			<i>(CRO-1240)</i>		\$
11) Other Receipt Sources					\$
11a) Interest on Bank Accounts			<i>(CRO-1250)</i>		\$
11b) Contributions from Not-for-Profit Organizations			<i>(CRO-1250)</i>		\$
11c) Outside Sources of Income			<i>(CRO-1250)</i>		\$
12) TOTAL RECEIPTS			\$ 1250		\$ 3200
<i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)</i>					
13) Disbursements					\$
13a) Operating Expenditures			<i>(CRO-1310)</i>		\$ 150
13b) Contributions to Candidates/Political Committees			<i>(CRO-1310)</i>		\$
13c) Coordinated Party Expenditures			<i>(CRO-1310)</i>		\$
14) Loan Repayments			<i>(CRO-1420)</i>		\$
15) Refunds/Reimbursements From the Committee			<i>(CRO-1320)</i>		\$
16) In-Kind Contributions			<i>(CRO-1510)</i>		\$
17) TOTAL EXPENDITURES			\$ 150.00		\$ 1654.53
<i>(Add lines 13a, 13b, 13c, 14, 15, and 16)</i>					
18) Cash on Hand at End			\$ 3743.96		\$ 3743.96
<i>(Add lines 4 and 12 together, then subtract line 17)</i>					
19) Non-Monetary Gifts Given to Other Committees			<i>(CRO-1330)</i>		\$
20) Outstanding Loans (incl. ones from other campaigns)			<i>(CRO-1430)</i>		\$
21) Debts and Obligations owed By the Committee			<i>(CRO-1610)</i>		\$
22) Debts and Obligations owed To the Committee			<i>(CRO-1620)</i>		\$
23) Account Transfers Within the Committee			<i>(CRO-1720)</i>		\$
24) Administrative Support			<i>(CRO-1710)</i>		\$
25) Forgiven Loans			<i>(CRO-1440)</i>		\$
26) 48-Hour Notice Reports Sum			\$		\$

Contributions from Individuals

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	
Sylvester U. Ejeh 4523 Weaverhall Drive Fayetteville, NC 28314			Physician			
			c. Employer's Name/Specific Field			
					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		10/20/09	\$ 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	
Donovan McLaurin PO BOX 97 Wade, NC 28392			Retired			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 1000.00	
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		11/25/09	\$ 1000.00	
<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	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1250.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Related Summary Page CRO-110)</small>					\$	

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:			
						\$ 1351.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	10/20/09	\$75.00	web hosting	
01	Check	O	12/10/09	\$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	
			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:			
						\$
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 (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			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:			
						\$
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					\$ 150.00	
6. Total of ALL CRO-1310 Pages					\$ 150.00	
<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 <i>(List detailed expenditure code in (k) 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)						