

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

# Disclosure Report Cover

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 09/28/15
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2015	7/01/15	09/22/15	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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC	Municipal	State/County	Referendum
	<input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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			

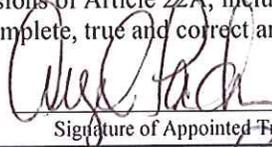
11. Account Information		11. Account Information	
a. Financial Institution Full Name Wells Fargo		a. Financial Institution Full Name	
b. Purpose Campaign	c. Account Code 01	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 5,540.46		d. Period Begin Balance \$

## 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



Signature of Appointed Treasurer

09/28/15

Date

## FOR OFFICE USE ONLY

Date Received: SEP 28 2015

Employee: [Signature]

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_

Employee: \_\_\_\_\_

### 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-F) to make committee changes

Amendment

Yes

No

**Detailed Summary**

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 Day Report		
<b>Start of Election Cycle:</b> <b>January 1,</b> _____	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
4) Cash on Hand at Start	\$ 5,540.46	\$ 7,286.46	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals      (CRO-1205)	\$ 0.00	\$ 0.00	
6) Contributions from Individuals      (CRO-1210)	\$ 950.00	\$ 950.00	
7) Contributions from Political Party Committees      (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees      (CRO-1230)	\$	\$	
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)	\$	\$	
12) <b>TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 950.00	\$ 950.00	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures      (CRO-1310)	\$ 1,659.00	\$ 3,405.00	
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) <b>TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$	\$	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ 4,831.46	\$ 4,831.46	
<b>ADDITIONAL INFORMATION</b>			
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

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	
David Miner Hon 220 Lions Gate Dr Cary, NC 27518			Retired			
			c. Employer's Name/Specific Field			
					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		08/05/2015	\$ 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	
Robert P Wellons PO Box 730 Dunn, NC 28335			Real Estate Developer			
			c. Employer's Name/Specific Field			
			Wellons Realty, Inc.		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		09/21/15	\$ 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	
John H Wellons, Jr PO Box 1254 Dunn, NC 28335			Real Estate Developer			
			c. Employer's Name/Specific Field			
			Wellons Properties, Inc.		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		9/18/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 950.00	

# Contributions from Individuals

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
BobbyHurst.com						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
Don G Wellons PO Box 1254 Dunn, NC 28335			Real Estate Developer			
			<b>c. Employer's Name/Specific Field</b>			
			Don G Wellons Properties, Inc.		<b>e. Election Sum to Date</b>	
				\$ 250.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	01	Check		09/18/15	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 250.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 950.00	

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b> BobbyHurst.com	<b>2. ID Number</b>
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<b>3. Type of Disbursement</b> <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**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Biz Tools One PO Box 87922 Fayetteville, NC 28304		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				<b>e. Election Sum to Date</b> \$ 225.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
01	Check	O	09/01/15	\$75.00	website hosting

**4. Payee Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Rise Magazine PO Box 87801 Fayetteville NC 28304		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				<b>e. Election Sum to Date</b> \$ 1,265.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
01	Check	O	08/14/15	\$300.00	advertisement

**4. Payee Information**  Add  Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Happenin' In Haymount Haymount Historic District Fayetteville, NC 28305		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
01	Check	O	07/06/15	\$100.00	advertisement

<b>5. Total only this Page</b>	\$ 475.00
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<b>6. Total of ALL CRO-1310 Pages</b> <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>	\$ 1,659.00
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<b>7. Purpose Codes</b> (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

**Disbursements**

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

<b>1. Committee Full Name (and Fund if applicable)</b> BobbyHurst.com					<b>2. ID Number</b>
<b>3. Type of Disbursement</b> <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	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Cumberland County Board of Elections 227 Fountainhead Lane, #101 Fayetteville, NC 28301			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 24.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
01	Check	O	07/06/15	\$24.00	filing fee
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Special Olympics of NC 2200 Gateway Centre Blvd, Ste 201 Morrisville, NC 27560			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 100.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
01	Check	O	08/02/15	\$100.00	donation
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Care Clinic 239 Robeson Street Fayetteville, NC 28301			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 100.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
01	Check	O	08/04/15	\$100.00	Golf tournament sponsor
<b>5. Total only this Page</b>					\$ 224.00
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 1,659.00
<b>7. Purpose Codes</b> (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		

**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	
Fayetteville Police Foundation 467 Hay Street Fayetteville, NC 28301						
			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	
					\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08/13/15	\$250.00	membership 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	
North Fayetteville Exchange Club 604 Locust Grove Drive Fayetteville, NC 28314						
			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	
					\$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08/19/15	\$60.00	advertisement	
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	
Fayetteville Alzheimer's Association 3739 National Drive Raleigh, NC 27612						
			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	
					\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08/27/15	\$250.00	Sponsor Alzheimer's Walk	
5. Total only this Page					\$ 560.00	
6. Total of ALL CRO-1310 Pages					\$ 1,659.00	
<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 (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			

**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	
WEDO Productions, Inc. PO Box 2247 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:			
					\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	09/04/15	\$200.00	advertisement	
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	
Fayetteville Terry Sanford SGA 2301 Fort Bragg Road Fayetteville, NC 28303						
			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:			
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	09/10/15	\$100.00	Golf hole sponsor	
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	
Cora's Breakfast and Brunch Restaurant 222 Hay Street 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:			
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	08/19/15	\$100.00	Brunch for event	
5. Total only this Page					\$ 400.00	
6. Total of ALL CRO-1310 Pages					\$ 1,659.00	
<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 (h.) above)</i>						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		H* - Holding Public Office Expenses	
E - Salaries	F* - Equipment	G - Political Party	I - Postage		O* - Other	
I - Postage	J - Penalties	K* - Office Expenses				