

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		2. Report Year		3. Period Start Date (mm/dd/yy)		4. Period End Date (mm/dd/yy)		5. Treasurer Full Name	
a. Full Name Robert Thomas Hurst, Jr.		2007		6-29-07		7-9-07		GREG PECHMANN	
b. Mailing Address (include City, State and Zip Code) 2010 Whisper Lane FAYETTEVILLE, NC 28303		c. ID Number		d. Date Filed		e. Phone Number 910 481-0900			
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 <input checked="" type="checkbox"/> Organizational <input 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		State/County <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		Referendum <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)									
<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								10. Special Report Name	
11. Account Information				11. Account Information					
a. Financial Institution Full Name WACHOVIA BANK				a. Financial Institution Full Name					
b. Purpose		c. Account Code 1		b. Purpose		c. Account Code			
		d. Period Begin Balance \$ 0				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).									
_____ Printed Name of Signer			_____ Signature of Appointed Treasurer			_____ Date			
FOR OFFICE USE ONLY									
Date Received: 7-9-07		Employee: Angie		Delivery Method					
Date Postmarked: _____		Employee: _____		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed					
Date Scanned: _____		Employee: _____		<input type="checkbox"/> Signer has not received mandatory training					
Date Data Entered: _____		Employee: _____							
<p>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.</p>									

Detailed Summary

Amendment
 Yes 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
Bobby Hurst, Com			
Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 2274-	\$ 2274-
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) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 2274-	\$ 2274-
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 24 ⁰⁰	\$ 24 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) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 24 ⁰⁰	\$ 24 ⁰⁰
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)		\$ 2250-	\$ 2250-
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

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	
Bobby Hurst. 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		
DENA DAIL P.O. Box 53121 FAYETTEVILLE NC 28305 910 483-7176			CERTIFIED Public Acct.				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			Selfemployed		\$ 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"/>					\$		
<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		
DENNIS GOULD 7099 CALAMAR DR. FAYETTEVILLE, NC 28314 910 888-6384			RETIRED CIVIL SERVICE				
			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"/>					\$		
<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		
ANITA KYLE 1708 FAIRINGTON LANE FAYETTEVILLE, NC 28305			SOCIAL WORKER				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			910 484-7221		\$ 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"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 1600.00		
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$		

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

1. Committee Full Name and Board of Trustees						2. ID Number
Bobby Hurst.com						
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state & zip)				b. Job Title/Profession		c. Comments
J.W. (BILL) HURLEY 201 HAY STREET SUITE 301 FAYETTEVILLE NC 28301				C.L.U		910 483-6210
				c. Employer's Name/Specific Field		d. Election Sum to Date
				OLDE FAYETTEVILLE INSURANCE		\$ 100. ⁰⁰
e. Prior	f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state & zip)				b. Job Title/Profession		c. Comments
MIKE LALLIER 500 WILLOW BEND DR. FAYETTEVILLE, NC 28303 910 483-5977				OWNER		
				c. Employer's Name/Specific Field		d. Election Sum to Date
				REED LALLIER CHEVROLET		\$ 500. ⁰⁰
e. Prior	f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state & zip)				b. Job Title/Profession		c. Comments
Bobby Hurst 2010 Whispers Lane Fay NC 28303				Vice President		
				c. Employer's Name/Specific Field		d. Election Sum to Date
				Hurst Annschae		\$ 74. ⁰⁰
e. Prior	f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 674	
5. Total of ALL CRO 1210 Pages					\$ 2274. ⁸⁸	

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	
Bobby Hurst.com							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input 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	
BOARD OF ELECTIONS 301 E. RUSSELL STREET FAYETTEVILLE NC 910 678-7733 28301				c. Level Registered (Specify)		e. Election Sum to Date \$ 24.00	
				<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	
				\$			
				\$			
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						\$	
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> <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)							