

Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.
 This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee RE-ELECT MAYOR DARRELL		d. ID Number	
b. Mailing Address (include City, State and Zip Code) 1106 SUNSET DR, KANNAPOLIS, NC 28081		e. Date Organized 2/4/25	
c. Committee Website (Optional)		f. Phone Number 704-244-0342	
2. Candidate Information			
a. Full Name MILTON DARRELL HINNANT		e. Party Affiliation Republican	
b. Mailing Address (include City, State, and Zip Code) 1106 SUNSET DR KANNAPOLIS, NC 28081		f. Office Sought Kannapolis Mayor	
c. Phone Number 704-244-0342	d. Email Address mtheo1912@gmail.com	g. Next Election Year 2025	h. Jurisdiction Kannapolis
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name MILTON DARRELL HINNANT		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) 1106 SUNSET DR. KANNAPOLIS, NC 28081		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number 704-244-0342	d. Email Address mtheo1912@gmail.com	c. Phone Number	d. Email Address
Send report notices by email <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name MILTON DARRELL HINNANT		a. Financial Institution Full Name First Bank	
b. Mailing Address (include City, State, and Zip Code) 1106 SUNSET DR KANNAPOLIS, NC 28081		Main St. KANNAPOLIS, NC 28081	
c. Phone Number 704-244-0342	d. Email Address mtheo1912@gmail.com	b. Account Code	c. Type Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.</p> <p> <u>MILTON DARRELL HINNANT</u> <u>Milton Darrell Hinnant</u> <u>2/4/25</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p> <u>MILTON DARRELL HINNANT</u> <u>Milton Darrell Hinnant</u> <u>2/4/25</u> Printed Name of Candidate Signature of Candidate Date </p>			