

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 <u>RE-ELECT MAYOR DARRELL</u> | | | c. ID Number | |
| b. Mailing Address (include City, State and Zip Code) <u>1106 SUNSET DR</u> <u>KANNAPOLIS, NC 28081</u> | | | d. Date Filed <u>1/30/26</u> | |
| | | | e. Phone Number <u>704-244-0342</u> | |
| 2. Report Year <u>2025</u> | 3. Period Start Date (mm/dd/yy) <u>10/21/25</u> | 4. Period End Date (mm/dd/yy) <u>12/31/25</u> | 5. Treasurer Full Name <u>MILTON DARRELL HINNANT</u> | |
| 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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input 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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | | |
| 7. Type of Fund (if applicable, check one) | | State/County | | |
| <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <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 | | |
| 8. Number of Fundraisers this Report <u>0</u> | | 10. Special Report Name | | |
| 11. Account Information | | 11. Account Information | | |
| a. Financial Institution Full Name <u>FIRST BANK</u> | | a. Financial Institution Full Name <u>RECEIVED</u> | | |
| b. Purpose <u>CAMPAIGN FINANCE</u> | | b. Purpose <u>JAN 30 2026</u> | | |
| c. Account Code <u>MDH25</u> | | c. Account Code | | |
| d. Period Begin Balance <u>\$ 8351.71</u> | | d. Period Begin Balance <u>\$</u> | | |
| CERTIFICATION | | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M 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 and that I have been trained by the NC State Board of Elections. | | | | |
| <u>MILTON DARRELL HINNANT</u> Printed Name of Signer | | <u>Milton Darrell Hinnant</u> Signature of Appointed Treasurer | | <u>1/30/26</u> Date |
| FOR OFFICE USE ONLY | | | | |
| Date Received: | <u>01/30/2026</u> | Employee: | <u>[Signature]</u> | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: | _____ | Employee: | _____ | |
| Date Scanned: | <u>1/30/2026</u> | Employee: | <u>WAN</u> | |
| Date Data Entered: | _____ | Employee: | _____ | |
| 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 (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|-------------------|-----------------------------|---------------------------|
| RE-ELECT MAYOR DARRELL | YR END | | |
| Start of Election Cycle: January 1, <u>2025</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 8351.71 | \$ |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 0 | \$ |
| 6) Contributions from Individuals (CRO-1210) | | \$ 0 | \$ 17,639.25 |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 0 | \$ 0 |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 0 | \$ 0 |
| 9) Loan Proceeds (CRO-1410) | | \$ 0 | \$ 4,000.00 |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | | \$ 0 | \$ 0 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ 0 | \$ 0 |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | | \$ 0 | \$ 0 |
| 11c) Outside Sources of Income (CRO-1250) | | \$ 0 | \$ 0 |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | | \$ 0 | \$ 0 |
| 11e) Exempt Purchase Price Sales (CRO-1265) | | \$ 0 | \$ 0 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 0 | \$ 21639.25 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 8067.87 | \$ 21,355.41 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ 0 | \$ 0 |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ 0 | \$ 0 |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ 0 | \$ 0 |
| 15) Loan Repayments (CRO-1420) | | \$ 0 | \$ 0 |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | | \$ 0 | \$ 0 |
| 17) In-Kind Contributions (CRO-1510) | | \$ 0 | \$ 0 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 8067.87 | \$ 21,355.41 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 283.84 | \$ 283.84 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ 0 | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ 4000.00 | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | | \$ 0 | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | | \$ 0 | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ 0 | |
| 25) Administrative Support (CRO-1710) | | \$ 0 | \$ 0 |
| 26) Forgiven Loans (CRO-1440) | | \$ 0 | \$ 0 |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ 0 | \$ 0 |
| 28) Contributions to be Refunded (CRO-1215) | | \$ 0 | \$ 0 |

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 |
| RE-ELECT MAYOR DARRELL | | | | | | |
| 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 | |
| UPS STORE 242 OAK AVENUE KANNAPOLIS, NC 28081 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| MDH 25 | DEBIT | R | 10/21/25 | \$1147.92 | Printing | |
| | | | | \$ | | |
| 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 | |
| ALLIANCE FORGE 6340 FIREBEECH SPARKS, NV 89436-8432 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| MDH 25 | DEBIT | A | 10/22/25 | \$ 242.55 | on line ASG | |
| | | | | \$ | | |
| 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 | |
| EMERSV 1100 Barkley Rd Charlotte, NC 28209 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 6800.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| MDH 25 | Check(1000) | C | 10/27/25 | \$ 5750.00 | Campaigns consulting | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 7140.47 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 8067.87 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | |
| <i>(This line goes in line 13c 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 | Q* - Donation to Legal Expense Fund | | | |
| 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 |
| RE-ELECT MAYOR DARRELL | | | | | | |
| 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 |
| ALLIANCE FORGE 6340 FIREBEE CT. SPARKS, NV 89436-8432 | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" 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 | |
| MDH25 | DEBIT | A | 10/30/25 | \$ 236.50 | on line ads | |
| | | | | \$ | | |
| 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 |
| LAUREN CUMMING 119 Pinecroft Ct. Troutman, NC 28166 | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date |
| | | | | | | \$ 300.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| MDH25 | Debit | A | 10/30/25 | \$ 300.00 | text ads | |
| | | | | \$ | | |
| 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 |
| APPLE 1 INFINITE LOOP CUPERTINO, CA 95014 | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" 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 | |
| MDH25 | Debit | A 0 | 11/21/25 | \$ 2.99 | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 539.49 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 8067.87 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c 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 | | Q* - Donation to Legal Expense Fund |
| 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 |
| RE-ELECT MAYOR DARRELL | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <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 | |
| ALLIANCE FORGE 6340 FIVEBEE CT SPARKS, NV 89436-8432 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| MDH25 | Debit | A | 11/28/25 | \$ 269.92 | ON-LINE ADS | |
| | | | | \$ | | |
| 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 | |
| FIRST BANK MAIN STREET KANNAPOLIS, NC 28081 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 6.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| MDH25 | Draft | K | 12/19/25 | \$ 6.00 | BK CHARGES | |
| | | | | \$ | | |
| 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 | |
| APPLE 1 INFINITE LOOP CUPERTINO, CA 95014 | | | | | | |
| | | | 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 | |
| MDH25 | Debit | A O | 12/22/25 | \$ 2.99 | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 278.91 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 8067.87 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c 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 | | Q* - Donation to Legal Expense Fund |
| 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 |
| RE-ELECT MAYOR DARRELL | | | | | | |
| 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 | |
| NC MEDIA GROUP PO BOX 4690 CAROL STREAM, IL 60197-4690 | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 109.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| MDH 25 | check (1005) | A | 12/24/25 | \$ 109.00 | Newspaper Ads | |
| | | | | \$ | | |
| 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) | | 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 <i>(include city, state, & zip)</i> | | | 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 | | | | | | \$ 109.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 8067.87 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | |
| <i>(This line goes in line 13c 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 | Q* - Donation to Legal Expense Fund | | | |
| O* Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | |
|--|----------------------------|--|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number |
| RE-ELECT MAYOR | | | |
| 3. Lender 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 |
| MARY BEARD 1106 SUNSET DR KANNAPOLIS 28081 | | Retired Teacher ride | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | meck schools | |
| | | | f. End Date (mm/dd/yyyy) |
| | | | 12/31/25 |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | NONE | \$ 2000.00 | \$ 2000.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| NONE | | | |
| 3. Lender 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 |
| DARRELL HINNANT 1106 SUNSET DR KANNAPOLIS, NC 28081 | | MAYOR | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | CITY OF KANNAPOLIS | |
| | | | f. End Date (mm/dd/yyyy) |
| | | | 12/31/25 |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | NONE | \$ 2000 | \$ 2000 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 3. Lender 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. Start Date (mm/dd/yyyy) |
| | | | |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ | \$ |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 4000.00 |
| 5. Total of ALL CRO-1430 Pages <small>(This line must be on line 21 of Detailed Summary Page CRO-1100)</small> | | | \$ 4000.00 |