

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 KANNAPOLIS, NC 28081</u>	d. Date Filed <u>2/9/26</u>
	e. Phone Number <u>704-244-0342</u>

2. Report Year <u>2025</u>	3. Period Start Date (mm/dd/yy) <u>1/1/26</u>	4. Period End Date (mm/dd/yy) <u>2/9/26</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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	10. Special Report Name
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
8. Number of Fundraisers this Report		<input checked="" type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>FIRST BANK</u>		a. Financial Institution Full Name	
b. Purpose <u>CAMPAIGN FINANCE</u>	c. Account Code <u>WSDH 25</u>	b. Purpose	c. Account Code
	d. Period Begin Balance <u>\$ 283.84</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.

MILTON DARRELL HINNANT Milton Darrell Hinnant 2/9/26
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 2-9-26 Employee: CC Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Signer has not received mandatory training

Date Scanned: 2-9-26 Employee: LIAN

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	FINAL		
Start of Election Cycle: January 1, <u>2025</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 283.84	\$	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$	
6) Contributions from Individuals (CRO-1210)	\$ 2.99	\$ 17642.24	
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)	\$	\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 2.99	\$ 17642.24	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 2.99	\$ 21358.40	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$	
15) Loan Repayments (CRO-1420)	\$ 283.84	\$ 283.84	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$	\$	
17) In-Kind Contributions (CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 286.83	\$ 21642.24	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 0	\$ 0	
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0		
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0		
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	\$	
26) Forgiven Loans (CRO-1440)	\$ 3716.16	\$ 3716.16	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0	
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0	

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
RE-ELECT MAYOR DARRELL	

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MILTON DARRELL HINNANT 1106 SUNSET DR KANNAPOLIS, NC 28081	MAYOR	
	c. Employer's Name/Specific Field	
	CITY OF KANNAPOLIS	e. Election Sum to Date
		\$ 2.99

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MDH25	CASH		2/6/26	\$ 2.99
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add 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"/>					\$

3. Contributor Information Add 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 \$ 2.99

5. Total of ALL CRO-1210 Pages \$ 2.99
(This line must be on line 6 of Detailed Summary Page CRO-1100)

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	
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 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	0	1/3/26	\$ 2.99			
				\$			
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						\$ 2.99	
6. Total of ALL CRO-1310 Pages						\$ 2.99	
<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)							

Loan Repayments

Amendment
 Yes No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
RE-ELECT MAYOR DARRELL					
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
MARY BEARD 1106 SUNSET DR KANNAPOLIS, NC 28081					
				c. Original Loan Date	
				d. Original Loan Amount	
				\$ 2000.00	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$ 1716.16	MDH 25	check	1/3/26	\$ 283.84	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount	
\$				\$	
\$				\$	
4. Total only this Page				\$ 283.84	
5. Total of ALL CRO-1420 Pages <i>(This line must be on line 15 of Detailed Summary Page CRO-1100)</i>				\$ 283.84	

Forgiven Loans

Use this form to report any loan which has been forgiven by the lender.
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
RE-ELECT MAYOR DARRELL			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
MARY BEARD 1106 SUNSET DR KANNAPOLIS, NC 28081			
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
2/5/25		\$ 2000.00	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$ 2000.00		2/5/26	
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 1716.16		\$ 1716.16	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
MILTON DARRELL HIRSHART 1106 SUNSET DR KANNAPOLIS, NC 28081			
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
2/5/25		\$ 2000.00	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$ 2000.00		2/5/26	
e. Remaining Loan Balance		h. Forgiven Amount	
\$ 0		\$ 2000.00	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Comments	
c. Original Loan Date (mm/dd/yyyy)		f. Election Sum to Date	
		\$	
d. Original Loan Amount		g. Date (mm/dd/yyyy)	
\$			
e. Remaining Loan Balance		h. Forgiven Amount	
\$		\$	
4. Total only this Page		\$ 3716.16	
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$ 3716.16	
<i>The lender information should contain the same information as supplied on the original loan proceed statement.</i>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender: MARY BEARD

Committee receiving loan: RE-ELECT MAYOR DARRELL

Date of loan: 2/5/25

Amount of original loan: \$2000.00

*Amount of loan to be forgiven: \$1716.16

I, MARY BEARD, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Mary Beard
Signature of Lender

Mark Darrell Harwood
Signature of Committee Treasurer



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

This Statement is to be filed with the Election Board where the committee's reports are filed.

Name of Lender: MILTON DARRELL HINNANT

Committee receiving loan: RE-ELECT MAYOR DARRELL

Date of loan: 2/5/25

Amount of original loan: \$2660.00

***Amount of loan to be forgiven:** \$2000.00

I, MILTON DARRELL HINNANT, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Milton Darrell Hinnant

Signature of Lender

Milton Darrell Hinnant

Signature of Committee Treasurer