

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>DARRELL HINNANT FOR MAYOR</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>7/16/21</u>																																					
			e. Phone Number <u>704-244-0342</u>																																					
2. Report Year <u>2021</u>	3. Period Start Date (mm/dd/yy) <u>01/01/2021</u>	4. Period End Date (mm/dd/yy) <u>06/30/21</u>	5. Treasurer Full Name <u>MILTON DARRELL HINNANT</u>																																					
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td>Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td>Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mid Year</td> <td>Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Mid Year	Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
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<input type="checkbox"/> Special	<input type="checkbox"/> Final																																							
	<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"/> Other:		10. Special Report Name																																						
8. Number of Fundraisers this Report																																								
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>		b. Purpose		c. Account Code																																				
				d. Period Begin Balance <u>\$ 667.04</u>																																				
				d. Period Begin Balance <u>\$ RECEIVED</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>DARRELL HINNANT</u> Printed Name of Signer		<u>Darrell Hinnant</u> Signature of Appointed Treasurer		<u>7/16/21</u> Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	<u>7/16/21</u>	Employee:	<u>SD</u>	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed																																				
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Signer has not received mandatory training																																				
Date Scanned:	_____	Employee:	_____																																					
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
DARRELL HINNANT FOR MAYOR	MID-YEAR	
Start of Election Cycle: January 1, <u>2021</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 667.04	\$ 0
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1000.00	\$ 11667.04
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)	\$ 1000.00	\$ 1667.04
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$	\$
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)	\$	\$
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)	\$ 0	\$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1667.04	\$ 1667.04
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)	\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0	\$ 0
28) Contributions to be Refunded (CRO-1215)	\$ 0	\$ 0

CABARRIUS COUNTY
 BOARD OF ELECTIONS
 SEP 27 2021
 RECEIVED

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	
DARRELL HINNANT FOR MAYOR						
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	
MARY BEARD HINNANT 1106 SUNSET DRIVE KANNAPOLIS, NC 28081			Retired Teacher Aid			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Charlotte-Mecklenburg Schools		\$ 800	
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		06/07/2021	\$ 800.00	
<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	
FELIX ROLLINS 1609 EASTWOOD DRIVE KANNAPOLIS, NC 28081			Retired EYE TECHNICIAN			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Labarrus Eye Center		\$ 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		4/15/21	\$ 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	
					CABARRUS COUNTY BOARD OF ELECTIONS	
			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					\$ 1000.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1000.00	

CABARRUS COUNTY BOARD OF ELECTIONS

JUL 16 2021

RECEIVED