Amendment

Yes	X	No

Disclosure Report Cover

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.

Do not use this	Tomito upuan	o information.							
1. Committee In	nformation								
a. Full Name								c. ID Number	
RE-ELECT MA	AYOR DARR	ELL							
b. Mailing Addre	ess (include Ci	ty, State and Zir	Code)					d. Date Filed	
1106 SUNSET KANNAPOLIS								07/24/2025	
KAININAI OLI	5, NC 20001							e. Phone Number	
								(704) 244-0342	
2. Report Year	3. Period Star	rt Date (mm/dd/	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name	
2025	0:	2/05/2025			06/30/2	2025	MILTON	DARRELL HINNANT	
6. Type of Com	nittee (Check (	One)	9. Typ	e of Report	t (cl	heck only one	type of rep	ort from one category)	
X Candidate Can	npaign 🔲 Par	rty	Munic	ipal		State/County		Referendum	
■ Joint Fundrais	er 🔲 PA	.C		Organizatio	nal	Organizatio	nal	☐ Organizational	
☐ Referendum	☐ Leg	gal Expense Fund		Thirty-five	day	Quarterly		☐ Pre-referendum	
7. Type of Fund	(if applicab	le, check one)		Pre-primary	y	First		☐ Final	
☐ "Booster Fund	l''			Pre-election	1	☐ Second		☐ Supplemental Final	
■ Building Fund				Pre-runoff		☐ Third		☐ Annual	
☐ Presidential E	lection Year Can	didates Fund		Semi-annua	1	Fourth		☐ Special	
■ NC Public Can	npaign Financing	g Fund	X	Mid Ye	ar	Semi-annua	1		
				Year E	nd	☐ Mid Ye	ar	10. Special Report Name	
Other:				Final		Year E	nd	1	
8. Number of Fu	indraisers this	s Report		Special		Final			
	0					☐ Special			
3. Account Information 3. Account Information									
a. Financial Inst	itution Full Na	m e			a. Fina	ncial Institutio	on Full Nam	ie	
FIRST BANK					-				
b. Purpose		c. Account Cod	le		b. Pur	pose RECEIVE		c. Account Code	
CAMPAIGN F	INANCE	MI	DH25	IN-PERSON					
		d. Period Begin	n Balan	ce				d. Period Begin Balance	
		\$		2,000.00		CABARRUS CO SOARD OF ELEC		\$	
CERTIFICATIO	N								
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    Main Pointed Name of Signer   Date   Da									
FOR OFFICE U	SEONLY	7 111 12				17.			
Date Receive	ed:	7-24-25	_	Emplo	yee:	VAN		livery Method Normal Mail	
Date Postma	_		_	Emplo	yee:		- 🖂	Registered Mail Hand Delivered	
Date Scanne	d:	7-24-25		Emplo	yee:	MAN		Electronically Filed	
Date Data Er	ntered:			Emplo	yee: _			Signer has not received mandatory training	
	assista	nt treasurer, cus	stodian	of books i	nforma	tion, or accour	nt information	Sec	
Y	ou must amen	d the Statement	t of Org	anization (	CKO-2	100A-E) to mak	ke committe	e changes.	

Amendment ☐ Yes X No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

	2. Type of Rep			3. ID	Number
RE-ELECT MAYOR DARRELL	2025 Mid Ye	ar Sem	ıı-Annual		
Start of Election Cycle: January 1,2025_			Fotal this orting Perio	d	Total this Election Cycle
4) Cash on Hand at Start		\$	2,000.0	00	\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.0	00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$	10,864.2	25	\$ 10,864.25
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.0	00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.0	00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$	2,000.0	00	\$ 4,000.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.0	00	\$ 0.0
1) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.0	00	\$ 0.0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.0	00	\$ 0.0
11c) Outside Sources of Income	(CRO-1250)	\$	0.0	00	\$ 0.0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.0	00	\$ 0.0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.0	00	\$ 0.0
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	12,864.2	25	\$ 14,864.2
EXPENDITURES					
3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	5,194.7	76	\$ 5,194.7
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.0	00	\$ 0.0
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00		\$ 0.0
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00		\$ 0.0
5) Loan Repayments	(CRO-1420)	\$	0.00		\$ 0.0
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00		\$ 0.0
7) In-Kind Contributions	(CRO-1510)	\$			\$ 0.0
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	5,194.7	76	\$ 5,194.7
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	9,669.4		\$ 9,669.4
ADDITIONAL INFORMATION					
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.0	00	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	4,000.0	00	
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.0	00	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.0	00	
4) Account Transfers Within the Committee	(CRO-1720)	\$	0.0	00	
5) Administrative Support	(CRO-1710)	\$	0.0	00	\$ 0.0
6) Forgiven Loans	(CRO-1440)	\$	0.0	00	\$ 0.0
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.0	00	\$ 0.0
8) Contributions to be Refunded	(CRO-1215)	\$	0.0	00	\$ 0.0

Use this form to report indivi	idual contributions	over \$50 or contributio	ns under \$50 if form CRO	1205 is not used
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1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	D Number	
RE-EL	ECT MAYOR D							
3. Cont	ributor Informati	on		Add Re	emove			
	Name, Mailing Add			b. Job Title/P		d. (	comments	
	de city, state, & z			RETIRED SCHOOL TEACHER			- omments	
	ADKINS			RETIKED SCHOOL TEACHER				
	AYBROOK DR			c. Employer's	Name/Specific Field	1		
	APOLIS, NC 28	081		KANNAPOLIS CITY				
TO THAT	711 OE15, 11C 20	001		SCHOOLS	LISCITI	e. Election Sum to Date		m to Date
				SCHOOLS				<b>70.00</b>
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	MDH25	Check			03/25/2025		\$	50.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add Re	emove			
a. Full N	ame, Mailing Add	iress & Phone		b. Job Title/Pi	rofession	d. (	Comments	
(inclu	de city, state, & z	ip)		PROJECT M	IANAGER			
JAMES	ATKINSON							
124 DEXTER AVE			c. Employer's Name/Specific Field					
KANNAPOLIS, NC 28081			ROWAN CA	ABARRUS				
			COMMUNI	TY COLLEGE	e. F	lection Su	m to Date	
						\$		100.00
e p :		I. p. 45	1	L	T			C24004 (5000000000000000000000000000000000
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	MDH25	Check			03/10/2025		\$	100.00
							\$	
							\$	
3. Conti	ibutor Informati	on		Add 🔲 Re	emove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pi	rofession	d. (	Comments	
(inclu	de city, state, & zi	ip)		RETIRED L	INE WORKER			
MICHA	<b>AEL BAUGHMA</b>	N						
1101 L	ANE STREET			c. Employer's	Name/Specific Field			
KANN.	APOLIS, NC 28	083		PHILLIP MO	ORRIS COMPANY	L		
						e. I	lection Su	m to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	MDH25	Check			04/08/2025		\$	150.00
							\$	
							\$	
4. Total only this Page								300.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		10,864.25
A CONTRACTOR		,	9			_		

1. Com	mittee Full Name	(and Fund if applicabl	e)			2. ID Number		
RE-EL	ECT MAYOR D	ARRELL						
3. Cont	ributor Informati	on		Add 🔲 Rei	move			
	lame, Mailing Add			b. Job Title/Pr		d. C	omments	
(inclu	de city, state, & z	ip)		HAIR DRESS	SER			
JACK	BERRINGER							
2202 S	OUTH CANNON	N BLVD		c. Employer's Name/Specific Field				
KANN	APOLIS, NC 28	083		SELF		_		
						e. E	lection Sum	to Date
						\$		45.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			03/17/2025		\$	45.00
							\$	
							\$	
	ributor Informati			Add 🔲 Rei	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & zi	ip)		RETIRED E	YE OFFICE			
PEGGY BLACK				MANAGER	Name/Specific Field			
973 COVENTRY ROAD KANNAPOLIS, NC 28081						-		
KANNAPOLIS, NC 28081				WATSON B	N. S. M. S.	e. E	lection Sum	to Date
				OFTONETR	, I			
						\$		75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			04/04/2025		\$	75.00
							\$	
							\$	
3. Conti	ributor Informatio	on		Add Rei	move			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi	(p)		RETIRED-SO	CHOOL TEACHER			
308 OE	DELL STREET	002			Name/Specific Field			
KANN	APOLIS, NC 28	083		KANNAPOL SCHOOLS	AS CITY	e. E	lection Sum	to Date
				SCHOOLS		\$		49.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			03/10/2025		\$	49.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		169.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary F	Page CRO 1100)			\$	10	0,864.25
( 2 1113 1	mist be on time	of Detailed Summary I	"St Cho-1100)					

Amendment 14 3 of ☐ Yes

X 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 Fund if applicable) 2. ID Number RE-ELECT MAYOR DARRELL 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED-HOSPITAL LEONARD DEAL ADMINISTRATOR c. Employer's Name/Specific Field 2446 FORESTBROOK KANNAPOLIS, NC 28083 ATRIUM HEALTH e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check MDH25 03/04/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) COUNCIL MEMBER JEANNE DIXON c. Employer's Name/Specific Field 1840 ENOCHVILLE AVE KANNAPOLIS, NC 28083 CITY OF KANNAPOLIS 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 Check MDH25 03/17/2025 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) **ENGINEER** LARRY DOYLE c. Employer's Name/Specific Field 308 MELINDA AVE KANNAPOLIS, NC 28083 **DUKE ENERGY** e. Election Sum to Date 20.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MDH25 04/10/2025 \$ 20.00 \$ \$ 4. Total only this Page 220.00 \$

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

10,864.25

\$

				Amendment					
Pg _	4	of	14	☐ Yes	No No				

1. Com	mittee Full Name	(and Fund if applicab	le)			2.1	D Number	
RE-EL	ECT MAYOR D	ARRELL						
3. Cont	ributor Informati	on		Add 🔲 I	Remove			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/	Profession	d. Comments		
(inclu	de city, state, & z	ip)		RETIRED HUMAN				
KENN	ETH GEATHER	S		RESOURCES				
1545 S	TEEPLETON DI	RIVE		c. Employer's Name/Specific Field				
KANN	APOLIS, NC 28	083		CANNON	MILLS COMPANY	L		
						e. F	Dection Sum to Date	
							100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			02/24/2025		\$ 100.00	
							\$	
							\$	
	ributor Informati			Add 🔲 I	Remove			
a. Full N	ame, Mailing Add	dress & Phone		b. Job Title/	Profession	d. (	Comments	
(inclu	de city, state, & z	ip)		PROPERT	Y MANAGEMENT			
ALAN	GOODMAN							
13000 MOORESVILLE ROAD				c. Employer's Name/Specific Field				
DAVIDSON, NC 28036				SELF			7 - 4 C 4 - D - 4	
						e. E	Dection Sum to Date	
						\$	125.25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			03/20/2025		\$ 125.25	
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🔲 I	Remove			
	ame, Mailing Add			b. Job Title/	Profession	d. (	Comments	
	de city, state, & z	ip)		ELECTRIC	CIAN			
	E GRACE			c Employer	's Name/Specific Field	-		
	UNSET DR Apolis, NC 28	0.01				1		
KAININ	APOLIS, NC 28	061		REYNOLI	OS METALS	e. I	Dection Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount	
	MDH25	Check		•	04/04/2025			
					04/04/2023		\$ 50.00	
							\$	
1 T 1							\$ 275.05	
	l only this Pa					\$	275.25	
	al of ALL CRO	\$	10,864.25					

Pg 5 of 14 Amendment Yes No

. Committee Full Name (and Fund if applicable)				2.	ID N	umber	
Jse this form to report individual contributions over \$50 or contribution	ns und	der \$50	if form	CRO 120	5 is no	ot used	1
	- 5		0.1				

1. Com	mittee Full Name	(and Fund if applicabl	le)			2. ID Number		
RE-EL	ECT MAYOR D							
3. Cont	ributor Informati	on		Add Re	move			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	rofession	d. (	d. Comments	
(inclu	ide city, state, & z	ip)		RETIRED PO	OSTMAN			
EARL	GRAY							
109 BF	ROOKSHIRE AV	'E		c. Employer's Name/Specific Field				
KANN	APOLIS, NC 28	083		US POSTAL SERVICE				
1						e. I	Election Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			02/23/2025		\$ 200.00	
							\$	
							\$	
	ributor Informati			Add Re	move			
	lame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments	
(inclu	de city, state, & z	ip)		ASSISTANT	DIRECTOR			
DEME	TRA GRIGLEY							
	ΓHIRD STREET			c. Employer's Name/Specific Field				
KANN	KANNAPOLIS, NC 28083			RHA-NC ST	ART WEST	<u></u>		
			1			e. F	Tection Sum to Date	
						\$	50.00	
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			04/02/2025		\$ 50.00	
							\$	
							\$	
	ributor Informatio			Add Re	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments	
(inclu	de city, state, & zi	ip)		RETIRED LA	AW CLERK			
	A HAWKINS							
	RTHCREST DR				Name/Specific Field			
KANN.	APOLIS, NC 28	083		RUTLEDGE		. I	Dection Sum to Date	
				SAFRIT, SM	ITH	e. r	rection Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			04/10/2025		\$ 50.00	
							\$	
							\$	
4. Total only this Page							300.00	
5. Tota	of ALL CRO	\$	10,864.25					
(Ints l	ine must be on line		,					

Pg 6 of 14 Amendment Yes No

1. Com	nittee Full Name	(and Fund if applicable	e)			2. ID Number		
RE-EL	ECT MAYOR D	ARRELL						
3. Cont	ributor Informati	on		Add  Rer	move			
	ame, Mailing Add			b. Job Title/Pro		d. C	omments	
(inclu	de city, state, & z	ip)		DIRECTOR (	OF TECHNOLOGY			
MILTO	N HINNANT JE	2		Director	or recinioecor			
	NDSOR ROAD	`		c. Employer's Name/Specific Field				
	NVILLE, NC, NC	27858		YALE TRUC	CKS			
						e. E	lection Sur	n to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			05/22/2025		\$	250.00
							\$	
							\$	
	ributor Informati				move			
a. Full Name, Mailing Address & Phone				b. Job Title/Pro	ofession	d. C	comments	
(inclu	de city, state, & z	ip)		RETIRED SC	CHOOL TEACHER			
<b>CHRIS</b>	TIN HOLBROO	KS						
1204 WOODACRE CIRCLE KANNAPOLIS, NC 28081				c. Employer's	Name/Specific Field	-		
			KANNAPOL	IS CITY	<u></u>			
				SCHOOLS		e. F	lection Sur	n to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check		•			Φ.	150.00
					03/28/2025		\$	150.00
							\$	
							\$	
	ributor Informati			Add Rei	move			
	ame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments	
	de city, state, & z	ip)		OWNER				
	ELL JACKSON			a Employaris	Name/Specific Field	-		
PO BO		0.00				1		
KANN.	APOLIS, NC 28	082		LEE CLOTH	ING	e. F	lection Su	m to Date
						-	accion ou	
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amoun	t
	MDH25	Check			03/17/2025		\$	200.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		600.00
	al of ALL CR	O-1210 Pages 6 of Detailed Summary P	Dags CBO 1100			\$		10,864.25
(Inis l	ine must be on line							

1. Com	mittee Full Name	(and Fund if applicab	ole)			2.]	ID Number
RE-EL	ECT MAYOR D	ARRELL					
3. Cont	ributor Informati	ion		Add Re	emove		
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/P	rofession	d. (	Comments
(inclu	ide city, state, & z	ip)		EXECUTIV	Ε		
DEBO	RAH JOHNSTO	N		ADMINISTRATOR			
	EAVER POND				Name/Specific Field	-	
KANN	APOLIS, NC 28	1083		WEILLS FA	RGO BANK	L.	D 4 6 4 D 4
						e. I	Election Sum to Date
						\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount
	MDH25	Check			03/17/2025		\$ 500.00
							\$
							\$
	ributor Informati			Add 🔲 Re	emove		
	ame, Mailing Add			b. Job Title/Pi	rofession	d. (	Comments
	de city, state, & z	ip)		OWNER			
	SA KINCAID			a Employanta	Name/Specific Field	-	
	4716 KANNAPOLIS PKWY					-	
KANN	KANNAPOLIS, NC 28081			CAREMOO	R FACILITY	e. F	Election Sum to Date
							80000 200
						\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	MDH25	Check			03/31/2025		\$ 250.00
							\$
							\$
3. Contr	ibutor Informati	on		Add 🔲 Re	move		
	ame, Mailing Add			b. Job Title/Pi	ofession	d. (	Comments
	de city, state, & z	ip)		PROFESSOR	}		
	ANN LILA			a. Employed	Name/Specific Field		
	ENDLETON DR				Name/Specific Field		
KANIN	APOLIS, NC 28	081		NC STATE UNIVERSIT	TV NCDC	e. F	Election Sum to Date
				UNIVERSIT	I-NCKC	\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	MDH25	Check			03/09/2025		\$ 200.00
							\$
							\$
4. Tota	l only this Pa	ge				\$	950.00
	of ALL CRO	0					k
		6 of Detailed Summary F	Page CRO-1100)			\$	10,864.25

Pg 8 of 14 Amendment 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 Fund if applicable) 2. ID Number RE-ELECT MAYOR DARRELL 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REALTOR HEATHER LITTERELL c. Employer's Name/Specific Field 2679 JAMESON DR CONCORD, NC 28027 **EXPRESS REALTY** 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 Check MDH25 04/01/2025 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED SCHOOL EARNEST MACON ADMINISTRTOR 1619 EASTWOOD DRIVE c. Employer's Name/Specific Field KANNAPOLIS, NC 28083 KANNAPOLIS CITY e. Election Sum to Date SCHOOLS 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MDH25 03/01/2025 \$ 200.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED BANKER JEROLD MARLOWE 1517 CRIPPLE CREEK ROAD c. Employer's Name/Specific Field KANNAPOLIS, NC 28081 FIFTH THIRD BANK e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MDH25 03/17/2025 \$ 50.00 \$ \$ 4. Total only this Page 350.00 \$ 5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

Pg 9 of 14 Amendment
Yes No

Use this form to report individu	al contributions over \$50	or contributions under	\$50 if form CRO 1	205 is not used
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1. Com	mittee Full Name	2. I	D Number						
RE-EL	ECT MAYOR DA	ARRELL							
3. Conti	ributor Informati	on		Add 🗆 I	Remove				
	ame, Mailing Add			b. Job Title/Profession			d. Comments		
(inclu	de city, state, & z	ip)		RETIRED COUNTY					
STEPH	IEN MORRIS			COMMISS	IONER				
49 GEC	ORGIA AVE				's Name/Specific Field				
CONC	ORD, NC 28025			CABARRU	US COUNTY	_			
						e. E	lection Sum	to Date	
						\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	MDH25	Check			03/17/2025		\$	1,000.00	
							\$		
							\$		
Control of the Contro	ributor Informatio	16011							
	ame, Mailing Add			b. Job Title/	Profession	d. C	comments		
	(include city, state, & zip)			RETIRED	ENGINEER				
JEFFERY PARKER				a Fee 1	la Name (0 - 10) vi	-			
1630 EASTWOOD DRIVE				c. Employer's Name/Specific Field					
KANN	KANNAPOLIS, NC 28083			MOTORO	LA	e E	lection Sum	to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
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	ibutor Informatio			Add 🔲 I	Remove				
	ame, Mailing Add			b. Job Title/	Profession	d. C	Comments		
	de city, state, & zi	ip)		OWNER					
	RANKIN III			o Emel	le Nama/Cuarte Till	-			
	ANKIN ROAD				's Name/Specific Field	-			
CUNC(	ORD, NC 28027			CESI ENG	INEERING	e. F	lection Sum	to Date	
						\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount		
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							\$		
							\$		
4. Tota	l only this Pag	ge				\$		2,100.00	
5. Tota	of ALL CRO	O CONTROL BOOK TO SERVICE OF THE PROPERTY OF T	age CPO 1100			\$		0,864.25	
CD C	ne must be on tine								

1. Com	mittee Full Name		2. I	D Number					
RE-EL	ECT MAYOR D	ARRELL							
3. Cont	ributor Informati	on		Add [	Rer	nove			
	Name, Mailing Add		-	b. Job Ti	tle/Pro	ofession	d. Comments		
(inclu	ide city, state, & z	ip)		RETIRE	ED EN	IGINEER			
1	IN RAPE								
	OGERS LAKE F			c. Employer's Name/Specific Field					
KANN	APOLIS, NC 28	081		CANNO	ON M	ILLS COMPANY	a E	lection Sun	to Data
								acction Sun	
							\$		150.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
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	iress & Phone		b. Job Ti	tle/Pro	ofession	d. (	Comments		
(include city, state, & zip)				RETIRE	ED EY	'E TECHNICIAN			
FELIX ROLLINS				o Emplo	would !	Nama/Spacific Field	-		
1609 EASTWOOD DRIVE				c. Employer's Name/Specific Field CABARRUS EYE CENTER					
KANNAPOLIS, NC 28081				CABAI	KKUS	EYECENTER	e. F	lection Sun	1 to Date
							0		500.00
							\$	*	500.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check				02/21/2025		\$	500.00
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	ame, Mailing Add			b. Job Ti	tle/Pr	ofession	d. (	Comments	
	de city, state, & zi	ip)		1		EAL ESTATE			
	RUTLEDGE			BROKE		Name/Specific Field	-		
	ASTWOOD DRI APOLIS, NC 28					IS REAL ESTATE	1		
KANN	AFOLIS, NC 26	063		COMP		IS KEAL ESTATE	e. I	Tection Sun	n to Date
							\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check				03/03/2025		\$	500.00
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								\$	
4. Total only this Page						\$		1,150.00	
5. Tota	al of ALL CRO	O-1210 Pages					\$		10,864.25
(This l	ine must be on line	6 of Detailed Summary F	Page CRO-1100)						,

				Amenam	ent
Pg	11	of	14	☐ Yes	X No

1. Com	mittee Full Name	(and Fund if applicabl	le)			2. ID Number	
RE-EL	LECT MAYOR D	ARRELL					
3. Cont	tributor Informati	on		Add R	emove		
	Name, Mailing Add			b. Job Title/P		d. (	Comments
(inclu	ude city, state, & z	ip)		RETIRED REAL ESTATE			
	ER SHELTON			SALES			
	OGWOOD BLVI				s Name/Specific Field	1	
KANN	NAPOLIS, NC 28	.081		TATE REA	LTY	<u></u>	S d C to Date
						e. r	Election Sum to Date
2 Polon	T	T. p. ap.	1	<u> </u>		\$	100.00
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ATTACABLE TO STATE OF THE STATE OF THE	ributor Informati				emove		
	Name, Mailing Add			b. Job Title/P	rofession	d. (	Comments
	ide city, state, & zi	ip)		RETIRED M	MINISTER		
DON SHUMAN					10 10 11 11	1	
1623 EASTWOOD DR				c. Employer's Name/Specific Field TRINITY UMC			
KANN	KANNAPOLIS, NC 28083				MC	2.1	Election Sum to Date
						е. г	dection Sum to Date
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	MDH25	Check			04/07/2025		\$ 50.00
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3. Contr	ributor Informatio	on		Add Re	emove		
a. Full N	Name, Mailing Add	lress & Phone		b. Job Title/P	rofession	d. (	Comments
	ide city, state, & zi	(p)		RETIRED T	RUCK DRIVER		
5300 M	100RESVILLE F			c. Employer's	Name/Specific Field		
KANN	APOLIS, NC 280	081				e. I	Election Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	MDH25	Check		-	06/16/2025		\$ 100.00
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4. Tota	al only this Pag	ge				\$	250.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Paga CPO 1100)			\$	10,864.25
(Ints th	the must be on tine to						

1. Com	mittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
RE-EL	ECT MAYOR D	ARRELL						
3. Cont	ributor Informati	on		Add 🔲 Ren	move			
	Name, Mailing Add			b. Job Title/Pro		d. C	d. Comments	
(inclu	ide city, state, & z	ip)		RETIRED SCHOOL TEACHER				
ALICE	SMITH							
	PPLEWOOD AV			c. Employer's Name/Specific Field				
KANN	APOLIS, NC 28	081		KANNAPOL	IS CITY			
				SCHOOLS		e. E	lection Sum to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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L					04/11/2023		\$ 150.00	
							\$	
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	ributor Informati	move						
	Name, Mailing Add			b. Job Title/Pro	ofession	d. (	Comments	
(inclu	de city, state, & z	ip)		RESEARCH	PROJECT			
JULIE STEGALL				MANAGER	N	-		
407 KNOLLWOOD DR				c. Employer's Name/Specific Field				
KANNAPOLIS, NC 28083				UNC-NRI		e L	Tection Sum to Date	
							(0000) (000	
		I			I	\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			03/15/2025		\$ 75.00	
							\$	
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3. Conti	ributor Informati	on		Add Rei	move			
a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. (	Comments	
(inclu	de city, state, & z	ip)		REALTOR				
	Y STEIN				N 10 10	1		
	EST B STREET				Name/Specific Field	-		
KANN	APOLIS, NC 28	081			GREENWALD	e I	Dection Sum to Date	
				REAL ESTA	IE			
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	MDH25	Check			02/26/2025		\$ 150.00	
							\$	
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4. Tota	al only this Pa	ge			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	375.00	
5. Tota	al of ALL CR	O-1210 Pages	One then			\$	10,864.25	
(This l	ine must be on line	6 of Detailed Summary 1	Page CRO-1100)					

se this form to report individual	al contributions	over \$50 or contr	ributions under	\$50 if form CRC	1205 is not used
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1. Com	mittee Full Name	(and Fund if applicabl	le)			2. ID Number	
RE-EL	ECT MAYOR DA	ARRELL					
3. Cont	ributor Informati	on		Add Re	emove	539	
	Name, Mailing Add			b. Job Title/P		d. Comments	
	ide city, state, & z	ip)		RETIRED SCHOOL TEACHER			
BREN PO BC	DA TROTT			c. Employer's Name/Specific Field			
	APOLIS, NC 28	081		KANNAPO			
	, , , , , , , , , , , , , , , , , , , ,			SCHOOLS			<b>Tection Sum to Date</b>
							100.00
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	Name, Mailing Add			b. Job Title/P		d. (	Comments
	ide city, state, & z	(p)		SCHOOL A	DMINISTRATOR		
ED TY	WINDSOR			c. Employer's Name/Specific Field			
KANNAPOLIS, NC 28081				KANNAPOLIS CITY			
	2001			SCHOOLS		e. F	Election Sum to Date
						\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount
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	Name, Mailing Add			b. Job Title/P		d. (	Comments
	ide city, state, & zi			RETIRED M	IINISTER		
	ENTRAL AVE			c. Employer's	Name/Specific Field	1	
	APOLIS, NC 28	083		TRINITY U	NITED		
				METHODIS	ST CHURCH	e. I	Election Sum to Date
						\$	75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount
	MDH25	Check			02/24/2025		\$ 75.00
							\$
							\$
4. Tot	al only this Pa	ge				\$	375.00
5. Tot	al of ALL CR		Page CRO-1100)			\$	10,864.25
(Inis	ine musi de on ilhe	o of Detailed Summary	uge CKO-1100)				

Pg 14 of 14 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 Fund if applicable) 2. ID Number RE-ELECT MAYOR DARRELL 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GENERAL MANAGER TIMOTHY VAUGHN c. Employer's Name/Specific Field 1229 PENDLETON DR KANNAPOLIS, NC 28081 HILBISH AUTOMOTIVE e. Election Sum to Date **DEALERSHIP** 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MDH25 03/05/2025 \$ 300.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **OWNER** KEITH WAYNE c. Employer's Name/Specific Field 8420 OVERCASH RD CONCORD, NC 28027 WAYNE BROTHERS e. Election Sum to Date **COMPANY** 3,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MDH25 04/04/2025 3,000.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) REALTOR ALLISON WIGHTMAN c. Employer's Name/Specific Field 818 WEST B STREET KANNAPOLIS, NC 28081 **KELLER-WILLIAMS** e. Election Sum to Date 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check MDH25 05/26/2025 \$ 150.00 \$ \$ 4. Total only this Page 3,450.00 \$ 5. Total of ALL CRO-1210 Pages \$ 10,864.25 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Loan P	Proceeds			Pg 1 of	. 1	Amend Ves	
	orm to report proceeds from a	loan and loan e	ndorser's i			_ LI Tes	Δ 110
	ceeds statement must accom						
	tee Full Name (and Fund if a					2. ID Numl	ber
RE-ELEC	T MAYOR DARRELL	-					
3. Lender	Information		Add 🔲	Remove			
a. Full Nan	ne, Mailing Address & Phone		b. Job Titl	e/Profession		d. Commen	its
(include	city, state, & zip)						
MARY B						e. Start Dat	te (mm/dd/yyyy)
	OLIS, NC 28081		c. Employ	er's Name/Spec	ific Field		05/2025
						f. End Date	(mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Acco	ount Code	j. Form of Pay	ment	k. Amo	unt
%		N	1DH25	Ch	eck	\$	2,000.00
l. Full Nam	e of Lending Institution					m. Loan Nu	ımber
4. Endorse	rs/Makers (The people who g	uarantee the loan.	)				
	ie, Mailing Address & Phone			e/Profession	c. Employ	yer's Name/S	pecific Field
(include	city, state, & zip)						
			d. Percent	tage	e. Amou	n t	
				%	\$		
	of ALL CRO-1410 Pag must be on line 9 of Detailed Su		0-1100)			\$	2,000.00
CRO-1410		NC State	Board of Ele	ections			April 200

D'					
Dis	biii	rsei	nei	nts	

				Amendment				
Pg	1	of	5_	☐ Yes	X	No		

1. Committee F	ull Name (and Fund i	if applicable)						2. ID Nun	nber
RE-ELECT MA	AYOR DARRELL								
3. Type of Disbu	rsement (Please	use separate CRC	0-1310	forms for each	h type of	Disbui	rseme	nt.)	
Operating Exp		ributions to Candidat						ed Party Ex	penditures
4. Payee Inform	ation			Add $\square$	Remove		10.27	100000000000000000000000000000000000000	
	ailing Address & Pho	one		b. Coordinate		tee Na	me	d. Comme	nts
(include city, sta									
APPLE, INC	•			1					
1 INFINITE LO	OOP			c. Level Regis	tered (Spe	cify)			
CUPERTINO,	CA 95014			☐ Federal		County:			
				State		<b>Aunicip</b>	ality:	e. Election	Sum to Date
								\$	28.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Rer	narks
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					s			STINGIO	
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4. Payee Inform				Add 🗖	Remove				
	ailing Address & Pho	one		b. Coordinate	d Commit	tee Na	ım e	d. Comme	nts
(include city, sta	te, & zip)			-					
APPLE, INC				c. Level Regis	toned (Sne	oifu)			
1 INFINITE LOOP				Federal		County:			
CUPERTINO, CA 95014				State				e Election	Sum to Date
						типтогр	unty.	c. Decilor	Sum to Date
								\$	2.99
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					\$				
4. Payee Informa	ation		П	Add $\square$	Remove				
	niling Address & Pho	one		b. Coordinate		tee Na	me	d. Comme	nts
(include city, sta									
CABARRUS N.									
4 BARBRICK A				c. Level Regis	tered (Spe	cify)			
CONCORD, NO	28025			☐ Federal	_	county:			
				State	□ N	1unicip	ality:	e. Election	Sum to Date
								\$	260.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoun	t	k. Re	quired Rei	narks
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					\$				
	_				\$	F-107 7-10 RG			
5. Total only this								\$	291.56
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S		_					\$	5,194.76
	n line 13b of Detailed S		-				omm)		
	line 13c of Detailed S				rty Expend	itures)			
	des (List detailed						2013		
A* - Media	B* - Printin			undraising				ner Candid	
E - Salaries	F* - Equipme			litical Party			_		ffice Expenses
I - Postage O* Other	J - Penalties	S	K* - C	Office Expenses	s (	Į* - D(	onatio	n to Legal	Expense Fund
	detailed explanation	n in required rem	arke f	ield (k)					
Cours require			m no 1	win (n)					THE R. P. LEWIS CO., LANSING, MICH.

T									
D	16	h	PC	0	m	0	n	te	
		.,	 						

				Amenam	ent
Pg	2	of	5_	☐ Yes	X No

1. Committee Fu	ıll Name (a	and Fund	if applicable)						2. ID Nu	mber
RE-ELECT MA	AYOR DA	RRELL								
3. Type of Disbu	rsement	(Please	use separate CRO	0-1310	forms for each	h type o	f Disbu	rseme	nt.)	
Operating Exp	enses	Contr	ributions to Candidat	tes/Polit	ical Committees		Coc	ordinate	ed Party E	xpenditures
4. Payee Inform	ation				Add $\square$	Remov	re e			
a. Full Name, Ma	ailing Add	ress & Ph	one		b. Coordinate	d Comn	ittee Na	ame	d. Comm	ents
(include city, sta	te, & zip)									
CITY OF KAN	NAPOLIS									
401 LAUREAT	E WAY				c. Level Regis					
KANNAPOLIS	, NC 2808	31			Federal	님	County:			
					☐ State	Ц	Municip	ality:	e. Hectic	on Sum to Date
						~			\$	400.00
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Re	emarks
MDH25	Ch	eck	0	0	2/07/2025	\$	400.00	REN	TING B	UILDING TO
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15 70					🗖	_				
4. Payee Informa		0 DI			Add	Remov			1.0	
a. Full Name, Ma		ress & Pho	one		b. Coordinate	d Comn	iittee Na	ame	d. Comm	ents
(include city, sta					+					
CURRENT CA					c. Level Regis	tered (S	necify)			
6765 CAMPUS COLORADO S		CO 8003	20		☐ Federal		County:			
COLORADO S	i Kiivos,,	CO 8092	.0		☐ State		Municip		e. Electio	on Sum to Date
									70.00	
						and the second			\$	19.24
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Ro	emarks
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						\$				-
4. Payee Informa	ation				Add $\square$	Remov	e			
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(include city, stat	_									
EMERSV					1					
1100 BARKLEY	Y ROAD				c. Level Regis					
CHARLOTTE,	NC 28209	)			☐ Federal		County:			
					State		Municip	ality:	e. Electio	on Sum to Date
									\$	1,050.00
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired R	emarks
MDH25	Che	eck	0	0	4/09/2025	\$ 1,	050.00	CAN	1PAIGN	
						\$		DES	IGN/CO	MMUNICATIO
						D.	_			
5. Total only this									\$	1,469.24
6. Total of ALL (	CRO-1310	) Pages								
			Summary Page CRO						\$	5,194.76
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	-		ummary Page CRO-		the Real Property lies and the Real Property lie	rty Expe	nattures)			
			expenditure code			y testill				
A* - Media		- Printin	_		undraising				her Cand	
E - Salaries		- Equipme			litical Party			-		Office Expenses
I - Postage O* Other	J	- Penaltie	5	W (	Office Expense	S	Q~ - D	onatio	on to Leg	al Expense Fund
	detailed e	xplanatio	n in required ren	narks f	ield(k)					

T		1								
Ш	AS	h	П	rs	e	m	e	n	ts	

				Amendm	ent	
g	3	of	5	☐ Yes	X	N

	ull Name (and Fund i	f applicable)					2. ID Num	ber
RE-ELECT MA	AYOR DARRELL							
3. Type of Disbu		use separate CRC						
Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees	☐ Coc	rdinat	ed Party Exp	enditures
4. Payee Inform				Add 🗆	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Na	ıme	d. Comme	nts
(include city, sta	te, & zip)							
FIRST BANK								
421 S MAIN ST					tered (Specify)			
KANNAPOLIS	, NC 28081			☐ Federal ☐ State	County:		a Florian	Sum to Date
				L State	L Municip	anty.	e. Election	Sum to Date
							\$	18.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
MDH25	Electric Funds Tran	0	0.	3/18/2025	\$ 18.50	BAN	K CHARC	GE FOR
					\$	CHE	CKS	
4. Payee Inform	ation		П	Add $\square$	Remove			
	ailing Address & Pho	one			d Committee Na	ıme	d. Comme	nts
(include city, sta								
SAM'S CLUB	•							
	ENTER DR NE				tered (Specify)			
KANNAPOLIS	, NC 28083			☐ Federal	County:			
				☐ State	☐ Municip	ality:	e. Election	Sum to Date
							\$	92.22
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
MDH25	Debit Card	0		2/20/2025	\$ 92.22	TRE	ATS AT	
					\$		OUNCEN	IENT
4. Payee Inform					Remove	1 T		
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ıme	d. Comme	nts
(include city, sta				-				
SIGNS ON THI				c. Level Regist	tered (Specify)			
STE 100	EHOLLOW DRIVE				County:			
AUSTIN, TX 7	8758			State			e. Election	Sum to Date
, , , , , , ,	0,00						s	2,255.01
6 1 t C - 1	- E	h Buunasa Cada	· p	( (11/ )	l	l. D.		
				(mm/dd/yyyy)			quired Rem	
MDH25	Debit Card	О	0	6/30/2025	\$ 2,255.01		RD SIGNS	FOR
					\$	CAN	MPAIGN	
5. Total only this	s Page						\$	2,365.73
6. Total of ALL	CRO-1310 Pages			Tea Maria				
(This line goes in	n line 13a of Detailed S	ummary Page CRO	-1100 if	Operating Expen	nses)		0	5 104 76
	n line 13b of Detailed S		-			omm)	\$	5,194.76
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	-1100 if	Coordinated Par	rty Expenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printin	g	C* - F	undraising	<b>D</b> - To	Anot	her Candid	ate
E - Salaries	F* - Equipme	ent	G - Po	litical Party	H* - H	olding	Public Of	fice Expenses
I - Postage	J - Penaltie	S	K* - C	Office Expenses	Q* - D	onatio	on to Legal	<b>Expense Fund</b>
O* Other								
<ul> <li>Codes require</li> </ul>	e detailed explanation	n in required rem	narks f	ield (k)				

D.					
Dis	hii	rs	em	er	its

Pg 4 of 5 Amendment

1. Committee F	ull Name (and Fund	if applicable)					2. ID Numbe	r
RE-ELECT MA	AYOR DARRELL							
3. Type of Disbu	ursement (Please	use separate CRO	)-1310	forms for each	type of Disbu	rseme	ent.)	
X Operating Exp		ributions to Candidat	es/Polit	ical Committees	☐ Coc	rdinat	ed Party Expen	ditures
4. Payee Inform	nation			Add 🔲	Remove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Committee Na	ame	d. Comments	
(include city, sta	ite, & zip)							
UPS STORE								
242 OAK AVE					tered (Specify)			
KANNAPOLIS	, NC 28081			Federal	County:		El Aire Ce	t. D. t.
				State	☐ Municip	ality:	e. Election Su	m to Date
							\$	541.09
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remar	ks
MDH25	Debit Card	В	0.7	2/25/2025	\$ 188.39	PRIN	NTING MAII	LING
MDH25	Draft	В	0.3	3/24/2025	\$ 352.70	ÇAR	OS VIING MAIL	ING
						CAR		
4. Payee Inform				Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee Na	ame	d. Comments	
(include city, sta	ite, & zip)							
UPS STORE								
242 OAK AVE					tered (Specify)			
KANNAPOLIS	, NC 28081			☐ Federal ☐ State	☐ County: ☐ Municip		e. Election Su	m to Date
				State	L Willing	anty.		im to Date
							\$	235.14
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remar	ks
MDH25	Debit Card	В	04	4/02/2025	\$ 235.14		NTING MAIL	LING
					\$	CAR	(DS	
4. Payee Inform	ation	73 1.000		Add $\square$	Remove			
	ailing Address & Pho	one			d Committee Na	ame	d. Comments	,
(include city, sta								
US POST OFFI				1				
DALE EARNH					tered (Specify)		]	
KANNAPOLIS			ļ	☐ Federal	County:			
			1	State	☐ Municip	ality:	e. Election Su	ım to Date
			ļ				\$	73.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i Amount	k. Re	quired Remar	rks
MDH25	Debit Card	I		2/24/2025	\$ 73.00		4	
1112	Don cara	1	02	2/24/2025		-		
					\$			
5. Total only this		Comment of the commen				7.1	\$	849.23
	CRO-1310 Pages							
	in line 13a of Detailed S						\$	5,194.76
	in line 13b of Detailed S in line 13c of Detailed S					omm)		
		Maria de la companya della companya della companya della companya de la companya della companya		Autoritation (New Yorks)	ту Ехрепанитез,	-		
	odes (List detailed				D. T.			
A* - Media	B* - Printin			undraising			her Candidate	
E - Salaries	F* - Equipme			litical Party			g Public Offic	
I - Postage O* Other	J - Penaltie	S	K" - U	Office Expenses	, Q" - D	onauc	on to Legal Ex	tpense Fund
	e detailed explanatio	n in required ren	narks f	ield(k)				

D:	1		4
DIS	burs	eme	nts

				Amendme	ent	
Pg	5_	of	5	☐ Yes	X	No

1. Committee F	ull Name (and Fund	if applicable)					2. ID Nur	nber
RE-ELECT MA	AYOR DARRELL							
3. Type of Disbu	rsement (Please	use separate CRO	0-1310	forms for each	h type of Disbu	rseme	nt.)	
M Operating Exp		ributions to Candidat					ed Party Ex	penditures
4. Payee Inform	ation			Add 🗆	Remove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comm	ents
(include city, sta	ite, & zip)							
US POST OFF	ICE							
DALE EARNH	ARDT BLVD				tered (Specify)			
KANNAPOLIS	s, NC 28083			☐ Federal	☐ County			
				State	☐ Munici	pality:	e. Election	Sum to Date
							\$	146.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
MDH25	Debit Card	J	0.	3/26/2025	\$ 146.00			
					\$			
4. Payee Inform	ation			Add $\square$	Remove			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comm	ents
(include city, sta	te, & zip)							
US POST OFFI	ICE							
DALE EARNH	ARDT BLVD				tered (Specify)			
KANNAPOLIS	, NC 28083			Federal	County			
				☐ State	☐ Munici	pality:	e. Hectio	n Sum to Date
							\$	73.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
MDH25	Debit Card	I	04	4/14/2025	\$ 73.00			
					\$			
5. Total only thi	s Page						\$	219.00
6. Total of ALL	CRO-1310 Pages							
	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)		0	5 104 76
	n line 13b of Detailed S		_			Comm)	\$	5,194.76
	n line 13c of Detailed S							
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printin	ng	C* - F	undraising	<b>D</b> - To	Anot	her Candi	date
E - Salaries	F* - Equipm	ent		litical Party		lolding	y Public O	office Expenses
I - Postage	J - Penaltie	żs.	K* - C	Office Expense	s Q*-I	Onatio	on to Lega	l Expense Fund
O* Other	1 20 122 N 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
* Codes require	e detailed explanatio	on in required ren	narks f	ield (k)			100	

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v	uts	ıa	ш	1111	ע צ	Da	112

			Amendment			
Pg	1 of	f 1	☐ Ye	s X	No	

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

1. Commit	ttee Full Name (and Fund if applicab	2. ID Number					
	CT MAYOR DARRELL						
3. Lender	Information	☐ Ad	d Remo	ove			
a. Full Name, Mailing Address & Phone			lob Title/Prof	ession	d. Comments		
(include	city, state, & zip)						
MARY BEARD 1106 SUNSET DR					e. Start Date (mm/dd/yyyy)		
KANNAPOLIS, NC 28081		c. E	employer's Na	me/Specific Field	02/05/2025		
					f. End Date (1	mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original I	oan Amount	j. Remaining	g Loan Balance	
%			\$	2,000.00	\$	2,000.00	
k. Full Name of Lending Institution						I. Loan Number	
3. Lender Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  MILTON DARRELL HINNANT 1106 SUNSET DRIVE KANNAPOLIS, NC 28081			d Remo		d. Comments		
					e. Start Date (mm/dd/yyyy)		
			c. Employer's Name/Specific Field		02/04/2025		
					f. End Date (	mm/dd/yyyy)	
					12/	31/2025	
g. Rate	h. Security Pledged		i. Original I	oan Amount	j. Remaining	g Loan Balance	
%			\$	2,000.00	\$	2,000.00	
k. Full Name of Lending Institution						I. Loan Number	
4. Total only this Page						4,000.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)						4,000.00	

CRO-1430

NC State Board of Elections

December 2007



# **Loan Proceeds Statement**

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

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

• Name of committee to receive loan: Re-elect mayor	DARRELL					
Person or committee to make loan:						
Date of loan to committee: 2   25   25						
Name of lending institution (source):						
Personal						
• Amount of loan: #2000						
Description (if in-kind loan): Personal Loan						
Names of all parties responsible for payment of loan (guarantors):						
Re-elect MAYOR DARRELL						
• Period of loan:						
Rate of interest of loan:						
Security pledged for loan:NONE						
I, MARY C. BRARD , acknowledge (Person lending money to committee) provided is complete, true, and accurate. I further understar that has an outstanding balance to any source.	e that all of the information					
Mary C. Board						
Signature of Lender	Date Signed					
meter Daws Hangand	11-1-25					
Signature of Treasurer of Committee	Date Signed					