

Disclosure Report Cover

Amendment

☐ Yes ☒ No

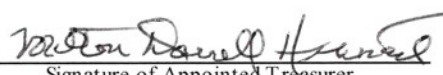
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information				
a. Full Name			c. ID Number	
RE-ELECT MAYOR DARRELL				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
1106 SUNSET DRIVE KANNAPOLIS, NC 28081			09/28/2025	
			e. Phone Number	
			(704) 244-0342	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2025	07/01/2025	09/23/2025	MILTON DARRELL HINNANT	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ Party ☐ Joint Fundraiser ☐ PAC ☐ Referendum ☐ Legal Expense Fund		Municipal State/County Referendum ☐ Organizational ☐ Organizational ☐ Organizational ☒ Thirty-five day ☐ Quarterly ☐ Pre-referendum ☐ Pre-primary ☐ First ☐ Final ☐ Pre-election ☐ Second ☐ Supplemental Final ☐ Pre-runoff ☐ Third ☐ Annual ☐ Semi-annual ☐ Fourth ☐ Special ☐ Mid Year ☐ Semi-annual ☐ Year End ☐ Mid Year ☐ Final ☐ Year End ☐ Special ☐ Final ☐ ☐ Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
☐ "Booster Fund" ☐ Building Fund ☐ Presidential Election Year Candidates Fund ☐ NC Public Campaign Financing Fund ☐ Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
FIRST BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN FINANCE	MDH25			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 9669.49		\$	

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

MILTON DARRELL HINNANT
 Printed Name of Signer


 Signature of Appointed Treasurer

09/28/2025
 Date

FOR OFFICE USE ONLY

Date Received: 9-29-25
 Date Postmarked: _____
 Date Scanned: 9-29-25
 Date Data Entered: _____

Employee: WAN
 Employee: _____
 Employee: WAN
 Employee: _____

Delivery Method
☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed
☐ Signer has not received mandatory training

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		2025 Thirty-five-day			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 9,669.49		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 1,225.00		\$ 12,089.25	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 4,000.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 1,225.00		\$ 16,089.25	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 582.11		\$ 5,776.87	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 582.11		\$ 5,776.87	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 10,312.38		\$ 10,312.38	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 4,000.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Contributions from Individuals

Pg 1 of 2

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 (include city, state, & zip)				b. Job Title/Profession		d. Comments
CHARLES RICHARD CHANEY 1101 S. WINDSOR DRIVE KANNAPOLIS, NC 28083				RETIRED ENGINEER		
				c. Employer's Name/Specific Field		
				PILLOWTEX COMPANY		
				e. Election Sum to Date		
				\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	MDH25	Check		07/31/2025	\$ 75.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ROGER HAAS 916 BRIGHTON DR KANNAPOLIS, NC 28081				RETIRED-SALES/MARKETIN G		
				c. Employer's Name/Specific Field		
				AIM TOURS		
				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	
☐	MDH25	Check		08/01/2025	\$ 150.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LARRY HENDLEY 1016 FAIRWAY DRIVE KANNAPOLIS, NC 28081				RETIRED EXECUTIVE		
				c. Employer's Name/Specific Field		
				LOWE'S COMPANY		
				e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	MDH25	Check		08/18/2025	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 725.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,225.00	

Contributions from Individuals

Pg 2 of 2

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 (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EVANDER ROWELL 1316 TOWNSGATE CT KANNAPOLIS, NC 28081			RETIRED ENGINEER			
			c. Employer's Name/Specific Field			
			WATER/SEWER AUTHORITY OF CABARRUS COUNTY		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	MDH25	Check		07/31/2025	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES WATFORD 1606 EASTWOOD DR KANNAPOLIS, NC 28083			MINISTER			
			c. Employer's Name/Specific Field			
			TRINITY UNITED METHODIST CHURCH		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	
☐	MDH25	Check		09/11/2025	\$ 150.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
VERNA WITHERSPOON 1413 MLK, JR AVE KANNAPOLIS, NC 28083			ADMINISTRATOR			
			c. Employer's Name/Specific Field			
			VA HOSPITAL -SALISBURY		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	
☐	MDH25	Electric Funds Tran		09/17/2025	\$ 100.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,225.00	

Disbursements

Amendment
Pg 1 of 2 ☐ Yes ☒ No

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>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) APPLE, INC 1 INFINITE LOOP CUPPERTINO, CA 95014				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 2.99	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MDH25		Draft	O	07/21/2025	\$ 2.99	ELECTRONIC MEDIA	
					\$	SPACE	
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) APPLE, INC 1 INFINITE LOOP CUPPERTINO, CA 95014				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 2.99	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MDH25		Draft	O	08/21/2025	\$ 2.99	ELECTRONIC SPACE FOR	
					\$	MEDIA	
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) APPLE, INC 1 INFINITE LOOP CUPPERTINO, CA 95014				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date			
						\$ 2.99	
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MDH25		Draft	O	09/21/2025	\$ 2.99	ELECTRONIC STORAGE	
					\$	FOR MEDIA	
5. Total only this Page						\$ 8.97	
6. Total of ALL CRO-1310 Pages						\$ 582.11	
<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

Amendment
Pg 2 of 2 ☐ Yes ☒ No

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>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CABARRUS COUNTY BOARD OF ELECTIONS CHURCH STREET CONCORD, NC 28027				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MDH25	Check	O	07/10/2025	\$ 60.00	FILING FEE		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) KANNAPOLIS AFRICAN AMERICAN & MULTI CULTURAL CENTER 1579 KINGSTON DRIVE KANNAPOLIS, NC 28083				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MDH25	Check	O	08/26/2025	\$ 500.00	AD SPACE IN HISTORY		
				\$	FOLDER		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) RAISE THE MONEY PO BOX 26466 LITTLE ROCK, AK 72221				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 13.14	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MDH25	Electric Funds Tran	C	09/15/2025	\$ 13.14	FEE FOR FUNDRAISING		
				\$			
5. Total only this Page						\$ 573.14	
6. Total of ALL CRO-1310 Pages							
<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>						\$ 582.11	
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)							

Outstanding Loans

Pg 1 of 1

Amendment
☐ Yes ☒ No

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 DARRELL			
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MARY BEARD 1106 SUNSET DR KANNAPOLIS, NC 28081			e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	02/05/2025
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
MILTON DARRELL HINNANT 1106 SUNSET DRIVE KANNAPOLIS, NC 28081			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 Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution			l. 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