## **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 c. ID Number a. Full Name RE-ELECT MAYOR DARRELL d. Date Filed b. Mailing Address (include City, State and Zip Code) 1106 SUNSET DRIVE 09/28/2025 KANNAPOLIS, NC 28081 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 MILTON DARRELL HINNANT 2025 07/01/2025 09/23/2025 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum ■ Joint Fundraiser Organizational □ PAC Organizational Organizational ☐ Referendum ☐ Pre-referendum X Thirty-five day Quarterly Legal Expense Fund Final (if applicable, check one) Pre-primary First 7. Type of Fund ■ Supplemental Final "Booster Fund" Pre-election Second Building Fund Annual Pre-runoff Third Presidential Election Year Candidates Fund Semi-annual Fourth Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Mid Year Year End 10. Special Report Name Year End Other: Final 8. Number of Fundraisers this Report Special Final ☐ Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name FIRST BANK RECEIVED b. Purpose IN-PERSON c. Account Code b. Purpose c. Account Code CAMPAIGN FINANCE MDH25 SEP 2 9 2025 d. Period Begin Balance d. Period Begin Balance CABARRUS COUNTY BOARD OF ELECTIONS \$ 9669.49 S 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 09/28/2025 MILTON DARRELL HINNAUT Date Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY 9-29-25 WAN Delivery Method Date Received: Employee: ■ Normal Mail ☐ Registered Mail Date Postmarked: Employee: ☑ Hand Delivered 9-29-25 WAN ☐ Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: 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

Amendment ☐ Yes X No

Detailed Summary
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 Re		THE PERSON NAMED IN COLUMN 1	D No.	mber
RE-ELECT MAYOR DARRELL	2025 Thirty-		3.1	DNu	mber
Start of Election Cycle: January 1, 2025		1	otal this		Total this
4) Cash on Hand at Start		\$	9,669.49	\$	Dection Cycle 0.00
RECEIPTS		Ψ	7,007.47	Ψ	0.00
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					0.00
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
<b>18) TOTAL EXPENDITURES</b> (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 sub	otract line 18)	\$	10,312.38	\$	10,312.38
ADDITIONAL INFORMATION	(CDO 1220)	Φ.	0.00		
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

## C

				Amendment						
Contributions from Individuals	Pg .	1	of	2	☐ Yes	X No				
Use this form to report individual contributions over \$50 or contribution	ns und	er \$50	if for	m CRO 120	05 is not use	ed				

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
RE-EL	ECT MAYOR D	ARRELL						
3. Cont	ributor Informati	on		Add 🗆 F	Remove			
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/	Profession	d. (	Comments	
(inclu	ide city, state, & z	ip)		RETIRED I	ENGINEER			
	LES RICHARD			a Employar	s Name/Specific Field	-		
	. WINDSOR DR					1		
KANN	APOLIS, NC 28	0083		PILLOW I	EX COMPANY	e. I	Dection Su	m to Date
						\$		75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	)	k. Amoun	t
	MDH25	Check			07/31/2025		\$	75.00
							\$	
							\$	
	ributor Informati				Remove			
	ame, Mailing Ad			b. Job Title/		d. (	Comments	
	de city, state, & z	ip)		7_	SALES/MARKETIN			
	R HAAS LIGHTON DR			G c. Employer'	s Name/Specific Field	1		
	APOLIS, NC 28	081		AIM TOU		1		
KANNAI OLIS, NC 20001				AIM TOO	XIS	e. I	<b>Dection Su</b>	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			08/01/2025		\$	150.00
						1.25352	\$	
							\$	
3. Conti	ibutor Informati	on		Add 🗆 R	Remove			
	ame, Mailing Add			b. Job Title/	Profession	d. (	Comments	
	de city, state, & z	ip)		RETIRED I	EXECUTIVE			
	HENDLEY	r		c. Employer'	s Name/Specific Field	+		
	AIRWAY DRIV APOLIS, NC 28			LOWE'S C		1		
TXT IIII	in Obio, ive 20	001		LOWESC	OWN MICH	e. I	Dection Su	m to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amoun	t
	MDH25	Check			08/18/2025		\$	500.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		725.00
		O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$		1,225.00
1 2 1110 1	oc on une	- J - connect Sammery I	-81100)			1		

## **Contributions from Individuals**

			Amendment						
Pg	2	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. Com	mittee Full Name	(and Fund if applicabl	le)			2.1	D Numbe	r
RE-EL	ECT MAYOR D	ARRELL						
3. Cont	ributor Informati	ion		Add R	Remove			
a. Full N	Name, Mailing Add	dress & Phone	DE WALLES AND THE PARTY OF THE	b. Job Title/P	rofession	d. C	Comments	
	ide city, state, & z	ip)		RETIRED E	ENGINEER			
	DER ROWELL OWNSGATE CT	T.		c. Employer's	s Name/Specific Field	+		
	APOLIS, NC 28				EWER AUTHORITY	1		
*****	111 00.0, 1.0	001			RRUS COUNTY	e. F	lection Su	ım 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			07/31/2025		\$	250.00
							\$	
							\$	
	ributor Informati			Add R	emove			
	Name, Mailing Ado			b. Job Title/P	rofession	d. C	Comments	
	de city, state, & z	ip)		MINISTER				5)
	S WATFORD ASTWOOD DR			c. Employer's	s Name/Specific Field	+		
	APOLIS, NC 28			TRINIY UN		1		
Tantivii obio, Ne 2000					ST CHURCH	e. F	lection Su	ım to Date
						\$		150.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amour	ıt
	MDH25	Check			09/11/2025		\$	150.00
					9.		\$	
							\$	
3. Contr	ributor Informatio	on			emove			
	ame, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	de city, state, & zi			ADMINIST	RATOR			
	A WITHERSPOC ILK, JR AVE	)N		c. Employer's	s Name/Specific Field	1		
	APOLIS, NC 28	083			TAL -SALISBURY	L		
	STOCK STOCKS STATE OF					e. F	lection Su	ım to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amour	ıt
	MDH25	Electric Funds Tran			09/17/2025		\$	100.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		500.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		1,225.00

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1)	10	h	11	rc	0	m	a	n	ts
	100	w	•	13			•		

				ent	
Pg	1	of	2	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nu	mber	
RE-ELECT MA	AYOR DARRELL									
3. Type of Disbu	promont (Plansa	use separate CRO	2-1310	forms for each	h tyne of	Dishu	rsomo	nt)	500	
Operating Exp		ributions to Candida						ed Party E	xpenditure	s
4. Payee Inform				Add	Remove			nes de la compa		
	ailing Address & Ph	one		b. Coordinate			ame	d. Comm	ents	
(include city, sta	(T)	one								
APPLE, INC	,			1						
1 INFINITE LO	OOP			c. Level Regis	tered (Sp	ecify)				
CUPPERTINO				☐ Federal		County:				
				State		Municip	ality:	e. Electio	n Sum to	Date
								\$		2.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	j. Amou	nt	k. Re	quired Re	marks	
MDH25	Draft	0		7/21/2025	\$	2.99	_	CTRONI		A
IVIDITES	Dian		- 0	7/21/2023		2.77	SPA		CIVILDI	
					\$					
4. Payee Inform	ation			Add	Remove	)				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Commi	ttee Na	ame	d. Comm	ents	
(include city, sta	te, & zip)									
APPLE, INC				c. Level Regis	tound (Cr	o oi fu)				
1 INFINITE LC				Federal						
CUPPERTINO,	, CA 95014			State		County: Municin		e. Electio	n Sum to	Date
										No. 100 P. 200
								\$		2.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am ou	n t	k. Re	quired Re	marks	
MDH25	Draft	0	0	8/21/2025	\$	2.99	ELE	CTRONI	C SPAC	E FOR
					\$		MEL	DIA		
4. Payee Inform	etion		П	Add $\square$	Remove					
	ailing Address & Pho	one		b. Coordinate		SECRETARIAN.	ame	d. Comm	ents	
(include city, sta										
APPLE, INC	P			1						
1 INFINITE LC	OOP			c. Level Regis						
CUPPERTINO,				☐ Federal		County:				
				State	Ц	Municip	ality:	e. Electio	n Sum to	Date
								\$		2.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	j. Amou	n f	k. Re	quired Re	marks	
MDH25	Draft	0		9/21/2025	\$	2.99	-	CTRONI		AGE
WIDTI23	Diait	0	0.	9/21/2023		2.77		MEDIA		AGE
					\$					
5. Total only this	s Page							\$		8.97
6. Total of ALL	CRO-1310 Pages									
(This line goes in	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)			\$		582.11
	n line 13b of Detailed S						omm)	Ф		362.11
(This line goes in	n line 13c of Detailed S	Summary Page CRO	-1100 if	Coordinated Pa	rty Expen	ditures)				
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)						
A* - Media	B* - Printin	ANCHE THE REAL PROPERTY OF THE PERSON OF THE		undraising		<b>D</b> - To	Anot	her Candi	date	
E - Salaries	F* - Equipm			litical Party			-	Public (		-
I - Postage	J - Penaltie	S	K* - C	Office Expense:	s	Q* - D	onatio	on to Lega	al Expens	e Fund
O* Other		Marcondura e Castar III kun								
* Codes require	e detailed explanatio	n in required ren	narks f	iela (k)						Section 1

Nic	hur	sem	ant	C
$\mathbf{D}$	Dui	2611	le III	

				ent	
Pg	2	of	2	☐ Yes	X No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	ull Name (a	nd Fund i	f applicable)						2. ID Nur	nber
RE-ELECT MA	AYOR DAR	RELL								
3. Type of Disbu	ırsement	(Please	use separate CRO	0-1310	forms for each	h type	of Disbu	rseme	nt.)	
Operating Exp	penses	Conti	ributions to Candida	tes/Polit	ical Committees		Coc	rdinat	ed Party Ex	penditures
4. Payee Inform	ation				Add 🔲	Remo	ove			
a. Full Name, Ma	ailing Addre	ss & Ph	one		b. Coordinate	d Con	mittee Na	ım e	d. Comme	ents
(include city, sta	te, & zip)									
CABARRUS C	OUNTY BO	OARD O	F ELECTIONS							
CHURCH STR					c. Level Regis					
CONCORD, N	C 28027				Federal State	Ļ	County:		- Florica	Sum to Date
					State		Numer	anty.	e. Hection	1 Sum to Date
									\$	60.00
f. Account Code	g. Form of F	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rei	marks
MDH25	Chec	ck	О	0'	7/10/2025	\$	60.00	FILE	NG FEE	
						\$				
4. Payee Inform	ation				Add	Remo	ove			
a. Full Name, Ma	ailing Addre	ss & Pho	one		b. Coordinate	d Com	mittee Na	ıme	d. Comme	ents
(include city, sta	te, & zip)									
KANNAPOLIS	AFRICAN	<b>AMERI</b>	CAN & MULTI							
CULTURAL C					c. Level Regis	tered	County:			
1579 KINGSTO					State	ř	Municip		e Flection	Sum to Date
KANNAPOLIS	, NC 28083	5			State		_ witamen	anty.	C. Beenon	Sum to Date
									\$	500.00
f. Account Code	g. Form of P	ayment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount .	k. Re	quired Rei	marks
MDH25	Chec	k	О	08	8/26/2025	\$	500.00	AD S	SPACE IN	HISTORY
						\$		FOL	DER	
4. Payee Inform	ation				Add	Remo	ove			
a. Full Name, Ma		ss & Pho	one	No. of Contract of	b. Coordinate	d Com	mittee Na	me	d. Comme	ents
(include city, sta	te, & zip)									
RAISE THE MO	ONEY									
PO BOX 26466					c. Level Regis					
LITTLE ROCK	, AK 7222	l			Federal				T3	6
					☐ State		Municip	ality:	e. Bection	Sum to Date
									\$	13.14
f. Account Code	g. Form of P	ayment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rei	marks
MDH25	Electric Fur	nds Tran	C	09	9/15/2025	\$	13.14	FEE	FOR FUN	NDRAISING
						\$				
5. Total only this	Page								\$	573.14
		D							Ψ	373.14
6. Total of ALL			P. CPO							
			ummary Page CRO- ummary Page CRO-				Political C		\$	582.11
10 to			ummary Page CRO- ummary Page CRO-	-				mm)		
7. Purpose Co	des (List	detailed	expenditure code	in (h.)	above)					
A* - Media	В* -	Printin	g	C* - F	undraising		<b>D</b> - To	Anoth	ner Candid	late
E - Salaries		Equipme			litical Party		H* - He	olding	Public O	ffice Expenses
I - Postage	J -	Penalties	S	K* - C	Office Expenses	8	Q* - D	onatio	n to Lega	Expense Fund
O* Other		urgen plate, mi		roder <u>S</u> aleman						
* Codes require	detailed ex	planation	n in required ren	narks f	ield (k)					

Outstanding Loa	ns
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		Amendment				
Pg _	1 of	1	☐ Yes	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. Committee Full Name (and Fund if applicable)						2. ID Number		
RE-ELEC	CT MAYOR DARRELL							
3 Landar	Information	☐ Ad	d 🔲 Remo	ave.				
3. Lender Information  a. Full Name, Mailing Address & Phone			ob Title/Prof		d. Comments			
(include city, state, & zip)		5.0	b. 300 litte/i lolession			u. comments		
MARY B	EARD							
1106 SUNSET DR						e. Start Date (mm/dd/yyyy)		
KANNAPOLIS, NC 28081		c. Employer's Name/Specific Field			02/05/2025			
					f. End Date (n	nm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original I	oan Amount	j. Remaining	Loan Balance		
%			\$	2,000.00	\$	2,000.00		
k. Full Nan	ne of Lending Institution				I. Loan Number			
3. Lender Information					d. Comments			
(include	city, state, & zip)							
	DARRELL HINNANT ISET DRIVE				e. Start Date	(mm/dd/yyyy)		
	POLIS, NC 28081	c. E	c. Employer's Name/Specific Field			02/04/2025		
					f. End Date (n	nm/dd/yyyy)		
					12/3	31/2025		
g. Rate	h. Security Pledged		i. Original I	oan 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		
(Imis time	mass of on time 21 of Detailed Summary	ruge Cho-11	00)					