

# Disclosure Report Cover

Amendment  
 Yes  No

Please note that this cover sheet 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 those kinds of committee changes.  
 Use the Addendum form (CRO-1010) if more entries are needed.

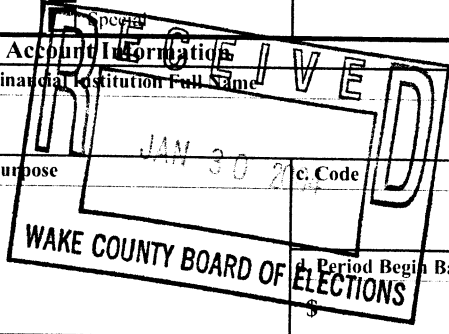
## 1. Committee Information

|  |  |  |
|--|--|--|
| a. Full Name<br><b>TIM HINNANT FOR MAYOR</b>   |  | c. ID Number                           |
| b. Mailing Address (include City, State and Zip Code)<br><b>320 E. HAYWOOD ST.<br/>WENDELL, NC 27591</b> |  | d. Date Filed<br><b>01-30-04</b>       |
|  |  | e. Phone Number<br><b>919-365-5426</b> |

|                               |  |  |  |
|-------------------------------|--|--|--|
| 2. Report Year<br><b>2003</b> | 3. Period Start Date (mm/dd/yyyy)<br><b>10/21/03</b> | 4. Period End Date (mm/dd/yyyy)<br><b>12/31/03</b> | 5. Treasurer Full Name<br><b>TIM HINNANT</b> |
|-------------------------------|--|--|--|

|   |                                |   |                                       |   |
|---|--------------------------------|---|---------------------------------------|---|
| 6. Type of Committee (Check one)                                    |                                | 8. Type of Report (check only one type of report from one category) |                                       |   |
| <input checked="" type="checkbox"/> Candidate Campaign              | <input type="checkbox"/> Party | <input type="checkbox"/> Organizational                             | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum         |
| <input type="checkbox"/> Joint Fundraiser                           | <input type="checkbox"/> PAC   | <input type="checkbox"/> Thirty-five day                            | <input type="checkbox"/> Quarterly    | <input type="checkbox"/> Organizational     |
| <input type="checkbox"/> Referendum                                 |                                | <input type="checkbox"/> Pre-primary                                | <input type="checkbox"/> First Plus   | <input type="checkbox"/> Pre-referendum     |
| 7. Type of Fund (if applicable, check one)                          |                                | <input type="checkbox"/> Pre-election                               | <input type="checkbox"/> Second       | <input type="checkbox"/> Final              |
| <input type="checkbox"/> Soft Money Account                         |                                | <input type="checkbox"/> Pre-runoff                                 | <input type="checkbox"/> Third Plus   | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund"                             |                                | <input type="checkbox"/> Semi-annual                                | <input type="checkbox"/> Fourth       | <input type="checkbox"/> Annual             |
| <input type="checkbox"/> Building Fund                              |                                | <input type="checkbox"/> Mid Year                                   | <input type="checkbox"/> Semi-annual  | <input type="checkbox"/> Special            |
| <input type="checkbox"/> NC Political Party Financing Fund          |                                | <input checked="" type="checkbox"/> Year End                        | <input type="checkbox"/> Mid Year     | 9. Special Report Name                      |
| <input type="checkbox"/> Presidential Election Year Candidates Fund |                                | <input type="checkbox"/> Final                                      | <input type="checkbox"/> Year End     |   |
| <input type="checkbox"/> NC Public Campaign Financing Fund          |                                | <input type="checkbox"/> Special                                    | <input type="checkbox"/> Final        |   |
| <input type="checkbox"/> Other:                                     |                                |   |                                       |   |

|   |  |                                    |                         |
|---|--|------------------------------------|-------------------------|
| 10. Account Information                               |  | 10. Account Information            |                         |
| a. Financial Institution Full Name<br><b>WACHOVIA</b> | b. Purpose<br><b>FOR THE RECEIPT AND EXPENDITURE OF CAMPAIGN FUNDS</b> | a. Financial Institution Full Name | b. Purpose              |
| c. Code<br><b>1</b>                                   | d. Period Begin Balance<br><b>226.43</b>                               | c. Code                            | d. Period Begin Balance |



## CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Tim Hinant Printed Name of Signer  
Tim Hinant Signature of Appointed Treasurer  
**01-30-04** Date

## FOR OFFICE USE ONLY

|                        |                 |   |
|------------------------|-----------------|---|
| Date Received: _____   | Employee: _____ | Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed |
| Date Postmarked: _____ | Employee: _____ |   |
| Date Scanned: _____    | Employee: _____ |   |

# Detailed Summary

Amendment  
 Yes  No

|  |                         |                             |                           |
|--|-------------------------|-----------------------------|---------------------------|
| 1. Committee Full Name (and Fund if applicable)                              |                         | 2. Type of Report           | 3. ID Number              |
| TIM HINWANT FOR MAYOR  |                         | FINAL                       |                           |
| Start of Election Cycle: January 1, 2003                                     |                         | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                         | \$ 0.00                     | \$ 0.00                   |
| 226,431.57   |                         |                             |                           |
| <b>RECEIPTS</b>  |                         |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |                         | \$ 350                      | \$ 1924.99                |
| 6) Contributions from Individuals (CRO-1210)                                 | TAK 611.57              | \$ 200                      | \$ 1850.00                |
| 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 (CRO-1250)   |                         |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |                         | \$                          | \$                        |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250)              |                         | \$                          | \$                        |
| 11c) Outside Sources of Income (CRO-1250)                                    |                         | \$                          | \$                        |
| 12) "Goods and Services" Contributions (CRO-1260)                            |                         | \$                          | \$                        |
| 13) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)      | TAK 961.57              | \$ 550                      | \$ 3774.99                |
| <b>EXPENDITURES</b>  |                         |                             |                           |
| 14) Disbursements (CRO-1310)   |                         |                             |                           |
| 14a) Operating Expenditures (CRO-1310)                                       | TAK 897.93              | \$ 897.93                   | \$ 3283.56                |
| 14b) Contributions to Candidates/Political Committees (CRO-1310)             |                         | \$                          | \$                        |
| 14c) Coordinated Party Expenditures (CRO-1310)                               |                         | \$                          | \$                        |
| 15) Loan Repayments (CRO-1420)   |                         | \$                          | \$                        |
| 16) Refunds/Reimbursements From the Committee (CRO-1320)                     | TAK TO CLOSURE ACCT TAK | \$ 607.93                   | \$ 607.93                 |
| 17) In-Kind Contributions (CRO-1510)   |                         | \$ 411.57                   | \$ 416.57                 |
| 18) TOTAL EXPENDITURES (Add lines 14a, 14b, 14c, 15, 16, and 17)             |                         | \$ 1309.50                  | \$ 4308.06                |
| 19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18) |                         | \$ -121.50                  | \$ -121.50                |
| <b>ADDITIONAL INFORMATION</b>  |                         |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |                         | \$                          | \$                        |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |                         | \$                          | \$                        |
| 22) Debts and Obligations owed By the Committee (CRO-1610)                   |                         | \$                          | \$                        |
| 23) Debts and Obligations owed To the Committee (CRO-1620)                   |                         | \$                          | \$                        |
| 24) Account Transfers Within the Committee (CRO-1720)                        |                         | \$                          | \$                        |
| 25) Administrative Support (CRO-1710)  |                         | \$                          | \$                        |
| 26) Forgiven Loans (CRO-1440)  |                         | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum   |                         | \$                          | \$                        |

TAK 2261.57

TAK 4186.56

TAK 3891.4

TAK



Contributions from Individuals

Pg 1 of 1 Amendment  Yes  No

|  |                 |                    |                         |   |                      |   |  |
|--|-----------------|--------------------|-------------------------|---|----------------------|---|--|
| 1. Committee Full Name (and Fund if applicable)<br><b>TIM HINNANT FOR MAYOR</b>  |                 |                    |                         |   |                      | 2. ID Number                                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                 |                    |                         |   |                      |   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>WILLIAM EARL PARISH<br/>PO BOX 1128<br/>ZEBULON, NC 27597<br/>919-269-8051</b>   |                 |                    |                         | b. Job Title/Profession<br><b>REALTOR</b>                                       |                      | d. Comments                                       |  |
|  |                 |                    |                         | c. Employer's Name/Specific Field<br><b>PARISH REALTY</b>                       |                      | e. Election Cycle Sum to Date<br>\$ <b>500.00</b> |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description  | j. Date (mm/dd/yyyy)  | k. Amount            |   |  |
| <input checked="" type="checkbox"/>  | <b>1</b>        | <b>CHECK</b>       |                         | <b>8/22/03</b>  | \$ <b>300</b>        |   |  |
| <input type="checkbox"/>   | <b>1</b>        | <b>CHECK</b>       |                         | <b>11/18/03</b>   | \$ <b>200</b>        |   |  |
| <input type="checkbox"/>   |                 |                    |                         |   | \$                   |   |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                 |                    |                         |   |                      |   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>GAIL W HINNANT<br/>320 E. HAYWOOD ST.<br/>WENDELL, NC 27591<br/>919-365-5426</b> |                 |                    |                         | b. Job Title/Profession<br><b>INSURANCE AGENT</b>                               |                      | d. Comments                                       |  |
|  |                 |                    |                         | c. Employer's Name/Specific Field<br><b>TODD &amp; SCARBORO<br/>INS. AGENCY</b> |                      | e. Election Cycle Sum to Date<br>\$ <b>416.57</b> |  |
| f. Prior   | g. Account Code | h. Form of Payment | i. In-Kind Description  | j. Date (mm/dd/yyyy)  | k. Amount            |   |  |
| <input checked="" type="checkbox"/>  |                 |                    |                         |   | <del>\$ 200.00</del> |   |  |
| <input type="checkbox"/>   |                 |                    | <b>PRINTING/POSTAGE</b> | <b>10-29-03</b>   | \$ <b>411.57</b>     |   |  |
| <input type="checkbox"/>   |                 |                    | <del>RECEIVED</del>     |   | <del>\$ 200.00</del> |   |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                 |                    |                         |   |                      |   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  |                 |                    |                         | b. Job Title/Profession   |                      | d. Comments                                       |  |
|  |                 |                    |                         | c. Employer's Name/Specific Field   |                      | e. Election Cycle Sum to Date<br>\$               |  |
| 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  |                 |                    |                         |   | \$ <b>611.57</b>     |   |  |
| 5. Total of ALL CRO-1210 Pages<br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>   |                 |                    |                         |   | \$                   |   |  |

TAX  
TAX

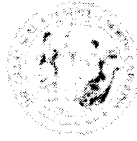
**Disbursements**

|  |                    |   |                      |                                     |  |
|--|--------------------|---|----------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><b>TIM HINNANT FOR MAJOR</b>  |                    |   |                      | 2. ID Number                        |  |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i><br><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<br>(include city, state, & zip)<br><b>TIM HINNANT<br/>320 E. HAYWOOD ST.<br/>WENDELL, NC 27591<br/>919-365-5426</b>  |                    | b. Coordinated Committee Name   |                      | d. Comments                         |  |
|  |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Cycle Sum to Date<br>\$ |  |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                           |  |
| 1  | CHECK              | TO CLOSE ACCT.  | 12-31-03             | \$ 607.93                           |  |
|  |                    |   |                      | \$                                  |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>WENDELL PRINTING<br/>PO BOX 1450<br/>WENDELL, NC 27591<br/>919-365-5170</b>  |                    | b. Coordinated Committee Name   |                      | d. Comments                         |  |
|  |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Cycle Sum to Date<br>\$ |  |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                           |  |
| 1  | CHECK              | PRINTING  | 10-24-03             | \$ 100                              |  |
| 1  | CHECK              | PRINTING  | 10-29-03             | \$ 180                              |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                    |   |                      |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>TOWN OF WENDELL<br/>4TH ST. PO BOX 828<br/>WENDELL, NC 27591<br/>919-365-9367</b>  |                    | b. Coordinated Committee Name   |                      | d. Comments                         |  |
|  |                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                      | e. Election Cycle Sum to Date<br>\$ |  |
| f. Account Code  | g. Form of Payment | h. Purpose  | i. Date (mm/dd/yyyy) | j. Amount                           |  |
| 1  | CHECK              | ADDRESSES   | 10-29-03             | \$ 10.00                            |  |
|  |                    |   |                      | \$                                  |  |
| 5. Total only this Page  |                    |   |                      | TAX 897.93    \$ <del>290.00</del>  |  |
| 6. Total of ALL CRO-1310 Pages   |                    |   |                      | \$ 897.93 TAX                       |  |
| <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>  |                    |   |                      | \$                                  |  |
| <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>  |                    |   |                      | \$                                  |  |
| <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>  |                    |   |                      | \$                                  |  |

# In-Kind Contributions

Amendment  Yes  No

|   |  |  |                               |
|---|--|--|-------------------------------|
| 1. Committee Full Name (and Fund if applicable)   |  | 2. ID Number   |                               |
| TIM HINNANT FOR MAYOR   |  |  |                               |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |  |  |                               |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |  | b. Type of Contributor   | c. Comments                   |
| GAIL W. HINNANT<br>320 E. HAYWOOD ST.<br>WENDELL, NC 27591<br>919-365-5426                                |  | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                               |
|   |  |  | d. Election Cycle Sum to Date |
|   |  |  | \$                            |
| e. Description  |  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount         |
| PRINTING / POSTAGE  |  | 10-29-03   | \$ 411.57                     |
|   |  |  | \$                            |
|   |  |  | \$                            |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |  |  |                               |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |  | b. Type of Contributor   | c. Comments                   |
|   |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                               |
|   |  |  | d. Election Cycle Sum to Date |
|   |  |  | \$                            |
| e. Description  |  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount         |
|   |  |  | \$                            |
|   |  |  | \$                            |
|   |  |  | \$                            |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |  |  |                               |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                     |  | b. Type of Contributor   | c. Comments                   |
|   |  | <input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                               |
|   |  |  | d. Election Cycle Sum to Date |
|   |  |  | \$                            |
| e. Description  |  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount         |
|   |  |  | \$                            |
|   |  |  | \$                            |
|   |  |  | \$                            |
| 4. Total only this Page   |  | \$ 411.57  |                               |
| 5. Total of ALL CRO-1510 Pages<br><i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> |  | \$   |                               |



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Certification to Close Committee**

**FILED BY:**

|                              |       |                       |
|------------------------------|-------|-----------------------|
| Committee Name:              | _____ | TIM HINNANT FOR MAYOR |
| Treasurer Name:              | _____ | TIM HINNANT           |
| Treasurer Address:           | _____ | 320 E . HAYWOOD ST.   |
| (include city, state, & zip) | _____ | WENDELL, NC 27591     |
|                              | _____ |                       |
| Treasurer Phone:             | _____ | 919-365-5426          |

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$3,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$3,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

01-30-04  
Date Signed

T A Hinnant  
Signature