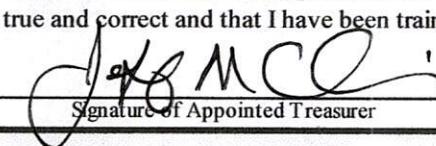
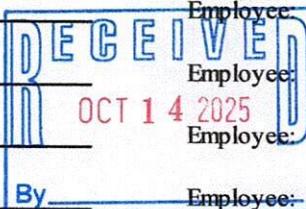


# Disclosure Report Cover

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.

<b>1. Committee Information</b>									
<b>a. Full Name</b> HANK GUESS FOR MAYOR		<b>c. ID Number</b> _____							
<b>b. Mailing Address (include City, State and Zip Code)</b> 5142 HARRIS FARM ROAD HICKORY, NC 28602		<b>d. Date Filed</b> 10/09/2025							
		<b>e. Phone Number</b> _____							
<b>2. Report Year</b> 2025	<b>3. Period Start Date (mm/dd/yy)</b> 01/01/2025	<b>4. Period End Date (mm/dd/yy)</b> 09/23/2025	<b>5. Treasurer Full Name</b> JEFF CLINE						
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b> <table border="1"> <tr> <td>Municipal</td> <td>State/County</td> <td>Referendum</td> </tr> <tr> <td> <input type="checkbox"/> Organizational  <input checked="" type="checkbox"/> Thirty-five day  <input type="checkbox"/> Pre-primary  <input type="checkbox"/> Pre-election  <input type="checkbox"/> Pre-runoff  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Quarterly  <input type="checkbox"/> First  <input type="checkbox"/> Second  <input type="checkbox"/> Third  <input type="checkbox"/> Fourth  <input type="checkbox"/> Semi-annual  <input type="checkbox"/> Mid Year  <input type="checkbox"/> Year End  <input type="checkbox"/> Final  <input type="checkbox"/> Special         </td> <td> <input type="checkbox"/> Organizational  <input type="checkbox"/> Pre-referendum  <input type="checkbox"/> Final  <input type="checkbox"/> Supplemental Final  <input type="checkbox"/> Annual  <input type="checkbox"/> Special         </td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum							
<input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special							
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b> _____							
<b>8. Number of Fundraisers this Report</b> 0									
<b>3. Account Information</b>		<b>3. Account Information</b>							
<b>a. Financial Institution Full Name</b> TRUIST		<b>a. Financial Institution Full Name</b> _____							
<b>b. Purpose</b> ELECTION	<b>c. Account Code</b> HLG	<b>b. Purpose</b> _____	<b>c. Account Code</b> _____						
	<b>d. Period Begin Balance</b> \$ 10,858.81		<b>d. Period Begin Balance</b> \$						
<b>CERTIFICATION</b> 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									
<u>JEFF CLINE</u> Printed Name of Signer		 Signature of Appointed Treasurer							
		10/09/2025 Date							
<b>FOR OFFICE USE ONLY</b>									
Date Received:	 Employee: _____		<b>Delivery Method</b>						
Date Postmarked:	OCT 14 2025 Employee: _____		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed						
Date Scanned:	Employee: _____		<input type="checkbox"/> Signer has not received mandatory training						
Date Data Entered:	By _____	Employee: _____							
<b>Please Note:</b> 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

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

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>1. Committee Full Name (and Fund if applicable)</b>	<b>2. Type of Report</b>	<b>3. ID Number</b>	
HANK GUESS FOR MAYOR	2025 Thirty-five-day		
<b>Start of Election Cycle: January 1, 2022</b>		<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>		\$ 0.00	\$ 0.00
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b>	(CRO-1205)	\$ 0.00	\$ 0.00
<b>6) Contributions from Individuals</b>	(CRO-1210)	\$ 7,400.00	\$ 7,400.00
<b>7) Contributions from Political Party Committees</b>	(CRO-1220)	\$ 0.00	\$ 0.00
<b>8) Contributions from Other Political Committees</b>	(CRO-1230)	\$ 0.00	\$ 0.00
<b>9) Loan Proceeds</b>	(CRO-1410)	\$ 0.00	\$ 0.00
<b>10) Refunds/Reimbursements to the Committee</b>	(CRO-1240)	\$ 0.00	\$ 0.00
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b>	(CRO-1250)	\$ 0.00	\$ 0.00
<b>11b) Contributions from Not-For-Profit Organizations</b>	(CRO-1250)	\$ 0.00	\$ 0.00
<b>11c) Outside Sources of Income</b>	(CRO-1250)	\$ 0.00	\$ 0.00
<b>11d) Legal Expense Fund - Other Sources</b>	(CRO-1270)	\$ 0.00	\$ 0.00
<b>11e) Exempt Purchase Price Sales</b>	(CRO-1265)	\$ 0.00	\$ 0.00
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)</b>		\$ 7,400.00	\$ 7,400.00
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b>	(CRO-1310)	\$ 669.79	\$ 669.79
<b>13b) Contributions to Candidates/Political Committees</b>	(CRO-1310)	\$ 0.00	\$ 0.00
<b>13c) Coordinated Party Expenditures</b>	(CRO-1310)	\$ 0.00	\$ 0.00
<b>14) Aggregated Non-Media Expenditures</b>	(CRO-1315)	\$ 12.00	\$ 12.00
<b>15) Loan Repayments</b>	(CRO-1420)	\$ 0.00	\$ 0.00
<b>16) Refunds/Reimbursements from the Committee</b>	(CRO-1320)	\$ 0.00	\$ 0.00
<b>17) In-Kind Contributions</b>	(CRO-1510)	\$ 0.00	\$ 0.00
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 681.79	\$ 681.79
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 6,718.21	\$ 6,718.21
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b>	(CRO-1330)	\$ 0.00	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>	(CRO-1430)	\$ 0.00	
<b>22) Debts and Obligations owed by the Committee</b>	(CRO-1610)	\$ 0.00	
<b>23) Debts and Obligations owed to the Committee</b>	(CRO-1620)	\$ 0.00	
<b>24) Account Transfers Within the Committee</b>	(CRO-1720)	\$ 0.00	
<b>25) Administrative Support</b>	(CRO-1710)	\$ 0.00	\$ 0.00
<b>26) Forgiven Loans</b>	(CRO-1440)	\$ 0.00	\$ 0.00
<b>27) 48-Hour Notice Reports Sum</b>	(CRO-2220)	\$ 0.00	\$ 0.00
<b>28) Contributions to be Refunded</b>	(CRO-1215)	\$ 0.00	\$ 0.00

## Contributions from Individuals

Pg 1 of 1

**Amendment**  
 Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> HANK GUESS FOR MAYOR				<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  MICHAEL JOHNSON 4220 4TH ST LANE NW HICKORY, NC 28601			<b>b. Job Title/Profession</b>  AUTO SALES	<b>d. Comments</b>  MIKE JOHNSON TOYOTA	
			<b>c. Employer's Name/Specific Field</b>  MIKE JOHNSON TOYOTA	<b>e. Election Sum to Date</b>  \$ 6,800.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	HLG	Check		07/28/2025	\$ 6,800.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  DONALD NORWOOD PO BOX 2101 HICKORY, NC 28603			<b>b. Job Title/Profession</b>  DEVELOPER	<b>d. Comments</b>  CORPORATE MANAGEMENT INC	
			<b>c. Employer's Name/Specific Field</b>  CORPORATE MANAGEMENT INC	<b>e. Election Sum to Date</b>  \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	HLG	Check		08/02/2025	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  C.E. ROSEMAN PO BOX 2128 HICKORY, NC 28603			<b>b. Job Title/Profession</b>  FURNITURE MANUFACTURING	<b>d. Comments</b>  C.R. LAINE	
			<b>c. Employer's Name/Specific Field</b>  C.R. LAINE	<b>e. Election Sum to Date</b>  \$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	HLG	Check		09/16/2025	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b> \$ 7,400.00					
<b>5. Total of ALL CRO-1210 Pages</b> \$ 7,400.00 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

# Disbursements

Pg 1 of 1  Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>																																																																																																		
HANK GUESS FOR MAYOR																																																																																																				
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>																																																																																																				
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																																																																																																				
<b>4. Payee Information</b> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove         </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 40%;">a. Full Name, Mailing Address &amp; Phone  (include city, state, &amp; zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="3" style="width: 40%;">BEST BUY  1884 CATAWBA VALLEY BLVD SE  HICKORY, NC 28602</td> <td colspan="2">c. Level Registered (Specify)</td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td><input type="checkbox"/> Federal</td> <td><input type="checkbox"/> County:</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Municipality:</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">\$ 669.79</td> </tr> <tr> <td>f. Account Code</td> <td>g. Form of Payment</td> <td>h. Purpose Code</td> <td>i. Date (mm/dd/yyyy)</td> <td>j. Amount</td> <td>k. Required Remarks</td> </tr> <tr> <td>HLG</td> <td>Check</td> <td>O</td> <td>08/02/2025</td> <td>\$ 669.79</td> <td>LAP TOP COMPUTER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>\$</td> <td>LAP TOP COMPUTER</td> </tr> <tr> <td colspan="4"><b>5. Total only this Page</b></td> <td colspan="2">\$ 669.79</td> </tr> <tr> <td colspan="4"><b>6. Total of ALL CRO-1310 Pages</b></td> <td colspan="2">\$ 669.79</td> </tr> <tr> <td colspan="4"> <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> </td> <td colspan="2"></td> </tr> <tr> <td colspan="6"> <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)         </td> </tr> <tr> <td>A* - Media</td> <td>B* - Printing</td> <td>C* - Fundraising</td> <td>D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="6">O* Other</td> </tr> <tr> <td colspan="6">* Codes require detailed explanation in required remarks field (k)</td> </tr> </table>				a. Full Name, Mailing Address & Phone  (include city, state, & zip)	b. Coordinated Committee Name		d. Comments										BEST BUY  1884 CATAWBA VALLEY BLVD SE  HICKORY, NC 28602	c. Level Registered (Specify)		e. Election Sum to Date		<input type="checkbox"/> Federal	<input type="checkbox"/> County:			<input type="checkbox"/> State	<input type="checkbox"/> Municipality:							\$ 669.79	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	HLG	Check	O	08/02/2025	\$ 669.79	LAP TOP COMPUTER					\$	LAP TOP COMPUTER	<b>5. Total only this Page</b>				\$ 669.79		<b>6. Total of ALL CRO-1310 Pages</b>				\$ 669.79		<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>						<b>7. Purpose Codes</b> (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)					
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# Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HANK GUESS FOR MAYOR						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	HLG	Check	O	07/07/2025	\$ 12.00	FILING FEE
4. Total only this Page					\$ 12.00	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 12.00	
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund			

\* Codes require detailed explanation in required remarks field (g)

CRO-1315

NC State Board of Elections

December 2009