

Disclosure Report Cover

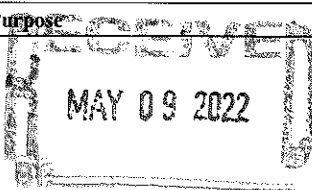
Amendment
 Yes No

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 Committee to Elect Logan SOSA	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1111 GUM Branch RD JACKSONVILLE NC 28540	d. Date Filed 5/9/2022
	e. Phone Number 910 389 8461

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	01/01/2022	03/31/2022	Mary Renea Gillespie

6. Type of Committee (Check One)		9. 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"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

11. Account Information		11. Account Information	
a. Financial Institution Full Name Coastal Bank TRUST		a. Financial Institution Full Name	
b. Purpose Committee funds	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$

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 of Elections.

MARY RENEA Gillespie
Printed Name of Signer
Mary Renea Gillespie
Signature of Appointed Treasurer
04/17/2022
Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	
Committee to Elect Logan Sosa			
Start of Election Cycle: January 1, 2022		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00	\$ 50.00
6) Contributions from Individuals (CRO-1210)		\$ 3155.00	\$ 3155.00
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			
11a) Interest on Bank Accounts (CRO-1250)		\$	\$
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$	\$
11c) Outside Sources of Income (CRO-1250)		\$	\$
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)		\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 3205.00	\$ 3205.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 2500.00	\$ 2500.00
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 5.00	\$ 5.00
15) Loan Repayments (CRO-1420)		\$	\$
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$	\$
17) In-Kind Contributions (CRO-1510)		\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2505.00	\$ 2505.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 700.00	\$ 700.00
ADDITIONAL INFORMATION			
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 (CRO-2220)		\$	\$
28) Contributions to be Refunded (CRO-1215)		\$	\$

Aggregated Contributions from Individuals

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Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

Committee to Elect Logan Sosa

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/25/2022	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 50.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 50.00

Contributions from Individuals

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

Committee to Elect Logan Sosa						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rocsondra Shanaham 143 Waterstone Lane Jacksonville NC 28546			b. Job Title/Profession Nurse		d. Comments	
			c. Employer's Name/Specific Field Naval Hospital Camp Lejeune		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	
<input type="checkbox"/>	1	check		04/07/2022	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Logan Sosa 106 Bellechasse Way Jacksonville NC 28540			b. Job Title/Profession Business owner		d. Comments	
			c. Employer's Name/Specific Field Comfort Heating & Cooling		e. Election Sum to Date \$ 5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In Kind	filling fee	12/06/2021	\$ 5.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Logan Sosa 106 Bellechasse Way Jacksonville NC 28540			b. Job Title/Profession Business owner		d. Comments	
			c. Employer's Name/Specific Field Comfort Heating & Cooling		e. Election Sum to Date \$ 105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In Kind	open Bank Acct.		\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 355.00	
					\$ 3155.00	

Contributions from Individuals

Pg 2 of 3

Amendment
 Yes No

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

Committee to ELECT Logan SOSA

a. Full Name, Mailing Address & Phone (include city, state, & zip) Matthew CRAY 212 Bishops Gate Jacksonville NC 28540	b. Job Title/Profession REAL Estate Agent	d. Comments
	c. Employer's Name/Specific Field REATOR	
	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
<input type="checkbox"/>	1	Check		3/16/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) John L Pierce Po Box 1685 Jacksonville NC 28540	b. Job Title/Profession LAND Surveyor	d. Comments
	c. Employer's Name/Specific Field John L Pierce + Associates PA	
	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
<input type="checkbox"/>	1	Check		03/16/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) WK Morgan DDS 122 Drayton Hall Jacksonville NC 28540	b. Job Title/Profession Dentists	d. Comments
	c. Employer's Name/Specific Field morgan + morgan	
	e. Election Sum to Date \$ 200.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		03/17/2022	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 1200.00
 \$ 3155.00

Contributions from Individuals

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

Committee to Elect Logan Sosa

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Louis W Sewell III
521 New Bridge Street
Jacksonville NC 28540

b. Job Title/Profession

owner

c. Employer's Name/Specific Field

Golden Corral

d. Comments

e. Election Sum to Date

\$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		03/04/2022	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

William M. Mercer
312 Doris Ave
Jacksonville NC 28540

b. Job Title/Profession

Insurance

c. Employer's Name/Specific Field

Bartley Insurance

d. Comments

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
<input type="checkbox"/>	1	Check		03/17/2022	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

Connie Tallman
1305 Decatur RD
Jacksonville NC 28540

b. Job Title/Profession

Investment Banker

c. Employer's Name/Specific Field

d. Comments

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
<input type="checkbox"/>	1	Check		3/31/2022	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 1600.00

\$ 3155.00

Disbursements

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

Committee to Elect Logan Sosa

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
NEED IT NOW 1108 Gum Branch RD Jacksonville NC 28546 910 938 0100			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:	\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	0	03/24/2022	\$ 500.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
910 Sign CO 614 Richland Hwy Jacksonville NC 28540 910 353-2298			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:	\$ 2000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	0	03/12/2022	\$ 2000.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			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:	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
					\$ 2500.00

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 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

Aggregated Non-Media Expenditures

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

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

Committee to Elect Logan Sosa

a. Amend	b. Account	Account Name	Account No.	Date	Amount	Description
<input type="checkbox"/> Add		Cash	0	12/16/2021	\$ 5.00	Filing Fee
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	
<input type="checkbox"/> Add					\$	
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<input type="checkbox"/> Add					\$	
<input type="checkbox"/> Remove					\$	

4. Total only for [unclear]	\$	5.00
5. Total of ALL [unclear]	\$	5.00

E - Salaries	B* - Printing	G - Political Party	D - To Another Candidate
O* - Other	J - Penalties	Q* - Donations to Legal Expense Fund	

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