Disclosure Report Cover

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

Amendment ☑ Yes   ☐ No

1. Committee Information

a. Full Name
COMMITTEE TO RE-ELECT STEVE HOSMER

c. ID Number

b. Mailing Address (include City, State and Zip Code)
2318 KINGBIRD BEND, NC
LELAND, NC 28451

d. Date Filed
12/07/23

e. Phone Number
(203) 464-2046

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2023	9/27/2023	10/23/23	JUDITH A. MACK

6. Type of Committee (Check One)

☑ Candidate Campaign   ☐ Party
☐ PAC   ☐ Referendum
☐ Independent Expenditure   ☐ Joint Fundraiser
☐ Legal Expense Fund

7. Type of Fund (if applicable, check one)

☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report
0

9. Type of Report (check only one type of report from one category)

Municipal
☐ Organizational
☐ Thirty-five day
☐ Pre-primary
☑ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County
☐ Organizational
☐ Quarterly
☐ First
☐ Second
☐ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum
☐ Organizational
☐ Pre-referendum
☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

10. Special Report Name

11. Account Information

a. Financial Institution Full Name
WOODFOREST NATIONAL BANK

b. Purpose	c. Account Code
COMMITTEE FUNDS	6161
	d. Period Begin Balance $ 987.54

11. Account Information

a. Financial Institution Full Name

b. Purpose	c. Account Code
	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.

JUDITH A. MACK
Printed Name of Signer

Judith A. Mack
Signature of Appointed Treasurer

12/07/23
Date

FOR OFFICE USE ONLY

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

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

Amendment		
☒ Yes	☑ No	

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
COMMITTEE TO RE-ELECT STEVE HOSMER	PRE-ELECTION	

Start of Election Cycle: January 1, _2020_		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 987.54	$ 0.00

RECEIPTS

			Total this Reporting Period	Total this Election Cycle
5)	Aggregated Contributions from Individuals	(CRO-1205)	$ 461.00	$ 551.00
6)	Contributions from Individuals	(CRO-1210)	$ 1500.00	$ 3100.00
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)	$ 0.00	$ .06
11b)	Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
11c)	Outside Sources of Income	(CRO-1250)	$	$
11d)	Legal Expense Fund – Other Sources	(CRO-1270)	$	$
11e)	Exempt Purchase Price Sales	(CRO-1265)	$	$
12)	TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		$ 1,961.00	$ 3,651.06

EXPENDITURES

			Total this Reporting Period	Total this Election Cycle
13)	Disbursements			
13a)	Operating Expenditures	(CRO-1310)	$ 1,237.18	$ 1,939.70
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c)	Coordinated Party Expenditures	(CRO-1310)	$	$
14)	Aggregated Non-Media Expenditures	(CRO-1315)	$ 31.67	$ 31.67
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)		$ 1,268.85	$ 1,971.37
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1,679.69	$ 1,674.69

ADDITIONAL INFORMATION

			Total this Reporting Period	Total this Election Cycle
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)	$	$

Contributions from Individuals

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

Amendment: ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO RE-ELECT STEVE HOSMER	

3. Contributor Information — ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
PAUL POTITO 8177 IBIS POINT, NE LELAND, NC 28451	NO JOB TITLE	
	e. Employer's Name/Specific Field	
	NOT EMPLOYED	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
☐	6161	CHECK		09/27/2023	$100.00
☐					$
☐					$

3. Contributor Information — ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
LIGUORI TOWERS 8478 N. SHORESIDE WAY LELAND, NC 28457	NO JOB TITLE	
	e. Employer's Name/Specific Field	
	NOT EMPLOYED	e. Election Sum to Date $300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☑	6161	CHECK		10/05/2023	$100.00
☑	6161	CREDIT CARD		10/23/2023	$200.00
☐					$

3. Contributor Information — ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JUDITH A. MACK 2318 KINGBIRD BEND, NE LELAND, NC 28451	NO JOB TITLE	
	e. Employer's Name/Specific Field	
	NOT EMPLOYED	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
☐	6161	CHECK		10/05/2023	$500.00
☐					$
☐					$

4. Total only this Page	$ 900.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 1,500.00

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
COMMITTEE TO RE-ELECT STEVE HOSMER	

3. Contributor Information   ☑ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JAMES DIAZ 1103 FOX BOW CASE LELAND, NC 28451	REALTOR	
	e. Employer's Name/Specific Field	
	HENA JAMES REALTY BROKER	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
☐	6161	CHECK		10/18/2023	$ 100.00
☐					$
☐					$

3. Contributor Information   ☑ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MICHELLE ROGERS 2241 PINE MILL TRAIN LELAND, NC 28451	NO JOB TITLE	
	e. Employer's Name/Specific Field	
	NOT EMPLOYED	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
☐	6161	CREDIT CARD		10/12/2023	$ 100.00
☐					$
☐					$

3. Contributor Information   ☑ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
BRIAN GREEN 846L FOREST CREST CT LELAND, NC 28457	NO JOB TITLE	
	e. Employer's Name/Specific Field	
	NOT EMPLOYED	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
☐	6161	CREDIT CARD		10/20/2023	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 1,500.00

CRO-1210   NC State Board of Elections   April 2007

Contributions from Individuals

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
COMMITTEE TO RE-ELECT STEVE HOSMER	

3. Contributor Information   [X] Add   [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
MICHAEL HILLMAN 8168 SAFFLOWER WAY LELAND, NC 28451	NO JOB TITLE	
	c. Employer's Name/Specific Field	
	NOT EMPLOYED	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
[ ]	6161	CREDIT CARD		10/20/2023	$100.00
[ ]					$
[ ]					$

3. Contributor Information   [X] Add   [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
STEVE NEMCHIIK 2213 REEFSIDE LOOP LELAND, NC 28457	NO JOB TITLE	
	c. Employer's Name/Specific Field	
	NOT EMPLOYED	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
[ ]	6161	CREDIT CARD		10/25/2023	$100.00
[ ]					$
[ ]					$

3. Contributor Information   [X] Add   [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
RICHARD M. STRUCK 8290 CABANA COURT LELAND, NC 28451	NO JOB TITLE	
	c. Employer's Name/Specific Field	
	NOT EMPLOYED	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
[ ]	6161	CHECK		10/23/2023	$100.00
[ ]					$
[ ]					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 1,500.00

Disbursements

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

Amendment: ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)

COMMITTEE TO RE-ELECT STEVE PASNER

2. ID Number

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ 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)	b. Coordinated Committee Name	d. Comments
GO DADDY. COM 2155 GO DADDY WAY TEMPE, AZ 85284	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 137.04

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
6161	DEBIT CARD	O	10/05/2023	$ 53.16	WEBBSITE SUPPORT
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
UNCW - PRINT SHOP 601 S. COLLEGE ROAD WILMINGTON, NC 28403	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 407.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
6161	CHECK	O	10/04/2023	$ 407.75	BUSINESS CARD BANNER, BROCHURES
				$	

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
4 IMPRINT 101 COMMERCE ST OSHKOSH, WI 54901	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 245.13

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
6161	DEBIT CARD	O	10/06/2023	$ 245.13	PENS
				$	

5. Total only this Page
$ 706.04

6. Total of ALL CRO-1310 Pages
(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)
$ 1,237.18

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)

CRO-1310

Disbursements

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

Amendment: ☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
COMMITTEE TO RE-ELECT STEVE ROSNER	

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

☒ 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)	b. Coordinated Committee Name	d. Comments
NORTH BRUNSWICK CHAMBER OF COMMERCE 487 OLD WATERFORD WAY SUITE 201 BELVILLE, NC 28451	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
6161	CHECK	O	10/06/2023	$ 75.00	BOOTH FEE BELVILLE RIVER PARK
				$	

4. Payee Information   ☒ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
OFFICE DEPOT, LLC 6600 N. MILITARY TRAIL BOCA RATON, FL 33496	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 48.33

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
6161	DEBIT CARD	O	10/12/2023	$ 48.33	ART BOARDS LABELS, MARKERS
				$	

4. Payee Information   ☒ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
WALMART 1112 NEW POINT BLVD LELAND, NC 28457	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 28.75

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
6161	DEBIT CARD	O	10/21/2023	$ 28.78	HELIUM TANK BALLOONS
				$	

5. Total only this Page	$ 152.11
6. Total of ALL CRO-1310 Pages	
(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)	$ 1,237.18
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media
E - Salaries
I - Postage
O* - Other

B* - Printing
F* - Equipment
J - Penalties

C* - Fundraising
G - Political Party
K* - Office Expenses

D - To Another Candidate
H* - Holding Public Office Expenses
Q* - Donation to Legal Expense Fund

* Codes require detailed explanation in required remarks field (k.)

CRO-1310

Aggregated Non-Media Expenditures

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

Page 1 of 1

Amendment
☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO RE-ELECT STEVE HOSMER						

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
☐ Add ☐ Remove	6161	TRANSFER	O	10/20/2023	$ 2.86	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/20/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/21/2023	$ 2.06	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/21/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/21/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/22/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/22/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/23/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/23/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/23/2023	$ 1.03	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/12/2023	$ 3.22	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/20/2023	$ 3.22	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/20/2023	$ 3.22	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/23/2023	$ 3.22	PAYMENT PROCESSING FEE
☐ Add ☐ Remove	6161	TRANSFER	O	10/23/2023	$ 6.43	PAYMENT PROCESSING FEE
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	
☐ Add ☐ Remove					$	

4. Total only this Page	$ 31.67
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 31.67

6. Purpose Codes (List detailed expenditure code in (d) above)

	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* - Donations to Legal Expense Fund
O* - Other			

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