Disclosure Report Co	Amendment  Yes No		
Use this form for general report	ng with other detailed forms.		
Do not use this form to update in	nformation.		
1. Committee Information	Borgania (Borgania)		
a. Full Name			c. ID Number
	to Elect Canss	n Graves	
b. Mailing Address (include City, Stat	te and Zip Code)		d. Date Filed
P.O. Box 194	0   26   2024 e. Phone Number		
Haw River, NC	e. Phone Number 33b 213 9745		
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period 1	End Date (mm/dd/yy) 5. Treasur	
1623 12-16-		2, 2, 2	a Ann Graves
6. Type of Committee (Check C	ne) 9. Type of Rep	ort (check only one type of rep	
Candidate Campaign Part		State/County	Referendum
	erendum Organizationa	l Grganizational	Organizational
Independent Expenditure 🔲 Join	it Fundraiser 🔲 Thirty-five da	y Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable,  Booster Fund	4.12 pmm / www. 1471-(2.42)m - 17.4	Third	Annual
Building Fund	Semi-annual Mid Yea	Fourth	Special Special
Building I und	Year End		
Other;	Final	Year End	K in the Name
8. Number of Fundraisers this		Final	IAAI OF COM
Open and the second of the sec	Service Control of the Control of	Special	JAN 26 2024
		Julian Special	
11. Account Information	<b>_</b>		A COUNTY
11. Account Information a. Financial Institution Full Name			CARD OF ELECTIONS
a. Financial Institution Full Name	committee to	11. Account Information a. Financial Institution Full Name	A TABLE PART AND DESCRIPTION OF THE PROPERTY O
a. Financial Institution Full Name  Truli ant - The	Lect Corrsa Graves	11. Account Information a. Financial Institution Full Name Truliant	CARRO OF ELECTIONS
a. Financial Institution Full Name  Tywi ant - the E  b. Purpose	Lect Carisia Graves c. Account Code	11. Account Information a. Financial Institution Full Name	A TABLE PART AND DESCRIPTION OF THE PROPERTY O
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a. Financial Institution Full Name  Tywi ant - the E  b. Purpose	Lect Carisia Graves c. Account Code	11. Account Information a. Financial Institution Full Name Truliant	c. Account Code
a. Financial Institution Full Name Truli ant - The b. Purpose Committee Funds	c. Account Code	11. Account Information a. Financial Institution Full Name Truliant	c. Account Code
a. Financial Institution Full Name  Truli ant - The b. Purpose  Committee Funds  CERTIFICATION	c. Account Code  Ol  d. Period Begin Balance  \$ 5.00	11. Account Information a. Financial Institution Full Name Truliant b. Purpose	c. Account Code  O A  d. Period Begin Balance  \$ 0,00
a. Financial Institution Full Name  Trui ant - The  b. Purpose  Committee Turds  CERTIFICATION  I certify that the Committee or Fur	c. Account Code  d. Period Begin Balance  5.00  ad is in compliance with all appliant no funds are commingled with	a. Financial Institution Full Name  Truliant b. Purpose  cable provisions of Article 22A, 22 prohibited or other non-disclosed fi	c. Account Code  O A  d. Period Begin Balance  \$ 0 0
a. Financial Institution Full Name  TWI and The E  b. Purpose  Committee Turns  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct the Committee of the NC General Statutes and the complete is complete.	c. Account Code  d. Period Begin Balance  5.00  ad is in compliance with all appliant no funds are commingled with	a. Financial Institution Full Name  Truliant b. Purpose  cable provisions of Article 22A, 22 prohibited or other non-disclosed fi	c. Account Code  O A  d. Period Begin Balance  \$ 0 0
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a. Financial Institution Full Name  Truit and The E  b. Purpose  Committee Turns  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct Carissa Ann C	d. Period Begin Balance  d. Period Begin Balance  s 5 00  ad is in compliance with all appliant no funds are commingled with and that I have been trained by the same of the s	a. Financial Institution Full Name  Truliant b. Purpose  cable provisions of Article 22A, 222 prohibited or other non-disclosed fithe NC State Board of Elections.  M. M. Maues	c. Account Code  O A  d. Period Begin Balance  \$ 0 0 0  B & 22D-22M of Chapter 163 ands. I further certify that this
a. Financial Institution Full Name  TWI and - INE  b. Purpose  Committee Turns  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct  Carissa And  Printed Name of Signa	d. Period Begin Balance  d. Period Begin Balance  s 5 00  ad is in compliance with all appliant no funds are commingled with and that I have been trained by the same of the s	a. Financial Institution Full Name  Truliant b. Purpose  icable provisions of Article 22A, 22: prohibited or other non-disclosed fithe NC State Board of Elections.  M. M. Javes  nature of Appointed Treasurer	c. Account Code  O A  d. Period Begin Balance  \$ 0 0 0  B & 22D-22M of Chapter 163 ands. I further certify that this
a. Financial Institution Full Name  TWI ANT - THE  b. Purpose  Committee Turns  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  Arissa Ann  Printed Name of Signa  FOR OFFICE USE ONLY	d. Period Begin Balance  d. Period Begin Balance  s 5 00  ad is in compliance with all appliant no funds are commingled with and that I have been trained by the series of	a. Financial Institution Full Name  Truliant b. Purpose  icable provisions of Article 22A, 22: prohibited or other non-disclosed fit the NC State Board of Elections.  M. M. Jawes  nature of Appointed Treasurer	c. Account Code  O A  d. Period Begin Balance  \$ 0.00  B & 22D-22M of Chapter 163 ands. I further certify that this  I Do
a. Financial Institution Full Name  TWING AT - INC.  b. Purpose  Committee Turneds  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct arises And Correct Printed Name of Signer FOR OFFICE USE ONLY  Date Received:	c. Account Code  c. Account Code  d. Period Begin Balance  \$ 5.00  and is in compliance with all appliant no funds are commingled with and that I have been trained by the compliance of the complete of the com	a. Financial Institution Full Name  Truliant b. Purpose  icable provisions of Article 22A, 22: prohibited or other non-disclosed fithe NC State Board of Elections.  M. M. Janes Mature of Appointed Treasurer  pee:  Del	c. Account Code  O A  d. Period Begin Balance \$ 0.00  B & 22D-22M of Chapter 163 ands. I further certify that this  I A A A A A A A A A A A A A A A A A A
a. Financial Institution Full Name  TWW QNT - INC  b. Purpose  Committee Turneds  CERTIFICATION  I certify that the Committee or Fur of the NC General Statutes and that report is complete, true and correct  ONE OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Date Data Entered:	c. Account Code  c. Account Code  d. Period Begin Balance  \$ 5.00  ad is in compliance with all appliant no funds are commingled with and that I have been trained by the complex of the c	a. Financial Institution Full Name  Truliant b. Purpose  icable provisions of Article 22A, 22: prohibited or other non-disclosed for the NC State Board of Elections.  Multiple State Board of Elections of Appointed Treasurer  ree:  ee:  ee:	c. Account Code  O A  d. Period Begin Balance \$ 0.00  B & 22D-22M of Chapter 163 ands. I further certify that this  I A DOAY  Date  ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed  Signer has not received mandatory training
a. Financial Institution Full Name  TWING AND THE FUNDS  D. Purpose  Committee Turneds  CERTIFICATION  I certify that the Committee or Fund of the NC General Statutes and the report is complete, true and correct and correc	c. Account Code  c. Account Code  d. Period Begin Balance  \$ 5 00  ad is in compliance with all appliant no funds are commingled with a tand that I have been trained by FAVES  Employ  Employ  Employ  Employ  Employ  Employ	a. Financial Institution Full Name  Truliant b. Purpose  icable provisions of Article 22A, 222 prohibited or other non-disclosed fithe NC State Board of Elections.  M. M. Janes  nature of Appointed Treasurer  pee:  pee:  pee:	c. Account Code  d. Period Begin Balance  \$ 0.00  B & 22D-22M of Chapter 163 ands. I further certify that this

Amendment ☐ Yes ⊠ No

<b>Detailed Summary</b>	Amendment  Yes No		
Use this form to summarize all disclosure reporting forms and			
1. Committee Full Name (and Fund if applicable)	2. Type or	Report	. ID Number
The Committee to Elect Canisa Graves			1
Start of Election Cycle: January 1, 2023	·	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5.60	\$ 0,00
RECEIPTS	1 (4) (10 (2) (2) (4) (1) (2) (4) (4) (4) (4)		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 250-6	\$ 8900
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)	\$	\$
	(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,1	1d and 11e)	\$255,00	\$ 89.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 250°°	\$ 334 00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 25000	\$ 33400
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 500	\$ 500
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
	(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)	\$	\$

		om Individua		Pg	of	Amendment  Yes No
		ndividual contributio		ontributions und	er \$50 if form CR	
1.Com	_	e (and Fund if appl		7		2. ID Number
-(1	re Com	mittee to	s dect	- Cariss	a Graves	
Witness Company Character	ributor Informa	Herital Land Safet Franch School (1975) and the Constitution of the		Add Rei	eletikonnum teruselettelehemtikanslinetinetele	
312 0411.44553	ime, Mailling Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	n. 1 n. 420.000 (2.1) 19.1(2.1) 20.1(2.1)	d. Comments
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102	33 CON	ansan D	151118	Documen	+ Express	
4.	, ,	away D. NC. 27	258	260ZA-81	riclane _	e. Election Sum to Date
6	ranam	· 100.21	<i>7</i> 07	Burlingto	~NC 27XIS	e. Election Sum to Date \$ 339 °C
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	
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1777 3:11 1 114-11. 1	ime, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Comments
(includ	e city, state, & zip)	<u> 444, 4 (4 m.) 1, 144, 146, 17 m.) 1, 14 (17 m.)</u>	<u>a kaj grijo je Kististorije. J</u>			
İ				c. Employer's Nan	ne/Specific Field	
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						\$
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4. Tota	al only this P	age				\$ 250°°
5. Tot	al of ALL CR	O-1210 Pages of Detailed Summary P	age CRO-1100)		300	\$ 250

	Amendment
Disbursements	Pg l of l Yes No
	7.1 . / 11.1

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

I. Committee I	ull Name (and Fund	d if applicable)					2. ID Number
Dae C	om nittee	to Elect	F (	arissa	Grave	ς	
	ursement (Please						nent.)
Operating Exp		tributions to Candida	tes/Politic			rdinate	ed Party Expenditures
4. Payee Infort	contribute will be to a real or to be of the contribute of the con	-		Add	ALL CARROLL STATE OF THE STATE		
	failing Address & Ph	one		b. Coordinate	ed Committee Nam	e	d. Comments
(include city, state,		gravitare problèmente. •	<u>, - 3 12 12 - 13 88 413</u>				
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132	Heamboat	lane		Federal State	✓ County:  Municipa	15000	e: Election Sum to Date
Burlin	gton NC 2	2721+		State	Walnerpa	inty.	
							\$ 250º
f. Account Code	g. Form of Payment	Α	i. Date (	mm/dd/yyyy)	. &	k. Re	quired Remarks
	Check In Kind	Camp Setup	12/2	2013	\$ 250°°	M	anagement
		<u> </u>			\$		U
4. Payee Inform	mention and the control of the contr			SOMETHING STATES	Remove		
a. Full Name, Mail (include city, sta	ing Address & Phone			b. Coordinate	ed Committee Nam	e i	d. Comments
(include city, sta	æ, & zip)	gatio, des camballades den Sac	ficilia de la composida de la c La composida de la composida d				
				c. Level Regis	stered (Specify) 🌞	1779194 1777197	
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SANTANCE AND A SANTAN AND	ing Address & Phone			b. Coordinate	ed Committee Nam	e i	d. Comments
(include city, sta	te, & zip)						
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5. Total only th	is Page	L	L				\$ 25000
State of the second sec	CRO-1310 Pages						- (5)()
	line 13a of Detailed Sun	nmary Page CRO-11	00 if Ope	rating Expense	es)		\$ 250°0
`	ı line 13b of Detailed Sun		•			)	$^*$ $250^{00}$
	ı line 13c of Detailed Sun		aliantimatera anni anni a	and an elicination of the second seco	Expenditures)	Marie Company	
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A* - Media E - Salaries	B* - Printi F* - Equip			undraising litical Party	Addresses count a commercial contract		ner Candidate g Public Office Expenses
I - Postage	J - Penalti			ffice Expen			on to Legal Expense Fund
O* Other		the state of the s			S. M. S. M.	Zamenica im	
* Codes requi	re detailed explanat	ion in required r	emarks	sfield (k)			