

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.

RECEIVED

SEP 30 2025

ALAMANCE COUNTY
BOARD OF ELECTIONS

1. Committee Information	
a. Full Name CHELSEA FOR GRAHAM	c. ID Number
b. Mailing Address (include City, State and Zip Code) 511 OAKWOOD LANE GRAHAM, NC 27253	d. Date Filed 09/30/2025
	e. Phone Number

2. Report Year 2025	3. Period Start Date (mm/dd/yy) 01/01/2025	4. Period End Date (mm/dd/yy) 09/23/2025	5. Treasurer Full Name CHELSEA DICKEY
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	9. Type of Report (check only one type of report from one category) Municipal <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	State/County <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	Referendum <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
7. Type of Fund (if applicable, check one) <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:	10. Special Report Name		
8. Number of Fundraisers this Report 0			

3. Account Information		3. Account Information	
a. Financial Institution Full Name CHELSEA FOR GRAHAM		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FINANCES	c. Account Code GRAHAM	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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

Chelsea Dickey
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

09/30/2025
Date

FOR OFFICE USE ONLY

Date Received: 9/30/25
Date Postmarked: _____
Date Scanned: 9/30/25
Date Data Entered: _____

Employee: Ked
Employee: _____
Employee: π
Employee: _____

Delivery Method

☐ Normal Mail
☐ Registered Mail
☒ Hand Delivered
☐ Electronically Filed

☐ Signer has not received mandatory training

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

☐ Yes ☒ 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	
CHELSEA FOR GRAHAM		2025 Thirty-five-day			
Start of Election Cycle: January 1, 2024			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)	\$ 1,275.89		\$ 1,275.89
6) Contributions from Individuals		(CRO-1210)	\$ 4,449.99		\$ 4,449.99
7) Contributions from Political Party Committees		(CRO-1220)	\$ 0.00		\$ 0.00
8) Contributions from Other Political Committees		(CRO-1230)	\$ 0.00		\$ 0.00
9) Loan Proceeds		(CRO-1410)	\$ 0.00		\$ 0.00
10) Refunds/Reimbursements to the Committee		(CRO-1240)	\$ 0.00		\$ 0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)	\$ 0.00		\$ 0.00
11b) Contributions from Not-For-Profit Organizations		(CRO-1250)	\$ 0.00		\$ 0.00
11c) Outside Sources of Income		(CRO-1250)	\$ 0.00		\$ 0.00
11d) Legal Expense Fund - Other Sources		(CRO-1270)	\$ 0.00		\$ 0.00
11e) Exempt Purchase Price Sales		(CRO-1265)	\$ 0.00		\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)			\$ 5,725.88		\$ 5,725.88
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)	\$ 4,528.15		\$ 4,528.15
13b) Contributions to Candidates/Political Committees		(CRO-1310)	\$ 0.00		\$ 0.00
13c) Coordinated Party Expenditures		(CRO-1310)	\$ 0.00		\$ 0.00
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 103.25		\$ 103.25
15) Loan Repayments		(CRO-1420)	\$ 0.00		\$ 0.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 0.00		\$ 0.00
17) In-Kind Contributions		(CRO-1510)	\$ 45.90		\$ 45.90
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)			\$ 4,677.30		\$ 4,677.30
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)			\$ 1,048.58		\$ 1,048.58
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee		(CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee		(CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee		(CRO-1720)	\$ 0.00		
25) Administrative Support		(CRO-1710)	\$ 0.00		\$ 0.00
26) Forgiven Loans		(CRO-1440)	\$ 0.00		\$ 0.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00		\$ 0.00
28) Contributions to be Refunded		(CRO-1215)	\$ 212.00		\$ 212.00

Aggregated Contributions from Individuals

Page 1 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CHELSEA FOR GRAHAM						
3. Contributor Information						
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	GRAHAM	Debit Card		08/23/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/17/2025	\$ 16.67	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 6.67	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/17/2025	\$ 33.33	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 5.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 33.33	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/25/2025	\$ 33.33	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/02/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/28/2025	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/09/2025	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/13/2025	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/07/2025	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/08/2025	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/17/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 33.33	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/17/2025	\$ 33.33	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/02/2025	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/21/2025	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/14/2025	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/23/2025	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 33.33	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/07/2025	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/05/2025	\$ 20.00	
4. Total only this Page					\$ \$673.32	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ \$1,275.89	

Aggregated Contributions from Individuals

Page 2 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CHELSEA FOR GRAHAM					
3. Contributor Information					
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	GRAHAM	Debit Card		08/17/2025	\$ 33.33
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/23/2025	\$ 13.33
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/05/2025	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Check		09/17/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/08/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/17/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 16.67
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/17/2025	\$ 33.33
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/28/2025	\$ 16.67
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 16.67
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	In-Kind	DONUTS AND COFFEE FOR N. GRAHAM	09/17/2025	\$ 45.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/21/2025	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/21/2025	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 16.67
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 8.33
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/02/2025	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/27/2025	\$ 8.33
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/29/2025	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/25/2025	\$ 16.67
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/04/2025	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/17/2025	\$ 16.67
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		08/18/2025	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card		09/18/2025	\$ 25.00
4. Total only this Page					\$ 5532.57
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 1,275.89

Aggregated Contributions from IndividualsPage 3 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CHELSEA FOR GRAHAM					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	GRAHAM	Debit Card		08/27/2025	\$ 16.67
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	GRAHAM	Debit Card		08/17/2025	\$ 33.33
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	GRAHAM	Debit Card		09/07/2025	\$ 20.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ \$70.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ \$1,275.89

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CORY AMRON 3116 18TH STREET NORTH ARLINGTON, VA 22201			FORMER PARTNER/ LAWYER			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 83.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/17/2025	\$ 83.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARCIA ANGLE 221 DEER CHASE LANE DURHAM, NC 27705			DR/ FAMILY MEDICINE			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 333.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/26/2025	\$ 333.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANNE BROWN 2967 BISCAYNE DR MEBANE, NC 27302-9655			BUSINESS SYSTEMS ANALYST			
			c. Employer's Name/Specific Field			
			UNC SYSTEMS OFFICE			
					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"/>	GRAHAM	Debit Card		08/23/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 516.66	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99	

Contributions from Individuals

Amendment
Pg 2 of 9 ☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES CLAYTON 4707 CONNECTICUT AVE NW APT 212 WASHINGTON, DC 20008			CHIEF PROFESSIONAL DEVELOPMENT+ DIVERSIT			
			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	
<input type="checkbox"/>	GRAHAM	Debit Card		08/23/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARCY CRARY 103 PRINCE STREET NEWTON, MA 2465			PROFESSOR			
			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	
<input type="checkbox"/>	GRAHAM	Debit Card		08/27/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (Include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES EVARTS 282 KATONAH AVE, PMB 184 KATONAH, NY 10536			BROKER			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 166.67	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/27/2025	\$ 166.67	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 366.67	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99	

Contributions from Individuals

Pg 3 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
MARY FARRAN 141 12TH ST., NE #13 WASHINGTON, DC 20002				TEACHER		
				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	
<input type="checkbox"/>	GRAHAM	Debit Card		08/23/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ANNE FLEMING 606 S COLUMBIA ST CHAPEL HILL, NC 27514				MASTER OF PUBLIC HEALTH		
				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	
<input type="checkbox"/>	GRAHAM	Debit Card		09/08/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LYNN FLETCHER 6960 BIRCH ST FALLS CHURCH, VA 22046				ATTORNEY		
				c. Employer's Name/Specific Field LYNN FLETCHER ATTORNEY AT LAW, PC		
				e. Election Sum to Date		
				\$ 83.33		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/11/2025	\$ 83.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 283.33	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99	

Contributions from Individuals

Pg 4 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
LINDA HACKER 2 GRACE CT APT 2A BROOKLN, NY 11201				VISUAL ARTIST		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 83.33		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/23/2025	\$ 83.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
DON HAGUE 1009 ORCHARD WAY SILVER SPRING, MD 20904				ORGANIST/CHOIR MASTER		
				c. Employer's Name/Specific Field ST. MARK'S CHURCH		
				e. Election Sum to Date		
				\$ 150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/24/2025	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
PETER HANSEN 912 S ST NW, APT 1 WASHINGTON, DC 20001				LAWYER		
				c. Employer's Name/Specific Field NOT EMPLOYED		
				e. Election Sum to Date		
				\$ 83.33		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/17/2025	\$ 83.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 316.66	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99	

Contributions from Individuals

Pg 5 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GEORGE HASTINGS 14 WEST CHAPMAN STREET ALEXANDRIA, VA 22301-2502			PROFESSOR			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 83.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/19/2025	\$ 83.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
REBECCA HODGE 4504 GATES STREET RALEIGH, NC 27609			AUTHOR			
			c. Employer's Name/Specific Field			
			REBECCA HODGE FICTION			
					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"/>	GRAHAM	Debit Card		08/23/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RONNIE JACKSON 406 WESTWOOD DRIVE CHAPEL HILL, NC 27516			REFERRAL COUNSELOR FOR CHATHAM COUNTY			
			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	
<input type="checkbox"/>	GRAHAM	Debit Card		09/03/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 283.33	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99	

Contributions from Individuals

Pg 6 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARBARA MCFADYEN 1004 DAWES STREET CHAPEL HILL, NC 27516				JEWELER			
				c. Employer's Name/Specific Field			
				BARBARA MCFADYEN JEWELRY			
						e. Election Sum to Date	
						\$ 333.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	GRAHAM	Debit Card		08/19/2025	\$ 333.33		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BARBARA MCFADYEN 1004 DAWES STREET CHAPEL HILL, NC 27516				JEWELER			
				c. Employer's Name/Specific Field			
				BARBARA MCFADYEN JEWELRY			
						e. Election Sum to Date	
						\$ 166.67	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	GRAHAM	Debit Card		08/29/2025	\$ 166.67		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
STEPHEN MYER 122 PALMERS HILL ROAD, UNIT 1230 STAMFORD, CT 6902				MYER BENEFITS ADVISORY, LLC OWNER			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 333.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	GRAHAM	Debit Card		08/28/2025	\$ 333.33		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 833.33	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,449.99	

Contributions from Individuals

Pg 7 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATHLEEN NEWMAN 8716 LEONARD DRIVE SILVER SPRING, MD 20910			TEACHER			
			c. 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	
<input type="checkbox"/>	GRAHAM	Debit Card		08/23/2025	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KAREN PENCE 19 4TH STREET NORTHEAST WASHINGTON, DC 20002			ECONOMIST			
			c. Employer's Name/Specific Field			
			FEDERAL RESERVE BOARD			
					e. Election Sum to Date	
					\$ 166.67	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/10/2025	\$ 166.67	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DANIEL SHEFF 377 BARDWELLS FERRY RD CONWAY, MA 1341			RHEUMATOLOGIST			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 83.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/27/2025	\$ 83.33	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99	

Contributions from Individuals

Pg 8 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES SHELTON 20616 TOP RIDGE DRIVE BOYDS, MD 20841			GLOBAL HEALTH JOURNAL EDITOR			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/01/2025	\$ 800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MARY WARD PO BOX 3126 SHALLOTTE, NC 28459-3126			LAWYER			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 166.67	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/20/2025	\$ 166.67	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ANNE WHITE 4832 CHEVY CHASE BOULEVARD CHEVY CHASE, MD 20815			ATTORNEY			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 166.67	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	GRAHAM	Debit Card		08/05/2025	\$ 166.67	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,133.34	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99	

Contributions from Individuals

Pg 9 of 9

Amendment

☐ Yes ☒ No

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	
CHELSEA FOR GRAHAM					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ANNE WHITE 4832 CHEVY CHASE BOULEVARD CHEVY CHASE, MD 20815		ATTORNEY			
		c. Employer's Name/Specific Field			
		NOT EMPLOYED			
				e. Election Sum to Date	
				\$ 166.67	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	GRAHAM	Debit Card		08/08/2025	\$ 166.67
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 166.67
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,449.99

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 3

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHELSEA FOR GRAHAM							
3. Type of Disbursement <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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACTBLUE ACTBLUE PO BOX 441146 SOMERVILLE, MA 02144							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 59.39	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Electric Funds Tran	F	09/22/2025	\$ 59.39	TO USE THE ACTBLUE		
				\$	PLATFORM TO RECIEVE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
AMAZON TERRY AVE N SEATTLE, WA							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 71.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Debit Card	F	09/18/2025	\$ 71.43	T-SHIRTS AND TOTE		
				\$	BAGS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
AMAZON 410 TERRY AVE N SEATTLE, WA							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 205.79	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Debit Card	F	09/17/2025	\$ 205.79	T-SHIRTS AND TOTE		
				\$	BAGS		
5. Total only this Page						\$ 336.61	
6. Total of ALL CRO-1310 Pages <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>						\$ 4,528.15	
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)							

Disbursements

Pg 2 of 3

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHELSEA FOR GRAHAM							
3. Type of Disbursement <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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
BILLBOARD SOURCE 6125 LUTHER LN #384 DALLAS, TX 75225							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 3,144.92	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Electric Funds Tran	A	09/23/2025	\$ 3,144.92	TWO BILLBOARDS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CLAY STREET PRINTING 124 W CLAY ST MEBANE, NC 27302							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 239.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Check	B	09/17/2025	\$ 239.23	PRINTING POSTCARDS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
DAILY DONUTS 1067 S MAIN ST GRAHAM, NC 27253							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 52.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Debit Card	O	09/04/2025	\$ 52.78	DONUTS AND COFFEE		
				\$	FOR MEET AND GREET		
5. Total only this Page						\$ 3,436.93	
6. Total of ALL CRO-1310 Pages							
<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>						\$ 4,528.15	
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)							

Disbursements

Amendment

Pg 3 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
CHELSEA FOR GRAHAM							
3. Type of Disbursement <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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
PRESS 3 INK 615 W HARDEN ST GRAHAM, NC 27253							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 602.55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Debit Card	A	09/23/2025	\$ 602.55	T-SHIRTS AND TOTE		
				\$	BAGS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
STRIPE 354 OYSTER POINT BLVD SAN FRANCISCO, CA 94080							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 152.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GRAHAM	Electric Funds Tran	F	09/22/2025	\$ 152.06	FEE FOR CARD		
				\$	PROCESSING ON		
5. Total only this Page						\$ 754.61	
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)						\$ 4,528.15	
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)							

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	
CHELSEA FOR GRAHAM						
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	GRAHAM	Debit Card	O	09/11/2025	\$ 40.00	SEAT AT NETWORKING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card	O	09/08/2025	\$ 26.90	STRATEGY MEETING LUNCH
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card	O	09/22/2025	\$ 36.35	PAID FOR A SEAT AT THEIR EVENT FOR
4. Total only this Page					\$ 103.25	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 103.25	
6. Purpose Codes (Use detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I* - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
CHELSEA FOR GRAHAM			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Aggregated Individual Contribution		<input checked="" type="checkbox"/> Individual	
		<input type="checkbox"/> Candidate	
		<input type="checkbox"/> Party	
		<input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum	
		<input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$ 45.90	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONUTS AND COFFEE FOR N. GRAHAM CANVASSING		09/17/2025	\$ 45.90
			\$
			\$
4. Total only this Page		\$ 45.90	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 45.90	

CRO-1510

NC State Board of Elections

December 2007

Contributions to be Reimbursed

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name CHELSEA FOR GRAHAM		2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor) CHELSEA DICKEY 511 OAKWOOD LANE GRAHAM, NC 27253		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written) CHELSEA DICKEY 511 OAKWOOD LN GRAHAM, NC 27253	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
WEBSITE +DOMAIN	08/25/2025	Y	\$ 212.00
4. Total only this Page			\$ 212.00
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 212.00

CRO-1215

NC State Board of Elections

December 2007