Disclosure Report Cover

Amendment X No ☐ Yes

Use this form for general report and committee information, must be signed and white detailed forms. Do not use this form to update information.

	ionn to apaute	, mileimation.	_		-			
1. Committee In	formation					SEP 3 0 207)\$	
a. Full Name					•	SEL OF TO	LJ	c. ID Number
CHELSEA FOR	R GRAHAM				AL/ BOA	AMANCE COL	INTY TIONS	
b. Mailing Addre	ss (include Cit	ty, State and Zip	Code)		BINE SE			d. Date Filed
511 OAKWOO GRAHAM, NC								09/30/2025
GRAHAWI, NC	. 21233							e. Phone Number
2. Report Year	3. Period Star	t Date (mm/dd/y	y)	4. Period	End Da	te (m m/dd/yy)	5. Treasu	rer Full Name
2025		1/01/2025			09/23/2			A DICKEY
6. Type of Comm	nittee (Check (One)	9. Typ	e of Report	(c)	neck only one	type of rep	oort from one category)
X Candidate Can			Munic			State/County	71 - 7 - 1	Referendum
☐ Joint Fundraise	er 🔲 PA	С		Organizatio	nal	Organizatio	nal	Organizational
☐ Referendum	☐ Leg	gal Expense Fund	X	Thirty-five	day	Quarterly		Pre-referendum
7. Type of Fund	(if applicable	le, check one)		Pre-primary	,	☐ First		☐ Final
"Booster Fund	l"			Pre-election	1	☐ Second		Supplemental Final
Building Fund				Pre-runoff		Third		☐ Annual
Presidential El	lection Year Can	didates Fund		Semi-annua	i	☐ Fourth		☐ Special
NC Public Can	npaign Financing	g Fund		Mid Ye	ar	Semi-annua	1	
				Year E	ıd	☐ Mid Ye	ar	10. Special Report Name
Other:				Final		Year E	nd	
8. Number of Fu	indraisers this	Report		Special		☐ Final		
	0					☐ Special		
3. Account Infor						ount Informati		
a. Financial Insti	itution Full Na	m e			a. Fina	ncial Institutio	n Full Nan	ne
CHELSEA FOR	R GRAHAM							
b. Purpose		c. Account Code	e		b. Purp	oose		c. Account Code
CAMPAIGN FI	INANCES	GRA	MAHA					
		d. Period Begin	Balan	ce				d. Period Begin Balance
		\$						\$
Chapter 163 of funds. I further	he Committee of f the NC Gener	ral Statutes and this report is con	that no	funds are true and c	commin orrect a	ngled with pro	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board 09/30/2025 Date
FOR OFFICE U	SEONLY							
Date Receive	ed:	9130[25	_	Emplo	yee: 🖠	Con	<u>De</u>	livery Method Normal Mail
Date Postma	rked:		_	Employ	yee: _		- □	Registered Mail Hand Delivered
Date Scanne	d: <u>9</u>	30/25	_	Employ	yee: _	n	_	Electronically Filed
Date Data Er	ntered:			Employ	yee:			Signer has not received mandatory training
Please Not	e: This form c	annot be used t	o amen	nd committe	e infor	mation such as	s the comm	nittee 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.

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

☐ Yes X No

	2. Type of Re	•	3. ID Number
CHELSEA FOR GRAHAM	2025 Thirty-	five-day	
Start of Election Cycle: January 1,		Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 0.0	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,275.8	89 \$ 1,275.89
6) Contributions from Individuals	(CRO-1210)	\$ 4,449.9	99 \$ 4,449.99
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.0	00.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.0	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.0	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.0	0.00
1) Other Receipt Sources	1		
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.0	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 5,725.8	38 \$ 5,725.88
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,528.1	15 \$ 4,528.15
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00,00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 103.2	25 \$ 103.25
15) Loan Repayments	(CRO-1420)	\$ 0.0	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 45.9	00 \$ 45,90
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		\$ 4,677.3	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 1,048.5	58 \$ 1,048.58
ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	0
20) Non-Monetary Girls Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	s that was a second
21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed by the Committee	(CRO-1430) (CRO-1610)	\$ 0.0	, -,
22) Debts and Obligations owed by the Committee 23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	ym , y en ' , am a ' a m an '
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	and the control of th
25) Administrative Support	(CRO-1710)	\$ 0.0	and the control of the control of
26) Forgiven Loans	(CRO-1440)	\$ 0.0	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	
28) Contributions to be Refunded	(CRO-1215)	\$ 212.0	
and tree	1 (1)	212,0	Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ Δ

Aggregated Contributions from Individuals Page 1 of

3 Yes X No

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

			From Individuals of \$	50 or less			
		Fund if applicable)			2. ID	Number	•
	FOR GRAHAM						
	or Information	1 22	T			 	
a. Amend	b. Account Code		d. In-Kind Description	e. Date (mm/d	d/yyyy)	f. Amo	unt
Remove	GRAHAM	Debit Card		08/23/20	25	\$	50.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/17/20	25	\$	16.67
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/20	25	\$	6.67
Add Remove	GRAHAM	Debit Card		08/17/20	25	\$	33,33
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	25	\$	5.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	25	\$	33.33
☐ Add ☐ Remove	GRAHAM	Debit Card		08/25/202	25	\$	33,33
Add Remove	GRAHAM	Debit Card		09/02/202	25	\$	50.00
Add Remove	GRAHAM	Debit Card		08/28/202	25	\$	25.00
Add Remove	GRAHAM	Debit Card	<u> </u>	08/09/202	25	\$	25.00
☐ Add☐ Remove	GRAHAM	Debit Card		08/13/202	25	\$	25.00
☐ Add ☐ Remove	GRAHAM	Debit Card		09/07/202	25	s	40,00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/08/202	25	\$	30.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/17/202	25	\$	50.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	25	\$	33.33
☐ Add ☐ Remove	GRAHAM	Debit Card		08/17/202	25	\$	33.33
☐ Add ☐ Remove	GRAHAM	Debit Card		09/02/202	25	\$	50.00
☐ Add ☐ Remove	GRAHAM	Debit Card	*************************************	09/21/202	25	\$	25.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/14/202	25	\$	20.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/23/202	25	\$	10.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	25	\$	33,33
□ Add □ Remove	GRAHAM	Debit Card		09/07/202	25	\$	25.00
Add Remove	GRAHAM	Debit Card		09/05/202	25	\$	20.00
4. Total on	ly this Page				\$		\$673.32
	ALL CRO-12		PRO 1100)		\$		\$1,275.89
(This line mu CRO-1205	ist de on une 5 of De	tailed Summary Page C	RO-1100) State Board of Elections				April 2007

Aggregated Contributions from Individuals Page 2 of 3 Yes No

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

			From Individuals of \$5		A 177. **	Y	· · · - · · · · · · · · · · · · · · · ·
		Fund if applicable)			2. W I	Yumber	
CHELSEA	FOR GRAHAM						
	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/уууу)	f. Amo	unt
☐ Add ☐ Remove	GRAHAM	Debit Card		08/17/202	:5	\$	33.33
☐ Add ☐ Remove	GRAHAM	Debit Card		08/23/202	.5	\$	13.33
☐ Add ☐ Remove	GRAHAM	Debit Card		08/05/202	:5	\$	15,00
☐ Add ☐ Remove	GRAHAM	Check		09/17/202	:5	\$	50,00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/08/202	.5	\$	25.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/17/202	5	\$	50.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	5	\$	16.67
☐ Add☐ Remove	GRAHAM	Debit Card		08/17/202	5	\$	33.33
Add Remove	GRAHAM	Debit Card		08/28/202	5	\$	16.67
Add Remove	GRAHAM	Debit Card		08/27/202	5	\$	16.67
☐ Add ☐ Remove	GRAHAM	In-Kind	DONUTS AND COFFEE FOR N. GRAHAM	09/17/202	5	\$	45.90
Add Remove	GRAHAM	Debit Card		09/21/202	5	\$	10.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/21/202	5	\$	10.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	5	\$	16.67
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	5	\$	8.33
☐ Add ☐ Remove	GRAHAM	Debit Card		09/02/202	5	\$	50.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	5	\$	8,33
☐ Add ☐ Remove	GRAHAM	Debit Card		08/29/202	5	\$	10.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/25/202	5	\$	16.67
☐ Add ☐ Remove	GRAHAM	Debit Card		09/04/202	5	\$	20.00
☐ Add ☐ Remove	GRAHAM	Debit Card		08/17/202	5	\$	16.67
☐ Add ☐ Remove	GRAHAM	Debit Card		08/18/202	5	\$	25.00
☐ Add ☐ Remove	GRAHAM	Debit Card		09/18/202	5	\$	25.00
4. Total on	ly this Page				\$		\$532.57
	ALL CRO-12		CRO LLOC		\$		\$1,275.89
CRO-1205	usi ve on nne 5 of D	etailed Summary Page (CRO-1100) C State Board of Elections				April 2007

		outions from In rt NC Contributions	ndividuals Page From Individuals of \$	3 of 50 or less	3	Amendmo	ent No
1. Committe	e Full Name (and	Fund if applicable)			2. ID N	Number	
CHELSEA 1	FOR GRAHAM						
3. Contribut	or Information						·
	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	Гуууу)	f. Amount	t
☐ Add ☐ Remove	GRAHAM	Debit Card		08/27/202	25	\$	16.67
☐ Add ☐ Remove	GRAHAM	Debit Card		08/17/202	25	\$	33.33
☐ Add ☐ Remove	GRAHAM	Debit Card		09/07/202	25	\$	20,00
4. Total or	nly this Page			•	\$		\$70.00
	ALL CRO-12 oust be on line 5 of D	205 Pages Detailed Summary Page (CRO-1100)		\$		\$1,275.89

CRO-1205

NC State Board of Elections

April 2007

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•		. , , , , , ,			J 1 V IC	1112713

					Amenom	ent
Contributions from Individuals	Pg	1	of	9	☐ Yes	X No
Use this form to report individual contributions over \$50 or contribution	ons un	der \$50	if for	m CRO 120	5 is not use	ed

1. Com	D Number								
CHELS	SEA FOR GRAH	AM	_	_	_				
3. Cont	ributor Informati	on		Add 🔲 Re	move				
	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments		
	ide city, state, & zi	ip)		FORMER PA	RTNER/				
	AMRON			LAWYER	Name/Specific Field	-			
	8TH STREET NO					-			
AKLIN	IGTON, VA 222	01		NOT EMPLO	JYED	e. F	e. Election Sum to Date		
						\vdash			
						\$		83.33	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	GRAHAM	Debit Card			08/17/2025		\$	83.33	
							\$		
							\$		
	ributor Informatio					·			
	Name, Mailing Add			b. Job Title/Pro		d. C	Comments		
	de city, state, & zi	<u>P)</u>		DR/ FAMILY	' MEDICINE				
	IA ANGLE EER CHASE LAN	STD:	!	c. Employer's	Name/Specific Field	1			
	SER CHASE LAN AM, NC 27705	4E	!	NOT EMPLOYED				ļ	
10141	nivi, 110 2.7.00		!	1401 11111 20)11,1,2	e. E	dection Sur	n to Date	
						\$	•	333,33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	GRAHAM	Debit Card			08/26/2025		\$	333.33	
							\$		
							\$		
	ributor Informatio						•	·	
	lame, Mailing Add			b. Job Title/Profession			d. Comments		
	de city, state, & zi	p)		BUSINESS S	YSTEMS			1	
	BROWN ISCAYNE DR			ANALYST c. Employer's I	Name/Specific Field	1			
	1SCA YNE DR NE, NC 27302-9	1655		UNC SYSTE					
MILLION	1112, 110 27302 2	033		ONCOROXI	MP OLLYCE	e. E	lection Sun	a to Date	
						\$		100.00	
f. Prior	g. Account Code		i. In-Kind Desc	cription	J. Date (mm/dd/yyyy)		k. Amount		
	GRAHAM	Debit Card			08/23/2025		\$	100.00	
							\$		
							\$		
4. Tota	al only this Pag	ge				\$		516.66	
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		4,449.99	

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•	An	trut	NESTIAN	IC TYAN	0 IN/	1272/	านก	C
• .	17 I I		,,,,,,,,,,			v	1112	٠.٩

					Amenom	H t	
Contributions from Individuals	Pg _	2	of	9	☐ Yes	X	No
se this form to report individual contributions over \$50 or contribution	ns unde	r \$50	if for	n CRO 120	5 is not use	d	

1. Com	mittee Full Name	(and Fund if applicab	le)			2.]	ID Number		
CHELS	SEA FOR GRAH	AM							
3. Cont	ributor Informati	on		Add 🔲 Re	move			e.	
	ame, Mailing Ad			b. Job Title/Profession			d. Comments		
(inciu	de city, state, & z	ip)		CHIEF PROF	FESSIONAL				
	LES CLAYTON			DEVELOPM	ENT+ DIVERSIT	-			
		AVE NW APT 212		c. Employer's Name/Specific Field			4		
WASH	INGTON, DC 2	0008		NOT EMPLO	OYED	e. Election Sum to Date			
						-	action sum t	o Date	
				·		\$		100,00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount		
	GRAHAM	Debit Card		08/23/2025			\$	100.00	
							\$		
							\$		
3. Contributor Information									
	ame, Mailing Ado		· ·	b. Job Title/Pr	ofession	d. (Comments		
(inclu	de city, state, & z	ip)		PROFESSOR					
	Y CRARY			c Employer's	Name/Specific Field	-			
	INCE STREET ON, MA 2465			NOT EMPLOYED					
IAIT AA I	ON, MA 2403			NOT EMPLO	JIED	e. F	lection Sum t	o Date	
						_		100.00	
		,			,	\$		100.00	
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	GRAHAM	Debit Card		**************************************	08/27/2025		\$	100.00	
							\$		
							\$		
	ributor Informati				move		·		
	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	omments		
	de city, state, & z	ip)		BROKER					
	S EVARTS ATONAH AVE, I	PMR 184		c. Employer's l	Name/Specific Field				
	NAH, NY 10536			NOT EMPLO	OYED				
	ŕ					e. E	lection Sum to	o Date	
						\$		166.67	
f. Prior		h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount		
	GRAHAM	Debit Card			08/27/2025		\$	166.67	
							\$		
							\$		
4. Tota	l only this Pa	ge				\$		366.67	
	al of ALL CR	O-1210 Pages 6 of Detailed Summary P	age CRO-1100)	. *		\$	4,	449.99	
			<u> </u>						

Cont	tributions fr	om Individuals	S	1	Pg 3 of 9		Amendmen	t M No
			_		under \$50 if form CRO	_ 120:		
		(and Fund if applicab			·· · · · · · · · · · · · · · · · ·		ID Number	
CHEL	SEA FOR GRAH	AM						
3. Cont	ributor Informati	on		Add □ I	Remove	l		
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/	Profession	đ.	Comments	
	ide city, state, & z	ip)		TEACHER				
	FARRAN			c Employer	's Name/Specific Field	┨		
	TH ST., NE #13 IINGTON, DC 2	0002		NOT EMP		┨		
WASI	interest, be 2	0002		NOT ENI	LOTED	e.	Election Sum	to Date
						S		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	;	k. Amount	
	GRAHAM	Debit Card			08/23/2025		\$	100.00
							\$	
				<u>.</u>			\$	
3. Cont	ributor Informati	on		Add □ F	Remove			
a. Full l	Name, Mailing Ado	dress & Phone		b. Job Title/	Profession	d. (Comments	
(inclu	ide city, state, & z	ip)		MASTER (OF PUBLIC HEALTH			
	FLEMING			a Employant	s Name/Specific Field	ł		
	COLUMBIA ST EL HILL, NC 27	'51 <i>4</i>		NOT EMP	-	┨		
	ens theel, ive 27	J14		NOT LIVE	LOTED	e.]	Dection Sum	to Date
						s		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	l cription	j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Debit Card			09/08/2025		\$	100.00
							\$	
							\$	
	ributor Informati			Add 🔲 R	lemove			
	lame, Mailing Ado			b. Job Title/I	Profession	d. (Comments	
	de city, state, & z	ip)		ATTORNE	Y			
	FLETCHER IRCH ST			c. Employer'	s Name/Specific Field	1		
	CHURCH, VA	22046		LYNN FLE		1		
	, ,				Y AT LAW, PC	e. I	Dection Sum	to Date
					·	\$		83,33
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Debit Card			08/11/2025		\$	83.33

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Ame	ount
	GRAHAM	Debit Card		08/11/2025	\$	83.33
					\$	
					\$	
4. Tota	al only this Pa	ge			\$	283,33
	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)		\$	4,449.99

CRO-1210

Contributions from Individuals

Pg 4 of 9 Mendment Yes X No

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

1. Com	nittee Full Name	(and Fund if applicabl	e)			2.1	D Number	
CHELS	SEA FOR GRAH	AM						
3. Conti	ributor Informati	on		Add 🔲 Re	move			
a. Fuli N	lame, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. C	d. Comments	
	de city, state, & z	ip)		VISUAL ARTIST				
	HACKER CE CT APT 2A			c. Employer's	Name/Specific Field	1		
	CE CT AFT 2A KLN, NY 11201			NOT EMPLO		1		
Dico	(LE)(, 1(1 11201			NOT ENIL	31 2D	e. E	lection Sur	n to Date
						\$		83,33
f. Prior	g. Account Code	h. Form of Payment	i. In-Klnd Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Debit Card			08/23/2025		\$	83,33
							\$	
							\$	
3. Contributor Information							<u> </u>	
	ame, Mailing Ado		b. Job Title/Profession			d. Comments		
(include city, state, & zip)				ORGANIST/CHOIR MASTER				
DON H	IAGUE RCHARD WAY		c. Employer's	Name/Specific Field	ĺ			
SILVER SPRING, MD 20904			ST. MARK'S		İ			
SILVER SI KING, MID 20704					e. E	lection Sur	n to Date	
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Debit Card			08/24/2025		\$	150.00
							\$	
							\$	
	ributor Informati			Add 🔲 Re	move			
	ame, Mailing Ado			b. Job Title/Profession		d. Comments		
	de city, state, & z	ip)		LAWYER				
	HANSEN TNW, APT 1			c. Employer's l	Name/Specific Field			
	INGTON, DC 2	0001		NOT EMPLOYED				
	•					e. E	lection Sun	a to Date
						\$		83.33
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Debit Card			08/17/2025		\$	83.33
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		316.66
	the state of the s	O-1210 Pages 6 of Detailed Summary P	age CRO-1100)			\$		4,449.99
,		, ,	J					

Contributions from Individuals

Pg 5 of 9 Yes No

OSE this form to report individual contributions over \$50 or contributions under \$50 ii form CRO 1205 is not use	his form to report individual contributions over \$50 or contribu	itions under \$50 if form CRO	1205 is not used
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1. Com	mittee Full Name	(and Fund if applicabl	ie)				2.	ID Number	
CHELS	SEA FOR GRAH	AM							
	ributor Informati					move			
	Name, Mailing Add			b. Job Titl			d. C	Comments	
	ide city, state, & zi	ip)	<u></u>	PROFESS	SOR	•			
	GE HASTINGS		!	E-mlay	_t_ 7	" " Fale Field	4		
	ST CHAPMAN S		!	─ ──		Name/Specific Field	4		
ALEXA	ANDRIA, VA 22	1301-2502	!	NOT EM	IPLC)YED	e. J	Election Sum to Date	
			!			!	\vdash		
			!			'	\$	83.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)	-	k. Amount	
	GRAHAM	Debit Card				08/19/2025		\$ 83.33	
								\$	
								\$	
	ributor Informatio					move			
	Name, Mailing Add		1	b. Job Title		ession	d. Comments		
	ide city, state, & zi	(p)		AUTHOR	1		1	!	
	CCA HODGE		ŀ	c. Employ	er's l'	Name/Specific Field	ł	ļ	
	4504 GATES STREET RALEIGH, NC 27609					IODGE FICTION	1		
Mu.	RALEIGH, NC 27009			KEDLCC	√K II		e. F	Dection Sum to Date	
			!			1	\$	100.00	
<u> </u>				<u> </u>					
		h. Form of Payment Debit Card	i. In-Kind Desc	cription	\longrightarrow	j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Deni Caru				08/23/2025		\$ 100.00	
								\$	
								\$	
	ributor Informatio		 			move		· · · · · · · · · · · · · · · · · · ·	
	Vame, Mailing Add		1	b. Job Title			d. Comments		
	ide city, state, & zi	1 b)		1		COUNSELOR FOR	İ		
	IE JACKSON ESTWOOD DRIV	vre		CHATHA c. Employe		OUNTY Name/Specific Field	l		
	EL HILL, NC 27:			NOT EM			1		
CHARA	<i>A.</i> HHEE, 130	<i>)</i> 10		NOI I	بريد تا		e. F	lection Sum to Date	
·	·						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription		j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Debit Card				09/03/2025		\$ 100.00	
								\$	
								\$	
4. Tota	al only this Pag	ge					\$	283.33	
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRQ-1100)		·		\$	4,449.99	
, -	700 Million D. C.	, vj 2	- C						

Contributions from Individuals

Pg 6 of 9 Amendment Yes No

Jse this form to report individua	al contributions	over \$50 or contributions	under \$50 if form CR	O 1205 is not used
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1. Com	. Committee Full Name (and Fund if applicable) 2. ID Number								
CHELS	SEA FOR GRAH	AM							
3. Cont	ributor Informati	on		Add 🔲 Re	move		*		
	ame, Mailing Ado			b. Job Title/Pr	ofession	d. Comments			
,	de city, state, & z			JEWELER					
	ARA MCFADYE AWES STREET			c. Employer's	Name/Specific Field	1			
	EL HILL, NC 27			 	MCFADYEN	1			
	35 111115, 110 21	310		JEWELRY			dection Sum	to Date	
						\$		333,33	
f. Prior	_	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	•	k. Amount		
	GRAHAM	Debit Card			08/19/2025		\$	333.33	
							\$		
							\$		
3. Contributor Information									
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comments			
(include city, state, & zip)				JEWELER					
BARBARA MCFADYEN 1004 DAWES STREET				c. Employer's	Name/Specific Field				
CHAPEL HILL, NC 27514			BARBARA I	MCFADYEN					
			JEWELRY		e. I	lection Sum	to Date		
						\$		166.67	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	GRAHAM	Debit Card			08/29/2025		\$	166.67	
				· · · · · · · · · · · · · · · · · · ·			\$		
							\$		
	ibutor Informati				nove				
	ame, Mailing Add			b. Job Title/Profession d. Comments					
	de city, state, & zi	(p)			EFITS ADVISORY,				
	EN MYER	O A D. 1 D. HT. 1000		LLC OWNER	Name/Specific Held				
	FORD, CT 6902	OAD, UNIT 1230		NOT EMPLO				j	
Q I Z MATI	ORD, CT 0902			NOT ENITE	TED	e. E	lection Sum	to Date	
			:			\$		333.33	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount		
	GRAHAM	Debit Card			08/28/2025		\$	333.33	
							\$		
							\$		
4. Tota	l only this Pa	ge				\$		833,33	
	el of ALL CR(ine must be on line (D-1210 Pages 5 of Detailed Summary P	Page CRO-1100)			\$		4,449.99	

X No ☐ Yes 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 ☐ Add ☐ Remove b. Job Title/Profession a. Fuli Name, Mailing Address & Phone d. Comments (include city, state, & zip) TEACHER KATHLEEN NEWMAN c. Employer's Name/Specific Field 8716 LEONARD DRIVE SILVER SPRING, MD 20910 NOT EMPLOYED e. Election Sum to Date 300.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Debit Card GRAHAM 08/23/2025 S 300,00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ECONOMIST KAREN PENCE c. Employer's Name/Specific Field 19 4TH STREET NORTHEAST WASHINGTON, DC 20002 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 Debit Card **GRAHAM** 08/10/2025 \$ 166,67 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RHEUMATOLOGIST DANIEL SHEFF c. Employer's Name/Specific Field 377 BARDWELLS FERRY RD CONWAY, MA 1341 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 Debit Card GRAHAM 08/27/2025 \$ 83.33 \$ \$ 550,00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 4,449.99 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

				Amenam	MI	
Pg	8	of	9	☐ Yes	X	No

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

1. Com	. Committee Full Name (and Fund if applicable) 2. ID Number									
	SEA FOR GRAH									
	ributor Informatio			Add 🔲 Re	move					
	Name, Mailing Add			b. Job Title/Pr	rofession	d. (Comments			
	ide city, state, & zi	(p)			EALTH JOURNAL					
	S SHELTON			EDITOR	The standard	1]			
	TOP RIDGE DRI	IVE		 	Name/Specific Held	4	1			
BOYD	S, MD 20841			NOT EMPLO			Hection Sum to Date			
					,					
					!	\$	800.00			
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount			
	GRAHAM	Debit Card			08/01/2025		\$ 800.00			
							\$			
							\$			
	ributor Informatio					_				
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (d. Comments			
	ide city, state, & zi	(p)		LAWYER		1				
	WARD		l	c. Employer's Name/Specific Field						
_	X 3126 LOTTE NC 2844	50 2124	l	NOT EMPLO	 	1				
SILVILI	SHALLOTTE, NC 28459-3126			NO1 EMEL		e. F	Dection Sum to Date			
			l							
<u> </u>						\$	166.67			
f. Prior	-	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	/	k. Amount			
	GRAHAM	Debit Card			08/20/2025		\$ 166.67			
						!	\$			
							\$			
	ributor Informatio				move					
	Name, Mailing Add			b. Job Title/Pro		d. C	d. Comments			
	ide city, state, & zi	1 p)		ATTORNEY	!	l				
1	WHITE	COLU ELLABA	!	- Employer's	Name/Specific Field	1				
	CHEVY CHASE B Y CHASE, MD 2		!	NOT EMPLO		l				
Cim.	I CHASE, was a	.0015	!	NOT ENT L		e. F	Dection Sum to Date			
			ļ			\$	166.67			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount			
	GRAHAM	Debit Card			08/05/2025		\$ 166.67			
							\$			
							\$			
4. Tota	al only this Pag	ge				\$	1,133.34			
	al of ALL CR	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	4,449.99			
£	ALC 110000- 0- 0- 0- 0- 0- 0- 0- 0- 0- 0- 0- 0	and warmen warming -	Mgo Caro and,	4		<i>i</i>	F			

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\sim	. ménik.	.tiana	fun	T-, 41:,	viduals
U€)	LUOHS	11(0)111	HEIGH	vicinais

Pg 9 of 9 Yes X No

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

1. Com	mittee Full Name	2.	2. ID Number					
CHEL	SEA FOR GRAH	AM						
3. Cont	ributor Informati	on		Add 🔲 Re	move			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pi	rofession	d. 6	Comments	
(include city, state, & zip)				ATTORNEY				
1	WHITE			a Employee's	Name/Specific Field			
4832 CHEVY CHASE BOULEVARD			· · · · · · · · · · · · · · · · · · ·		l			
CHEVY CHASE, MD 20815			NOT EMPLOYED		e. Election Sum to Date			
						\$		166.67
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	GRAHAM	Debit Card			08/08/2025		\$	166.67
							\$	
							\$	
4. Tot	4. Total only this Page							166.67
	al of ALL CR line must be on line	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			\$		4,449.99

CRO-1210

NC State Board of Elections

April 2007

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	10	h	IT	se	m	A	m	te
$\boldsymbol{\mathcal{L}}$	13			30	111	•		

				Amendm	ent
Pg	1_	of	3_	☐ Yes	X No

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

1. Committee F	full Name (and Fund	if applicable)					2. ID Nu	mber
CHELSEA FO								
3. Type of Disb	ursement (Please	use senarate CR(0-1310 forms for ea	ch typ	e of Disbu	rseme	nt)	
Operating Ex			tes/Political Committee				Children Colored Color	xpenditures
4. Payee Inform			☐ Add ☐	Ren			•	
	ailing Address & Ph	one	b. Coordinat			ame	d. Comm	ents
(include city, sta								
ACTBLUE								
ACTBLUE PO	BOX 441146		c. Level Reg					
SOMERVILLE	E, MA 02144		Federal		County:			~
			☐ State		Municip	oanty:	e. Becho	n Sum to Date
							\$	59.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Ar	nount	k. Re	quired Re	marks
GRAHAM	Electric Funds Tran	F	09/22/2025	\$	59.39	TOU	JSE THE	ACTBLUE
				\$		PLA	TFORM	TO RECIEVE
4. Payee Inform	ailing Address & Pho		Add D	Rem	NEWSCOOL STATE OF THE SECOND		d. Comm	4 n
a. Full Name, Mi (include city, sta		one	D. Coordinat	eaCoi	nmittee 142	ame	a. Comm	ents
AMAZON	ite, & zip)						1	
AMAZON TERRY AVE N	N.		c. Level Regi	stered	(Specify)			
SEATTLE, WA			☐ Federal		County:			
			☐ State		Municip	ality:	e. Electio	n Sum to Date
							\$	71.43
f Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	ili An	- ount	t Re	quired Re	
GRAHAM	Debit Card	F	09/18/2025	\$	71.43			ND TOTE
Oltrina	Den Cau	Г	09/10/2023		/1.45	BAG		ND TOTE
				\$				
4. Payee Inform			☐ Add ☐	Rem	ove			
	ailing Address & Pho	one	b. Coordinat	ed Con	nmittee Na	me	d. Comm	ents
(include city, sta	ite, & zip)							
AMAZON			a Yaval Dagi	-t-rad	(Caraller)			
410 TERRY AV			c. Level Regi		County:			
SEATTLE, WA	X		☐ State	i	Municip		e. Electio	n Sum to Date
							\$	205.79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. An	ount	k. Re	quired Re	marks
GRAHAM	Debit Card	F	09/17/2025	\$	205.79	T-SE	IIRTS AN	ND TOTE
				\$		BAG	S	
5. Total only thi	s Domo						đ.	336.61
							\$	330.01
	CRO-1310 Pages	Y Page CDO	1120 '50					
	in line 13a of Detailed S in line 13b of Detailed S				malishaal Co		\$	4,528.15
	in line 130 of Detailed S in line 13c of Detailed S					mmi		
	odes (List detailed							
A* - Media	B* - Printin	Control of the Contro	C* - Fundraising		D - To	Anoth	er Candio	late
E - Salaries	F* - Equipme	•	G - Political Party					ffice Expenses
I - Postage	J - Penalties		K* - Office Expense	es				l Expense Fund
O* Other			_		•			•
* Codes require	e detailed explanation	n in required rem	arks field(k)					

Disbursements	Pα	2
Dispuisements	rg _	

				Amendm	ent
Pg	2	of	3	☐ Yes	X No

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

1. Committee F	Full Name (and Fund i	if applicable)					2. ID Nu	ımber
CHELSEA FO	R GRAHAM							
3. Type of Disb	ursement (Please	use separate CR	O-1310 forms for eac	ch typ	e of Disbu	rseme	nt.)	
Operating Ex		ributions to Candida	ates/Political Committee	es	Coc	ordinat	ed Party E	expenditures
4. Payee Inform	nation		☐ Add ☐	Ren	nove			
a. Full Name, M	lailing Address & Pho	one	b. Coordinat	ed Co	mmittee Na	ame	d. Comm	ents
(include city, sta	ate, & zip)						populariti 1 a 11 a 19 a 10 a 10 a 10 a 10 a 10 a	
BILLBOARD :			a Larral Darri	a 4 a ma d	(Cif-v)			
6125 LUTHER			c. Level Regi		County:			
DALLAS, TX	15225		State		Municip		e. Electic	on Sum to Date
							\$	3,144.92
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Ar	nount	k. Re	quired Re	marks
GRAHAM	Electric Funds Tran	A	09/23/2025	\$	3,144.92	TWO	O BILLB	OARDS
				\$				
4. Payee Inform	nation		□ Add □	Rem	nove			
	Tailing Address & Pho	one	b. Coordinat		WHITE STREET,	ame	d. Comm	ents
(include city, sta								
CLAY STREE								
124 W CLAY S			c. Level Regi				l	
MEBANE, NC	27302		Federal	1	County:			^
			☐ State	!	Municip	ality:	e. Electio	on Sum to Date
							\$	239.23
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. A1	nount	k. Re	quired Re	marks
GRAHAM	Check	В	09/17/2025	\$	239.23	PRIN	TING P	OSTCARDS
			 	\$				
4. Payee Inform	nation		□ Add □	Rem	ove.			78
	ailing Address & Pho	one	b. Coordinat	STATE SHOW PLANT	E TO MAN OF SHIP YES COME	am e	d. Com m	ents
(include city, sta								
DAILY DONU								
1067 S MAIN S	ST		c. Level Regi					
GRAHAM, NO	27253		☐ Federal		County:	100.00		
			☐ State		Municip	anty:	e. Hectio	on Sum to Date
							\$	52.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Ar	nount	k. Re	quired Re	marks
GRAHAM	Debit Card	0	09/04/2025	\$	52.78	DON	IUTS AN	ID COFFEE
	 		†	\$				AND GREET
				13		en secondos		
5. Total only thi							\$	3,436.93
6. Total of ALL	CRO-1310 Pages							
	in line 13a of Detailed S						\$	4,528.15
	in line 13b of Detailed S in line 13c of Detailed S					omm)		5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
7. Purpose C	odes (List detailed	expenditure code	in (h.) above)					
A* - Media	B* - Printin		C* - Fundraising		D-To	Anoth	ner Candi	date
E - Salaries	F* - Equipme	The real property of the state	G - Political Party		H* - He	olding	Public C	Office Expenses
I - Postage	J - Penalties	S	K* - Office Expense	es	Q* - Do	onatio	n to Lega	al Expense Fund
O* Other								
* Codes requir	e detailed explanation	n in required ren	narks field (k)					

	ents report expenditures coordinated party ex		ee for o	perating expen				Amenda 3 Yes o candidate/p	No No
1. Committee Fu	il Name (and Fund i	f applicable)				· · · · · · · · · · · · · · · · · · ·		2. ID Numb	er
CHELSEA FOR	R GRAHAM								
3. Type of Disbu	rsement <i>(Please</i> :	use separate CRC	<i>1310</i>	forms for each	type	of Disbu	rseme	nt.)	
M Operating Exp	enses 🔲 Conti	ributions to Candidat	es/Polit	ical Committees		Coc	rdinat	ed Party Expe	nditures
4. Payee Informa	ation	ν		Add 🔲	Rem	ove	1 2 2 2	Server Server S	
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Con	mittee Na	ım e	d. Commen	ts
(include city, stat	te, & zip)								
PRESS 3 INK									
615 W HARDE	N ST			c. Level Regist					
GRAHAM, NC	27253			☐ Federal	Ļ	County:			· · · · · · · · · · · · · · · · · · ·
				☐ State		Municip	ality:	e. Election S	um to Date
								\$	602.55
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rema	rks
GRAHAM	Debit Card	A	0	9/23/2025	\$	602.55	T-SI	IIRTS AND	TOTE
					\$		BAG	iS	
4. Payee Informs	ition			Add □	Reme	ove	:	100	
	iling Address & Pho	one		b. Coordinate	d Con	ımittee Na	ım e	d. Comment	s
(include city, stat	te, & zip)								
STRIPE									
354 OYSTER P	OINT BLVD			c. Level Regist	te re d				
SAN FRANCIS	CO, CA 94080			☐ Federal	_	County:			
				☐ State	[Municip	ality:	e. Election S	um to Date
								\$	152,06
				1					

O* Other

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

CRO-1310

NC State Board of Elections

December 2009

C* - Fundraising

G - Political Party

K* - Office Expenses

09/22/2025

f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

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

B* - Printing

J - Penalties

F* - Equipment

(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)

Electric Funds Tran F

GRAHAM

A* - Media

E - Salaries

I - Postage

5. Total only this Page

6. Total of ALL CRO-1310 Pages

k. Required Remarks

754.61

4,528.15

FEE FOR CARD PROCESSING ON

\$

\$

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

152,06

\$

Α.				+
Δ.	ше	шu	me	иı

Aggregated Non-Media Expenditures

Page 1 of 1 Yes No
Optional form used to report NC Non-Media Expenditures of \$50 or less.

Optional to	rm usea to repo	ort NC Non-Media	Expenditures o	1 550 or less.		
L Committe	eRillRane(an	i kundifeapylicable)			28 DiNumber	
CHELSEA	FOR GRAHAM					1
3. Payee Info	ormation			1		
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
☐ Add ☐ Remove	GRAHAM	Debit Card	0	09/11/2025	\$ 40.00	SEAT AT NETWORKING
Add Remove	GRAHAM	Debit Card	О	09/08/2025	\$ 26,90	STRATEGY MEETING LUNCH
Add Remove	GRAHAM	Debit Card	0	09/22/2025	\$ 36.35	PAID FOR A SEAT AT THEIR EVENT FOR
4. Total or	nly this Page				\$	103.25
the state of the s	f ALL CRO-1 uust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$	103.25
le Paritise		យវ៉ៃសម្លាប់(2) នៃវិនិស្ស				
		- Printing	62 a Rimide	The state of the s	To Another Ca	
E - Salar		ារិក្សាប្រែកោត		The second livery with the second livery with	HoldingPol	the Office Expressives -
lie Posisi	y ⊙ J-	Penalties	ોલ્ડે - Office	Texpienses Q* -	Donations to	Legal Expense Fund
O* - Otl	ner 📜					
* Codes	require detai	led explanation i	n required ren	narks field (g)		

CRO-1315

NC State Board of Elections

December 2009

					Amen	dment	
In-Kind Contributions	Pg	1	of	11	∃ Ye	s 🗴	No
Use this form to report non-monetary contributions, donation	ons, goods or ser	vices pr	ovided to	o the con	nmittee o	or fund.	
Use CRO-1215 if In-Kind Contributions were or will be	refunded within	n 7 day	rs.				
1. Committee Full Name (and Fund if applicable)				2. ID 1	Number	•	
CHELSEA FOR GRAHAM							
3. Contributor Information	Add 🔲 Re	move	*	<u>. </u>			
a. Full Name, Mailing Address & Phone	b. Type of Con	tri bu to) r	c. Com	ments		
(include city, state, & zip)	X Individual			T			
Aggregated Individual Contribution	☐ Candidate						:
	Party			1			
	☐ PAC			L			
	Referendum			d. Election Sum to Date			te
	Other Rece	ipt Sour	ce	\$			45.90
e. Description		f. Date	e (mm/dd	l/yyyy)	g. Fair	Marke	t Amount
DONUTS AND COFFEE FOR N. GRAHAM CANVASSING		0	9/17/20	25	\$		45.90
					\$		
					\$		
4. Total only this Page		<u> </u>		S	<u>, d</u>		45.90

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