1/	-
Yes	L

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

Do not use this	s torritto upa	ate information.						
1. Committee I	nformation							
a. Full Name								c. ID Number
CHELSEA FO	R GRAHAN	1	***************************************		RE	CEIVED		c. ID Number
b. Mailing Addr	ess (include	City, State and Z	ip Code)	00	T OF MAR		d. Date Filed
511 OAKWOO			•		UL	1 61 7073		d. Date Filed
GRAHAM, NO	27253			F	ALAMA	NCE COUNTY	<u> </u>	10/27/2025
i				-	CAILD	OF ELECTION	IS	e. Phone Number
2. Report Year	3. Period St	art Date (mm/dd	/yy)	4. Perior	I End D	ate (m m /dd/vv)	5 T	rer Full Name
2025	100-20-20-00-00-00-00-00-00-00-00-00-00-0	09/24/2025			10/20/			A DICKEY
6. Type of Comm	nittee (Check	(One)	lo Tvi	e of Repo	nt (c	hook out		d belawar a Gallagaza sang
X Candidate Can	npaign 🔲 P	arty	Munic		rt (C	State/County	type of rep	port from one category)
Joint Fundraise		AC		Organizati	onal	Organizatio	an al	Referendum
☐ Referendum		egal Expense Fund		Thirty-fiv		Quarterly	onai	Organizational
7. Type of Fund	(if applica	ble, check one)	10	Pre-prima	•	First		Pre-referendum
"Booster Fund	"		X	Pre-election		Second		Final
Building Fund				Pre-runoff		Third		☐ Supplemental Final ☐ Annual
Presidential El	ection Year Ca	ındidates Fund		Semi-annu	al	Fourth		Special
☐ NC Public Cam	ıpaign Financir	ng Fund		Mid Y	ear	Semi-annua	l	Special
				Year E	nd	☐ Mid Ye	-	10 Cassiel D
Other:				Final		Year Er	nd	10. Special Report Name
8. Number of Fu	ndraisers thi	s Report		Special		Final		
	0					☐ Special		
3. Account Inform	mation				3. Acc	ount Informati	on	
. Financial Instit		ım e			a. Fina	ncial Institutio	n Full Nam	<u>e</u>
CHELSEA FOR	GRAHAM							
. Purpose		c. Account Code	,					
CAMPAIGN FIN	VANCES				b. Purp	ose		c. Account Code
¥	WINCES		HAM					
		d. Period Begin	Balanc	e			j	d. Period Begin Balance
		S					İ	
ERTIFICATION	T							\$
I certify that the Chapter 163 of t	Committee of he NC Gener							2A, 22B & 22D-22M of her non-disclosed
iuiids. Hurther	certify that t	his report is con	plete, t	rue and co	rrect ar	d that I have b	een traine	her non-disclosed d by the NC State Board
Hadden	LaGara	λe		V.	1			y merice state Board
	ted Name of Si		9	111	1	700		10/27/2025
OR OFFICE US		gilei		VSigna	ture of A	ppointed Treasu	rer	Date
Date Received	: 13	17- WL	_	Employ	ee:	3		very Method Normal Mail
Date Postmark	ed:		-	Employ	ee:			Registered Mail
Date Scanned:	10	27-25	- 0	Employ	ee:	4		Hand Delivered Electronically Filed
Date Data Ente	red:		•	Employe	ee:			igner has not received
Please Note:	This form on	nnot be used to	one - 1				n	nandatory training
	ossistani	t transuman	amend	committee	ınform	ation such as the	he committ	ee 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.

212.00

☐ Yes X 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 Pre-Election Start of Election Cycle: January 1, Total this Total this 2024 Reporting Period Election Cycle 4) Cash on Hand at Start 1,048.58 \$ 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 200.00 \$ 1,475.89 6) Contributions from Individuals (CRO-1210) 1,525.00 \$ 5,974.99 7) Contributions from Political Party Committees (CRO-1220) \$ 750.00 \$ 750.00 8) Contributions from Other Political Committees (CRO-1230) \$ 0.00 0.00 9) Loan Proceeds (CRO-1410) \$ 0.000.00 0) Refunds/Reimbursements to the Committee (CRO-1240) 277.22 \$ 277.22 1) 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 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 2,752.22 \$ 8,478.10 EXPENDITURES (3) Disbursements 13a) Operating Expenditures (CRO-1310) \ \\$ 2,201.57 6,729.72 13b) Contributions to Candidates/Political Committees (CRO-1310) 0.00 \$ 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) | \$ \$ 157.59 260,84 5) Loan Repayments (CRO-1420) \$ 0.000.00 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 0.00 0.00 7) In-Kind Contributions (CRO-1510) \$ 0.00 \$ 45.90 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 2,359.16 7,036.46 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 1,441.64 \$ 1,441.64 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) \$ 0.0025) Administrative Support (CRO-1710) \$ 0.000.00 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) \$ 0.00 \$

Optional to	rm asea to tebol	butions from I rt NC Contributions Fund if applicable)	ndividuals Page From Individuals of S	e <u>1</u> of 350 or less	<u> </u>	Amendme	ent No
CHELSEA	FOR GRAHAM	runu ir appileanie)			2. ID	Number	
3. Contribut	or Information				<u></u>		····
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/d	d/vvvv)	e Amoust	
☐ Add ☐ Remove	GRAHAM	Cash		10/09/2025		f. Amount	
☐ Add ☐ Remove	GRAHAM	Cash		10/00/2025		<u> </u>	50.00
☐ Add ☐ Remove	GRAHAM	Debit Card		10/09/2025		\$	50.00
Add	GRAHAM	Check		10/15/20	25 ———	\$	25.00
Remove Add	67			10/09/2025		\$	50.00
Remove	GRAHAM	Debit Card		10/04/2025		\$	25.00
4. Total on							
5. Total of	ALL CRO-120	5 Pages			\$		\$200.00
(This line mus CRO-1205	st be on line 5 of De	tailed Summary Page C	RO-1100) State Board of Elections		\$		\$200.00 April 2007

Co	ntributions	from Individua	als		Pg 1 of	5	Amen.	
1 0	ins ionn to repor	t individual contributions	ons over \$50 or	contributions	s under \$50 if form C	RO I	205 is not	used
	ELSEA FOR GRA	ne (ana rana it siddile	able)				2. ID Num	
a. Fu	ntributor Inform Il Name, Mailing A	ation			Remove			
(in	clude city, state, &	voiress & Phone		b. Job Title	/Profession		d. Commen	ıts
	LIAM BRYANT			4				
	MEADOWVIE			c Employee	lo Nome (C)			
	HAM, NC 2725				r's Name/Specific Fiel	Id		
				COURTS	QUARE DRUG	}	e Floation	Sum to Date
				j		ŀ		Sum to Date
f Pric	r a Asser-40 1					ĺ	\$	100.00
		h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yy	уу)	k. Amo	unt
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			 				\$	-
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(inc	ude city, state, & :	zip)		b. Job Title/I			. Comment	S
ERIC	CRISSMAN			PROFESSIO	ONAL VOLUNTEE	R		
	LBRIGHT AVE			c. Employer's	s Name/Specific Field			
GRAF	IAM, NC 27253				- Tamer specific Field			
				ļ		e.	Dection S	um to Date
			i					
Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	mintio-		\$		100.00
	GRAHAM	Check	m-Mad Desc	eripiion	j. Date (mm/dd/yyy	y)	k. Amour	ıt
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							\$	
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. Full N	lame, Mailing Add	ress & Phone		b. Job Title/Pr		ld.	Comments	
	de city, state, & zi			ARTIST		+-	Comments	
OA WA	ECKLEBARGE	R]		
	ASHINGTON ST AM, NC 27253		10	c. Employer's	Name/Specific Field	7		
TO LI I	HVI, INC 27233					<u></u>		_
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5 / T			ł			\$		100.00
		h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/yyyy))	k. Amount	
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	only this Pag					\$		300.00
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and W	e musi de on line 6	of Detailed Summary Pa	ge CRO-1100)		ļ	\$		1,525.00

Contributions from Individuals

Pg 2 of 5 Yes No

Use this form to report individual contributions over \$50 or contribution	ons under \$50 if form CRO 1205 is not used
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		e (and Fund if applicab	le)			2.	ID Number	
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	ude city, state, & z	.ip)		NURSE PR/	ACTITIONER	1		
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	LAWRENCE TI IAM, NC 27253	RAIL			Name/Specific Field	-		
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		h. Form of Payment Debit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u>) </u>	k. Amount	
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	ide city, state, & zi	ip)	·	SALESMAN	· · · · · · · · · · · · · · · · · · ·			
DENNIS HART			ļ	c. Employer's Name/Specific Field				
519 WILDWOOD LN GRAHAM, NC 27253			ļ	NOT EMPLO		1		
	GRAHAM, NC 27253			NOT DIVITE	JIED	e. F	Election Sum to Date	
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	de city, state, & zij	<u>p)</u>		PROGRAM (OFFICER			
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	AM, NC 27253			Z SMITH RE				
	, -			FOUNDATO		e. E	lection Sum to Date	
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f. Prior			i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
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4. Tota	l only this Pag	<u>.</u>				\$	325.00	
	al of ALL CRO		CTO 1100)			\$	1,525.00	
I I III II	ne must be on line o	6 of Detailed Summary Pa	1ge CRO-1100)					

Amendment

		rom Individuals	-		$\frac{3}{1 - 050} \text{ of } \frac{5}{1 - 050}$			X No
				ontributions u	under \$50 if form CRO			
	amittee Full Name SEA FOR GRAH	e (and Fund if applicab	le)			12.	ID Number	
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	tributor Informati			Add 🔲 Re	demove			
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	ude city, state, & zi		 -	COPORATE	E SECRETARY	Ţ		
	IAELYN MCCLU			~ Employer!	s Name/Specific Field	4		
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ľ	Name, Mailing Add			b. Job Title/Pr	rofession	d. C	Comments	
	ude city, state, & zi		!	LICENSED	PSYCHOLOGIST			
	ABETH MCINERN ORTH MELVILLI		!	- Employer's	Name/Specific Field	4		
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OIV.	MIVI, 190 2,200		I	UNC CHAI	EL HILL	e. F	Dection Sum	to Date
			!		1	\$	25.5	
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	ide city, state, & zij	p)	}-	PROGRAM I				
	Y MOCK							
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MEDA	NE, NC 27302		1	NOT EMPLO		E	lection Sum (to Date
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	al only this Pag					\$		400.00
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Contributions from Individuals

				Amenament					
Pg	4	of	5	☐ Yes	No No				

Use this form to report individua	Lontributions over \$	50 or contributions u	inder \$50 if form	CRO 1205 is not used	ł

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			
·	lame, Mailing Ad			b. Job Title/Pr		d. (d. Comments	
(inclu	ide city, state, & z	ip)		INSURANCI	E BROKER			
CHER	I NASH							
1714 B	ROADWAY DR	•		c. Employer's	Name/Specific Field	1		
GRAH	AM, NC 27253					<u>_</u>		
						e. 1	Dection Sum to Date	
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							\$	
							\$	
3. Cont	ributor Informati	on		Add Re	move			
a. Full N	ame, Mailing Ado	iress & Phone	<u> </u>	b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		MUSIC TEA	CHER			
COLLEEN WALSH						ļ		
404 ASPEN CT				Name/Specific Field	1			
GRAHAM, NC 27253				SKYLARK N	MUSIC SCHOOL		dection Sum to Date	
						e. E	lection Sum to Date	
			T. 17 122		I	\$	200.00	
		h. Form of Payment Debit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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	DY WIGGINS			c. Employer's l	Name/Specific Field	ł		
	ARD ST AM, NC 27253				SE NUTRITION	1		
OKAIL	AIVI, INC 27233			LIGHTHOU	SE NOTRITION	e. F	lection Sum to Date	
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4. Tota	al only this Pa	ge				\$	400.00	
1	al of ALL CR	O-1210 Pages 6 of Detailed Summary F	Page CRO. 1100)			\$	1,525.00	
(Inst	one musi ve un une	o oj Deianea Summary P	uge CAU-1100)			L		

					Amename	t n t
Contributions from Individuals	Pg _	5	of	5	☐ Yes	X No
Jse this form to report individual contributions over \$50 or contributions	s unde	er \$50	if form	CRO 120	05 is not use	e d

1. Com	mittee Full Name		2. ID Number				
CHELS	SEA FOR GRAH	AM		,			
3. Cont	ributor Informati	on		Add 🔲	Remove		_
a. Full N	lame, Mailing Ado	dress & Phone		b. Job Title/	Profession	d. Comm	ents
(include city, state, & zip)				MEDICAL	ADMINISTRATOR		
SARA	WILLIAMS						
629 PARIS ST			c. Employer	's Name/Specific Field	1		
GRAHAM, NC 27253				NOT EMP	LOYED		
						e. Election	Sum to Date
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k. Am	ount
	GRAHAM	Debit Card			09/30/2025	\$	100.00
						\$	
						\$	
4. Tota	al only this Pa	ge				\$	100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	1,525.00	
CRO-12	210		NC State Bo	ard of Election	ns		April 2007

Contribution	ons from Politi	cal Party Committee	es _{Pg} 1 of	1	Amendm Yes	ent 🛛 No
Use this form t	o report contribution	s from a political party				
1. Committee Fu	ll Name (and Fund if a	applicable)		2. ID	Number	
CHELSEA FOR	GRAHAM					
3. Contributor In	nformation	☐ Add ☐	Remove	· · · · · · · · ·	. ,	
a. Full Name, Ma (include city, s	iling Address & Phone tate, & zip)			b. Cor	nments	
ALAMANCE C 122 N MAIN ST BURLINGTON	•	TIC PARTY			tion Sum t	Doda .
				\$	tion sam t	750.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/d	d/yyyy)	h. Amoun	it
GRAHAM	Check		09/29/20	25	\$	750.00
					\$	
					\$	
4. Total only t	this Page			\$		750.00
	L CRO-1220 Pag e on line 7 of Detailed Su	es mmary Page CRO-1100)		s		750.00
CRO-1220		NC State Board of Elec	ctions	-		April 2007

					Amendm	
Refunds/Reimbursements To the Committee	Pg	_1	of	1	☐ Yes	X No
Use this form to report refunds received by the committee or reimburser	nents fo	or a pr	eviou	s expend	iture.	

1. Committee Ful	Name	(and Fund if ap	plicable)			2. II	Number
CHELSEA FOR	GRAH	AM					
3. Contributor In				Add 🔲	Remove		
a. Full Name, Mail	ing Add	ress & Phone		d. Type of Com	mittee	g. Co	om m en ts
(include city, sta	ite, & zi	p)		Candidate	PAC		
AMAZON				Referendum	☐ Party		
TERRY AVE N				e. Level Regist		h. O	riginal Expenditure Date
SEATTLE, WA				☐ Federal☐ State	County: Municipality		09/18/2025
						i. Or	iginal Expenditure Amt
						\$	71.43
b. Job Title/Profess	ion	c. Employer's l	Name/Specific Field	f. Purpose		j. Ele	ction Sum to Date
			-	RETURNED IT PURCHASED	EMS	\$	0.00
k. Account Code	l. Form	of Payment	m. In-Kind Descrip	tion	n. Date (mm/dd/	уууу)	o. Amount
GRAHAM	Electr	ric Funds Tran			10/09/2025	5	\$ 71.43
3. Contributor Inf					Remove		
a. Full Name, Mail	_			d. Type of Com		g. Co	mments
(include city, sta	te, & zi	p)		☐ Candidate	☐ PAC		
AMAZON				Referendum	Party		·
410 TERRY AVE	EN			e. Level Registe		h. Or	iginal Expenditure Date
SEATTLE, WA				Federal	County:		09/17/2025
				☐ State	Municipality:		
						i. Ori	ginal Expenditure Amt
						\$	205.79
b. Job Title/Profess	ion	c. Employer's N	lame/Specific Field	f. Purpose		j. De	ction Sum to Date
				RETURNED IT PURCHASED	EMS	\$	0.00
k. Account Code	l. Form	of Payment	m. In-Kind Descript	ion	n. Date (mm/dd/	уууу)	o. Amount
GRAHAM	Electr	ic Funds Tran			09/29/2025		\$ 205.79
4. Total only th	is Pag	e			•	\$	277.22
5. Total of ALI			S mmary Page CRO-110	0)		\$	277.22
CRO-1240				rd of Elections			December 2007

Am	e	R	dm	e	n	t
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Disbursements

				I kill t il will		
Pg	1	of	2	☐ 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	uli Name (a	and Fund	if applicable)					2. ID Num	ber
CHELSEA FO	R GRAHA	M							
3. Type of Disb	ursement	(Please	use separate CRC	D-1310	forms for each	h type of Disbu	rseme	ent.)	
Operating Ex	penses		ributions to Candidat					ed Party Exp	enditures
4. Payee Inform	ation		*		Add □	Remove			
a. Fuil Name, M	ailing Addı	ess & Ph	one		b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, sta	ite, & zip)	· · · · · · · · · · · · · · · · · · ·							
ALAMANCE 1	NEWS								
114 W MAINS					c. Level Regis	tered (Specify)			
GRAHAM, NC	27215				State	☐ County ☐ Munici		a Dection	Sum to Date
							Janty.	1	Sum to Date
					i			\$	349.00
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
GRAHAM	Che	ck	Α	10	0/10/2025	\$ 299.00	NEV	VSPAPER .	AD
		, <u>.</u>				\$			
4. Payee Inform	ation	**		П	Add 🔲	Remove	l		
a. Full Name, M		ess & Pho	one	<u></u>		d Committee N	am e	d. Comme	ıts
(include city, sta	_								
CLAY STREE		iG							
124 W CLAY S	ST	_				tered (Specify)			
MEBANE, NC 27302					Federal	☐ County			
					State	☐ Municip	ality:	e. Dection	Sum to Date
								\$	1,680.36
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
GRAHAM	Che	ck	В	10	0/06/2025	\$ 1,441.13	YAR	D SIGNS	
,						\$			
4. Payee Inform	ation		<u> </u>		Add □	Remove			
a. Full Name, M		ess & Pho	one			d Committee N	am e	d. Commer	ıts
(include city, sta	-								
DAILY DONU	TS								
1067 S MAIN S	STREET				c. Level Regist				
GRAHAM, NC	27253				Federal	County:		. D	G 4. D. 4
					☐ State	Mumicip	anty:	e. Election	Sum to Date
								\$	117.62
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rem	arks
GRAHAM	Debit		0			\$ 117.62		REACH E	
						\$	ļ		•
5. Total only thi	s Page					φ	<u> </u>	\$	1,857.75
	<u></u>	D	······································					Ф	1,837.73
6. Total of ALL		~		7 1 0 0 °C	0	•	1		
			ummary Page CRO- ummary Page CRO-				amm)	\$	2,201.57
			ummary Page CRO-						
			expenditure code						
A* - Media		- Printin			undraising	D - T^		ner Candida	ite.
E - Salaries		- Frincin - Equipme	Ŷ		inuraising litical Party				ice Expenses
I - Postage		Penaltie			ffice Expenses		_		Expense Fund
O* Other						•		Ð	•
* Codes require	e detailed e	xplanatio	n in required rem	arks fi	eld <i>(</i> k)				

Am	e	n	dт	e	n	ŕ

Disbursements

				Author	H C II L	
g	2_	of	2	☐ Yes	X	N

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

	Full Name (and Fund	if applicable)		·			2. ID Num	ber
CHELSEA FO	OR GRAHAM							
3. Type of Dish	ursement <i>(Please</i>	use separate CR	0-1310	forms for eac	h type of Dish	IFS.em	ent)	
Operating Ex		ributions to Candida	tes/Polit	ical Committees			ted Party Exp	enditures
4. Payee Inform				Add 🔲	Remove			
	lailing Address & Ph	one			d Committee N	ame	d. Commen	ts
(include city, st								
DOLLAR GEN	NERAL .						[
202 W MAIN :					tered (Specify)			
GRAHAM, NO	27253			Federal	County		<u> </u>	
				State	Munici	pality:	e. Dection 5	Sum to Date
1				-			\$	69.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Rema	arks
GRAHAM	Debit Card	КО		0/09/2025	\$ 69.36	+		ACKS FOR
		 	 		\$	1	UNTEERS	
4 D T C			<u> </u>		<u> </u>	<u>.</u>		
4. Payee Inform				Add 🔲	Remove	···		······································
a. Full Name, IVI (include city, sta	ailing Address & Ph	one		b. Coordinate	d Committee N	am e	d. Commen	ts
MINUTE MAN		····						
236 RIVERBE				c. Level Regis	tered (Specify)			
GRAHAM, NO				☐ Federal	County	:		
,				☐ State	☐ Municip	1	e. Election S	um to Date
							\$	01.40
£ A + G - 3 -	E 45					<u>l</u>		91.40
GRAHAM	g. Form of Payment			(mm/dd/yyyy)			quired Rema	
GRAHAM	Check	В	09	/25/2025	\$ 91.40	ТО Р	RINT POST	ΓCARDS
					\$			
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Pho	one			d Committee Na	me	d. Comment	s
(include city, sta								
	URANT STORE							
	LADELPHIA PIKE		ļ	c. Level Regist				
LANCASTER,	PA 17602			☐ Federal ☐ State	County:	L	- N - 4 0	- 1 TO 1
			ŀ	State	Widificip	amy:	e. Election S	um to Date
			į				\$	183.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Req	puired Rema	rks
GRAHAM	Debit Card	0	10	/06/2025	\$ 183.06	SNA	CK TO HAN	ND OUT
					\$		LE CANVA	
Total and the	i							
5. Total only this	 						\$	343.82
	CRO-1310 Pages			•		.		
(This line goes in	n line 13a of Detailed Si	ummary Page CRO-	1100 if (Operating Expen	ses)		\$	2,201.57
(This line goes in	n line 13b of Detailed Si n line 13c of Detailed Si	ummary Page CRO- ummary Paga CPO	1100 if (1100 :ex	Contrib to Candi	dates/Political Co	mm)		_,
					y Expenditures)	. 1		
	des (List detailed o							
A* - Media E - Salaries	B* - Printing	•		ndraising			er Candidate	
- Postage	F* - Equipme J - Penalties			tical Party fice Expenses	H* - He	iding .	Public Offic	e Expenses
O* Other	G Tenantes		W - OI	nce expenses	Ų^ - De	nanot	i to Legal Ex	opense Fund
	detailed explanation	in required rem	arks fie	eld(k)				j

Aggregated Non-Media	Expenditures
Optional form used to report NC	

Page 1 of 1 Yes X No

December 2009

Optional I	orm used to rep	ort NC Non-Medi	a Expenditures o	of \$50 or less.	·	
1. Committ	ee Full Name (an	d Fund if applicable			2. ID Number	
CHELSEA	FOR GRAHAM	1				
3. Payee In	ormation		·			
a. Amend		c. Form of Payment	1 n 6 1	r		
Add	GRAHAM	Electric Funds Tran		e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Remove	! *		0	10/20/2025	\$ 12.63	FEE FOR ONLINE DONATIONS
Remove	GRAHAM	Debit Card	0	10/15/2025	\$ 50.00	SUBSCRIPTION TO
Add Remove	GRAHAM	Debit Card	0	10/16/2025	\$ 21.28	NEWS SERVICE CAMPAIGN
Add Remove	GRAHAM	Debit Card	О	10/15/2025	\$ 14.88	STRATEGY MEETING STRATEGY MEETING
Add Remove	GRAHAM	Debit Card	0	10/15/2025	\$ 4.20	OUTREACH EXPENSE
Add Remove	GRAHAM	Debit Card	0	10/15/2025	\$ 7.07	OUTREACH EXPENSE
Add Remove	GRAHAM	Electric Funds Tran	0	10/20/2025	\$ 29.39	FEE FOR ONLINE
Add Remove	GRAHAM	Debit Card	0	10/15/2025		<u>DONATION SERVICE</u> OUTREACH EXPENSE
Add Remove	GRAHAM	Debit Card	0	10/03/2025	\$ 8.53	NEWS SERVICE SUBSCRIPTION
10tal on	ly this Page				\$	157.59
Total of	ALL CRO-13	15 Pages				157.39
(This line mu	ist be on line 14 of	Detailed Summary Pag	e CRO-1100)		\$	157.59
<u>Purpose</u>	Codes (Eist do	etailed expenditur	code m (d) abo	ove)		
	В" -	Printing	C* = Fundrai	sing D - To	Another Can	lidate
E - Salarie	The state of the s	Equipment	G - Political P	arty H **I	Iolding Publi	c Office Expenses
l = Postage O* - Othe	J - P	enalties	K* Office E	xpenses Q* - I	Onations to	Legal Expense Fund
						- 9 - whence truin
RO-1315	equire detaile	d explanation in	required rema	rks field (g)		
10-1313		NC State	e Board of Elections			December 2009