Disclosure Report Cover

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

Amendment ☐ Yes ☒ No

1. Committee Information

a. Full Name

CHELSEA FOR GRAHAM

c. ID Number

b. Mailing Address (include City, State and Zip Code)

511 OAKWOOD LANE
GRAHAM, NC 27253

RECEIVED

FEB 03 2026

ALAMANCE COUNTY
BOARD OF ELECTIONS

d. Date Filed

01/30/2026

e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	10/21/2025	12/31/2025	CHELSEA DICKEY

6. Type of Committee (Check One)

☒ Candidate Campaign ☐ Party
☐ Joint Fundraiser ☐ PAC
☐ Referendum ☐ Legal Expense Fund

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

☐ "Booster Fund"
☐ Building Fund
☐ Presidential Election Year Candidates Fund
☐ NC Public Campaign Financing Fund

☐ Other:

8. Number of Fundraisers this Report

0

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

Municipal

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

State/County

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

Referendum

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

10. Special Report Name

3. Account Information

a. Financial Institution Full Name

CHELSEA FOR GRAHAM

b. Purpose

CAMPAIGN FINANCES

c. Account Code

GRAHAM

d. Period Begin Balance

$

3. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Chelsea Dickey
_____
Printed Name of Signer

_____
Signature of Appointed Treasurer
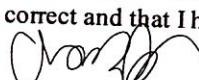
01/30/2026
_____
Date

FOR OFFICE USE ONLY

Date Received: 2/3/26   Employee: WLb   **Delivery Method**
☐ Normal Mail
Date Postmarked: _____   Employee: _____   ☐ Registered Mail
Date Scanned: 2/6/26   Employee: 𝒳   ☐ Hand Delivered
☐ Electronically Filed
Date Data Entered: _____   Employee: _____   ☐ 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

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

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
CHELSEA FOR GRAHAM	2025 Final	

Start of Election Cycle: January 1, __2024__		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 1,441.64	$ 0.00

RECEIPTS

		Total this Reporting Period	Total this Election Cycle
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 450.00	$ 1,925.89
6) Contributions from Individuals	(CRO-1210)	$ 600.00	$ 6,574.99
7) Contributions from Political Party Committees	(CRO-1220)	$ 300.00	$ 1,050.00
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	$ 277.22
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)		$ 1,350.00	$ 9,828.10

EXPENDITURES

		Total this Reporting Period	Total this Election Cycle
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2,346.75	$ 9,076.47
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 100.00	$ 100.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 36.79	$ 297.63
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)	$ 300.00	$ 345.90
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2,783.54	$ 9,820.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 8.10	$ 8.10

ADDITIONAL INFORMATION

		Total this Reporting Period	Total this Election Cycle
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)	$ 0.00	$ 212.00

CRO-1100   NC State Board of Elections   August 2008

Aggregated Contributions from Individuals

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
☐ Add ☐ Remove	GRAHAM	Cash		10/21/2025	$ 50.00
☐ Add ☐ Remove	GRAHAM	Cash		10/31/2025	$ 20.00
☐ Add ☐ Remove	GRAHAM	Credit Card		10/30/2025	$ 25.00
☐ Add ☐ Remove	GRAHAM	Credit Card		11/01/2025	$ 10.00
☐ Add ☐ Remove	GRAHAM	Cash		10/21/2025	$ 30.00
☐ Add ☐ Remove	GRAHAM	Cash		10/21/2025	$ 50.00
☐ Add ☐ Remove	GRAHAM	Cash		10/21/2025	$ 50.00
☐ Add ☐ Remove	GRAHAM	Cash		10/21/2025	$ 50.00
☐ Add ☐ Remove	GRAHAM	Credit Card		10/30/2025	$ 25.00
☐ Add ☐ Remove	GRAHAM	Electric Funds Tran		10/21/2025	$ 10.00
☐ Add ☐ Remove	GRAHAM	Electric Funds Tran		11/21/2025	$ 10.00
☐ Add ☐ Remove	GRAHAM	Credit Card		11/03/2025	$ 25.00
☐ Add ☐ Remove	GRAHAM	Credit Card		10/31/2025	$ 20.00
☐ Add ☐ Remove	GRAHAM	Credit Card		10/25/2025	$ 50.00
☐ Add ☐ Remove	GRAHAM	Credit Card		10/31/2025	$ 25.00

4. Total only this Page	$	$450.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$	$450.00

CRO-1205   NC State Board of Elections   April 2007

Contributions from Individuals

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   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ROBERT BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215	POLITICIAN	
	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
☐	GRAHAM	Credit Card		10/29/2025	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
WHITNEY DAWSON 3302 HIGH RIDGE CT GREENSBORO, NC 27410	ADVOCACY	
	c. Employer's Name/Specific Field	
	ALZHEIMERS ASSOCIATION	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
☐	GRAHAM	Credit Card		10/30/2025	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
DEBORAH DOBBINS 1006 MONMOUTH AVE DURHAM, NC 27701	PROFESSIONAL VOLUNTEER	
	c. Employer's Name/Specific Field	
	NONE	e. Election Sum to Date
		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	GRAHAM	Credit Card		10/29/2025	$ 200.00
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 600.00

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
CHELSEA FOR GRAHAM	

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ERIC HENRY 7125 BASS MOUNTAIN RD SNOW CAMP, NC 27349	PRESIDENT	
	c. Employer's Name/Specific Field	
	TS DESIGNS	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
☐	GRAHAM	Credit Card		10/31/2025	$ 100.00
☐					$
☐					$

3. Contributor Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
PAUL LARKIN 4308 MCCONNELL RD GREENSBORO, NC 27406	OWNER	
	c. Employer's Name/Specific Field	
	BEAR BOTTOM KIDS CONSIGNMENT	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
☐	GRAHAM	Check		10/25/2025	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 600.00

CRO-1210   NC State Board of Elections   April 2007

Contributions from Political Party Committees

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
CHELSEA FOR GRAHAM	

3. Contributor Information	☐ Add ☐ Remove	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
NORTH CAROLINA DEMOCRATIC PARTY P.O. BOX 1926 RALEIGH, NC 27602	
	c. Election Sum to Date
	$ 300.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
GRAHAM	In-Kind	VOTE BUILDER ACCESS	12/31/2025	$ 300.00
				$
				$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 300.00

CRO-1220   NC State Board of Elections   April 2007

Disbursements

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

☐ Operating Expenses   ☒ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
COMMITTEE TO ELECT LAVON BARNES 1134 BANWORTH MEBANE, NC 27302	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☒ State ☐ Municipality:	**e. Election Sum to Date** $ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Check	O	11/25/2025	$ 100.00	FEEDING GRAHAM RES/ SPAGHETTI DINNER
				$	

5. Total only this Page	$ 100.00

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)*	$ 100.00

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

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

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ALAMANCE MEDIA PARTNERS 422 HUFFMAN MILL RD SUITE208 BURLINGTON, NC 27215	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 103.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Debit Card	A	11/19/2025	$ 103.50	RADIO COMMERCIAL ON MAVERICK
				$	

4. Payee Information ☐ Add ☐ 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)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 2,710.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Check	B	12/08/2025	$ 1,030.54	ADDITIONAL SIGNS- RECEIVED IN OCT
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	**e. Election Sum to Date** $ 46.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Debit Card	A	10/29/2025	$ 2.00	FACEBOOKBOOST
GRAHAM	Debit Card	A	10/30/2025	$ 3.00	FACEBOOKBOOST

5. Total only this Page	$ 1,139.04

6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) *(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 2,346.75

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

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

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 46.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Debit Card	A	10/30/2025	$ 4.00	FACEBOOK BOOST
GRAHAM	Debit Card	A	10/31/2025	$ 5.00	FACEBOOK BOOST

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 46.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Debit Card	A	11/03/2025	$ 6.00	FACEBOOKBOOST
GRAHAM	Debit Card	A	11/03/2025	$ 15.00	FACEBOOKBOOST

4. Payee Information   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 46.51

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Debit Card	A	11/05/2025	$ 9.00	FACEBOOK BOOST
GRAHAM	Debit Card	A	11/28/2025	$ 2.51	FACEBOOK BOOST FOR CAMPAIGN

5. Total only this Page	$ 41.51
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)*	$ 2,346.75

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			

Disbursements

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

☒ Operating Expenses   ☐ Contributions to Candidates/Political Committees   ☐ Coordinated Party Expenditures

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
HADDEN LAGARDE 3809 E GREENSBORO CHAPEL HILL RD SNOW CAMP, NC 27349	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 841.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Electric Funds Tran	O	12/30/2025	$ 841.00	PAYMENT FOR
				$	CAMPAIGN

4. Payee Information   ☐ Add   ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
SWITCHBOARD 1THOMAS CIRCLE NW STE 550 WASHINGTON DC, DC 20005	**c. Level Registered (Specify)** ☐ Federal ☐ County: ☐ State ☐ Municipality:	
		e. Election Sum to Date $ 325.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GRAHAM	Debit Card	A	11/07/2025	$ 228.08	TEXTTO VOTERS
GRAHAM	Debit Card	O	12/09/2025	$ 97.12	NOV TEXTSTO VOTERS

5. Total only this Page	$ 1,166.20

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)*	$ 2,346.75

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

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
☐ Add ☐ Remove	GRAHAM	Electric Funds Tran	O	11/03/2025	$ 7.40	ACT BLUE FEES FOR CONTRIBUTIONS
☐ Add ☐ Remove	GRAHAM	Debit Card	O	11/03/2025	$ 11.00	GRAHAM HIGH FOOTBALLGAME
☐ Add ☐ Remove	GRAHAM	Electric Funds Tran	O	11/03/2025	$ 18.39	STRIPE FEES FROM DONATIONS

4. Total only this Page	$ 36.79
5. Total of ALL CRO-1315 Pages *(This line must be on line 14 of Detailed Summary Page CRO-1100)*	$ 36.79

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

	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund
O* - Other			

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

CRO-1315   NC State Board of Elections   December 2009

In-Kind Contributions

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   ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	
NORTH CAROLINA DEMOCRATIC PARTY P.O. BOX 1926 RALEIGH, NC 27602	☐ Individual ☐ Candidate ☒ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		
		d. Election Sum to Date	
		$	300.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
VOTE BUILDER ACCESS	12/31/2025	$	300.00
		$	
		$	

4. Total only this Page	$	300.00
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CRO-1510   NC State Board of Elections   December 2007