

Detailed Summary

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 Final			
Start of Election Cycle: January 1, <u>2024</u>			Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start			\$ 1,441.64	\$ 0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 450.00	\$ 1,925.89	
6) Contributions from Individuals	(CRO-1210)	\$ 600.00	\$ 6,584.99	
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	\$ 9,838.10	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2,346.75	\$ 9,086.47	
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	\$ 9,830.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8.10	\$ 8.10	
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)	\$ 0.00	\$ 212.00	

Aggregated Contributions from Individuals Page 1 of 1 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 (m/m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Cash		10/21/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Cash		10/31/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Credit Card		10/30/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Credit Card		11/01/2025	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Cash		10/21/2025	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Cash		10/21/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Cash		10/21/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Cash		10/21/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Credit Card		10/30/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Electric Funds Tran		10/21/2025	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Electric Funds Tran		11/21/2025	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Credit Card		11/03/2025	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Credit Card		10/31/2025	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Credit Card		10/25/2025	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Credit Card		10/31/2025	\$	25.00
4. Total only this Page					\$	\$450.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$450.00

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 <input type="checkbox"/> Add <input type="checkbox"/> 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	
<input type="checkbox"/>	GRAHAM	Credit Card		10/29/2025	\$ 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	
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	
<input type="checkbox"/>	GRAHAM	Credit Card		10/30/2025	\$ 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	
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	
<input type="checkbox"/>	GRAHAM	Credit Card		10/29/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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 <input type="checkbox"/> Add <input type="checkbox"/> 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	
<input type="checkbox"/>	GRAHAM	Credit Card		10/31/2025	\$ 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	
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	
<input type="checkbox"/>	GRAHAM	Check		10/25/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	

Contributions from Political Party Committees Pg 1 of 1 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 <input type="checkbox"/> Add <input type="checkbox"/> 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

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses		<input checked="" 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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
COMMITTEE TO ELECT LAVON BARNES 1134 BANWORTH MEBANE, NC 27302							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input checked="" type="checkbox"/> State <input type="checkbox"/> 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						\$ 100.00	
<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>							
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 <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	
ALAMANCE MEDIA PARTNERS 422 HUFFMAN MILL RD SUITE208 BURLINGTON, NC 27215							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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 <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)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> 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)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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						\$ 2,346.75	
<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 Coordinatd Party Expenditures)</i>							
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 <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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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							
<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>						\$ 2,346.75	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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 <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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
HADDEN LAGARDE 3809 E GREENSBORO CHAPEL HILL RD SNOW CAMP, NC 27349							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
SWITCHBOARD 1THOMAS CIRCLE NW STE 550 WASHINGTON DC, DC 20005							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 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						\$ 2,346.75	
<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>							
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

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	Electric Funds Tran	O	11/03/2025	\$ 7.40	ACT BLUE FEES FOR CONTRIBUTIONS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	GRAHAM	Debit Card	O	11/03/2025	\$ 11.00	GRAHAM HIGH FOOTBALLGAME
<input type="checkbox"/> Add <input type="checkbox"/> 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 <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	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)						

In-Kind Contributions

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	c. Comments
NORTH CAROLINA DEMOCRATIC PARTY P.O. BOX 1926 RALEIGH, NC 27602		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> 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
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 300.00