SAM GRAVES For Congress
Paid for by Graves for Congress

Graves For Congress
PO Box 34744
Kansas City, Mo 64116

Phone 816 453 9977
Fax 816 452 5908

Website
www.gravesforcongress.com
Email
sam@gravesforcongress.com

Facsimile Transmission

To: Federal Election Commission

From:

Re: General 48 Hour Report

Date: October 22 2000 Time: AM / PM

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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more received within 20 days of the election.

1. NAME OF COMMITTEE (In Full): Geaves for Congress

ADDRESS (Number and Street): PO Box 34744

CITY, STATE, and ZIP CODE: Kansas City, MO 64116

2. NAME OF CANDIDATE: Sam Geaves

3. OFFICE SOUGHT (State and District): Missouri 4th

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

4. FEC IDENTIFICATION NUMBER: C00359034

	Name of Employer / Occupation	Date (month, day, year)	Amount
A. Food Marketing Institute, PAC 1655 15th Street NW Suite 700 Washington, D.C. 20005		10/21/00	$4,000
B. AAO PAC 401 North Lindbergh Blvd St. Louis, MO 63147		10/21/00	$1,000
C. Penny PAC 1616 15th Street NW Suite 502 Washington D.C. 20005		10/21/00	$1,000
D. Jack Lawson, Sr. 101 N. Huntington Street Sulphur, LA 70663		10/21/00	$1,000
E. Premium Standard Farms 428 West 8th St., Suite 200 Kansas City, MO 64105		10/21/00	$2,000

SIGNATURE (optional)

DATE

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 6
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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL: Graves for Congress

ADDRESS (number and street): PO Box 34744

CITY, STATE, and ZIP CODE: Kansas City MO 64116

2. NAME OF CANDIDATE: Sam Graves

3. OFFICE SOUGHT (state and district): Missouri 6th

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4. FEC IDENTIFICATION NUMBER: C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
Trent Steinger 6400 N. Pennsylvania Kansas City, MO 64118	Cline Wood Agency Insurance Sales	10/21/00	$ 1,000
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
Sharon Bedree 1340 Northridge Ter. Joplin, MO 64801	Community Activist	10/21/00	$ 1,000
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
Missouri Medical PAC PO Box 1402 Jefferson City, MO 65102		10/21/00	$ 4,750
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount

SIGNATURE (optional) | DATE

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n/a	n/a

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