# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example:If typing, type over the lines

Graves for Congress

ADDRESS (number and street) 2345 Grand, Suite 2400

Check if different than previously reported. (ACC)

Kansas City | MO | 64108

2. **FEC IDENTIFICATION NUMBER** C00359034

CITY STATE ZIP CODE

3. IS THIS REPORT [ ] NEW (N) **OR** [X] AMENDED (A)

STATE DISTRICT MO 6

**4. TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [ ] October 15 Quarterly Report (Q3)
- [X] January 31 Year-End Report (YE)
- [ ] Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

[ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)

[ ] Convention (12C) [ ] Special (12S)

Election on ____ in the State of ____

(c) 30-Day **POST**-Election Report for the:

[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on ____ in the State of ____

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jean Paul Bradshaw

Signature of Treasurer Electronically Filed by Jean Paul Bradshaw Date 05 30 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

| Office Use Only | | | | | | | |
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