

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 GARRET GRAVES FOR CONGRESS

ADDRESS (number and street) PO BOX 64845 BATON ROUGE LA 70896 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00558486 3. IS THIS REPORT NEW (N) OR AMENDED (A) LA 06

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 10 / 01 / 2015 through M M / D D / Y Y Y Y 12 / 31 / 2015

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 CHRISTEL SLAUGHTER

Signature of Treasurer CHRISTEL SLAUGHTER [Electronically Filed] Date M M / D D / Y Y Y Y 03 / 11 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
GARRET GRAVES FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	176120.00	755696.19
(b) Total Contribution Refunds (from Line 20(d))	0.00	10850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	176120.00	744846.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	89051.44	544228.95
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1799.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	89051.44	542429.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	682708.67	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

GARRET GRAVES FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	88650.00	347555.36
(ii) Unitemized.....	270.00	6390.83
(iii) TOTAL of contributions from individuals ▶	88920.00	353946.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	87200.00	401750.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	176120.00	755696.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	1799.20
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	176120.00	757495.39

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	89051.44	544228.95
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	10850.00
21. OTHER DISBURSEMENTS	35000.00	84800.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	124051.44	639878.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	630640.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	176120.00
25. SUBTOTAL (add Line 23 and Line 24).....	806760.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	124051.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	682708.67

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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.

NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. PAUL G AUCOIN

Mailing Address 134 GOODWILL PLANTATION

City State Zip Code
VACHERIE LA 70090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17991

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BETSY BARNES

Mailing Address 644 RIVER OAKS PLACE

City State Zip Code
BATON ROUGE LA 70815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FA-KOURI CONSTRUCTION EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.18087

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
TERRY BAUGH

Mailing Address 204 PARKWOOD BLVD

City State Zip Code
WEST MONROE LA 71292

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OUACHITA TERMINALS, INC. CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17965

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. CARL W. BENTZEL

Mailing Address 4908 WILLES VISION DR.

City State Zip Code
BOWIE MD 20720-4672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SB CAPITOL SOLUTIONS PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11AI.17941

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BEN BORDELON

Mailing Address P.O. BOX 250

City State Zip Code
LOCKPORT LA 70374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOLLINGER SHIPYARDS, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17994

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MS. JANET S BRITTON

Mailing Address 2215 S EVERGREEN AVE

City State Zip Code
GONZALES LA 70737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EATEL GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1434.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.17924

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL F CAMBON

Mailing Address 908 CROTON DRIVE

City State Zip Code
ALEXANDRIA VA 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIVINGSTON GROUP GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.17977

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. JOSEPH H CAMPBELL JR

Mailing Address 3915 BERKLEY HILL DR

City State Zip Code
BATON ROUGE LA 70809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ASSOCIATE GROCERS, INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.17987

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. MARTIN CANCIENNE

Mailing Address PO BOX 36
7075 HWY 1 SOUTH

City State Zip Code
BELLE ROSE LA 70341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE LIVINGSTON GROUP, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.17978

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. MARTIN CANCIENNE

Mailing Address **PO BOX 36**
7075 HWY 1 SOUTH

City **BELLE ROSE** State **LA** Zip Code **70341**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE LIVINGSTON GROUP, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17988

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. MARTIN CANCIENNE

Mailing Address **PO BOX 36**
7075 HWY 1 SOUTH

City **BELLE ROSE** State **LA** Zip Code **70341**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE LIVINGSTON GROUP, LLC** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17989

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MS. CAROLYN CHOUEST

Mailing Address **PO BOX 310**

City **GALLIANO** State **LA** Zip Code **70354**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date
7200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17959

Amount of Each Receipt this Period
800.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GARY CHOUEST

Mailing Address **PO BOX 310**

City **GALLIANO** State **LA** Zip Code **70354**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EDISON CHOUEST OFFSHORE** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) **Runoff**

Election Cycle-to-Date **8100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17960

Amount of Each Receipt this Period
1700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MRS. SUSAN E. CROSBY

Mailing Address **107 BOCAGE DRIVE**

City **HOUMA** State **LA** Zip Code **70360**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CROSBY TUGS LLC** Occupation **ACCTS PAYABLE SUPERVISOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17962

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
G.M. DUNCAN

Mailing Address **PO BOX 77830**

City **BATON ROUGE** State **LA** Zip Code **70879-7830**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DNT PROPERTIES LLC** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.18015

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAY W FAISON

Mailing Address 1355 GREENWOOD CLFS
STE 301

City CHARLOTTE State NC Zip Code 28204-2981

FEC ID number of contributing federal political committee. **C**

Name of Employer CLEARPATH FOUNDATION Occupation FOUNDER & MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.17986

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MS. HEATHER H GAGNE

Mailing Address 113 W ALEXANDRIA AVE

City ALEXANDRIA State VA Zip Code 22301

FEC ID number of contributing federal political committee. **C**

Name of Employer LEIDOS, INC. Occupation GOVT LEGISLATIVE AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11AI.18069

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MS. ASHLYN A GRAVES

Mailing Address 1120 ROBERT ST

City NEW ORLEANS State LA Zip Code 70115-2912

FEC ID number of contributing federal political committee. **C**

Name of Employer EVANS-GRAVES ENGINEERS Occupation VP MARKETING

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.18038

Amount of Each Receipt this Period
1350.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN GRIESHABER

Mailing Address 4600 LAKE VILLS DR

City State Zip Code
METAIRIE LA 70002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PONTCHARTRAIN PARTNERS ENGINEER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2015

Transaction ID : SA11A1.18079

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AINSLEY GRIGSBY

Mailing Address 1125 INGLESIDE

City State Zip Code
BATON ROUGE LA 70806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11A1.18003

Amount of Each Receipt this Period
 2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BARBARA GRIGSBY

Mailing Address POST OFFICE BOX 104

City State Zip Code
BATON ROUGE LA 70821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 25 / 2015

Transaction ID : SA11A1.18092

Amount of Each Receipt this Period
 2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANE GRIGSBY		Date of Receipt M M / D D / Y Y Y Y Y 12 / 25 / 2015	
Mailing Address POST OFFICE BOX 104		Transaction ID : SA11AI.18094	
City BATON ROUGE	State LA	Zip Code 70821	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer CAJUN INDUSTRIES LLC	Occupation CHAIRMAN EMERITUS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) B. MR. TODD W GRIGSBY		Date of Receipt M M / D D / Y Y Y Y Y 12 / 29 / 2015	
Mailing Address 1125 INGELSIDE DRIVE		Transaction ID : SA11AI.18037	
City BATON ROUGE	State LA	Zip Code 70806	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2700.00	
Name of Employer CAJUN CONSTRUCTORS	Occupation EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3700.00		

SEE REDESIGNATION

Full Name (Last, First, Middle Initial) C. MR. TODD W GRIGSBY		Date of Receipt M M / D D / Y Y Y Y Y 12 / 29 / 2015	
Mailing Address 1125 INGELSIDE DRIVE		Transaction ID : SA11AI.18037.0	
City BATON ROUGE	State LA	Zip Code 70806	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period -1000.00	
Name of Employer CAJUN CONSTRUCTORS	Occupation EXECUTIVE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....	5400.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. TODD W GRIGSBY

Mailing Address 1125 INGELSDRIVE

City State Zip Code
BATON ROUGE LA 70806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAJUN CONSTRUCTORS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11AI.18037.1

Amount of Each Receipt this Period
1000.00

Memo Item
REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
DAN HAEUSER

Mailing Address 1555 POYDRAS ST.
STE 1600

City State Zip Code
NEW ORLEANS LA 70112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JACKSON KEARNEY GROUP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17992

Amount of Each Receipt this Period
2700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DAN HAEUSER

Mailing Address 1555 POYDRAS ST.
STE 1600

City State Zip Code
NEW ORLEANS LA 70112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JACKSON KEARNEY GROUP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17993

Amount of Each Receipt this Period
2300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SAM HAYNES

Mailing Address 19142 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : SA11AI.18084

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. RYAN K HAYNIE

Mailing Address PO BOX 44032

City State Zip Code
BATON ROUGE LA 70804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAYNIE & ASSOCIATES GOVERNMENT RELATIONS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.17926

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GREGORY F HOLT

Mailing Address 365 CANAL STREET
SUITE 1410

City State Zip Code
NEW ORLEANS LA 70130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAYBROOK FISHERIES, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17946

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARTHUR W HUGULEY IV

Mailing Address **ONE CANAL PLACE**
365 CANAL STREET SUITE 2929

City **NEW ORLEANS** State **LA** Zip Code **70130**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.17930

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KJK ENTERPRISES LLC

Mailing Address **1711 HIGHWAY 90 W**

City **JENNINGS** State **LA** Zip Code **70546**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.18057

Amount of Each Receipt this Period
500.00

Memo Item
 PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTIONS

C. Full Name (Last, First, Middle Initial)
KENDALL KRIELOW

Mailing Address **1711 HIGHWAY 90 W**

City **JENNINGS** State **LA** Zip Code **70546**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KJK ENTERPRISES LLC** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.18057.0

Amount of Each Receipt this Period
500.00

Memo Item
 PERMISSIBLE FUNDS: KFK ENTERPRISES LLC

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEDRA KOREVEC

Mailing Address **622 STEELE BLVD**

City **BATON ROUGE** State **LA** Zip Code **70806**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHENIER PLAIN COASTAL RESTORATION &** Occupation **EXECUTIVE DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11AI.18018

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KATHRYN KREPP

Mailing Address **1837 A STREET, SE**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KDRKREPP CONSULTING** Occupation **ADVOCATE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.18019

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
LANEY C PRODUCTION LLC

Mailing Address **PO BOX 2340**

City **MARRERO** State **LA** Zip Code **70073**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17953

Amount of Each Receipt this Period
2700.00

Memo Item
 REFUNDED ON 1/4/2016

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOSEPH LEONARD

Mailing Address **PO BOX 549**
101 NICOL DRIVE

City **LAROSE** State **LA** Zip Code **70373**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAJUN TRUCKING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17964

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. ROBERT L LIVINGSTON

Mailing Address **7703 NORTHDOWN RD**

City **ALEXANDRIA** State **VA** Zip Code **22308**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ATTORNEY/CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.17975

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CORNEL MARTIN

Mailing Address **628 EAST 1ST STREET**

City **THIBODAUX** State **LA** Zip Code **70301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GULF COAST WORKFORCE, LLC** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17939

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JAMES E MAURIN

Mailing Address 109 NORTH PARK BLVD
STE 300

City State Zip Code
COVINGTON LA 70433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STIRLING PROPERTIES PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 10 2015

Transaction ID : SA11A1.18075

Amount of Each Receipt this Period
 2600.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MORONGO BAND OF MISSION INDIANS

Mailing Address 12700 PUMMARA RD.

City State Zip Code
BANNING CA 92220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 03 2015

Transaction ID : SA11A1.18027

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CARRIE FRAZIER OBERLANDER

Mailing Address 1322 LEE DR

City State Zip Code
BATON ROUGE LA 70808-8717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SURGICAL SPECIALTY CENTER RN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11A1.18010

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOULAN PITRE JR.

Mailing Address **5201 ST. CHARLES AVE**

City **NEW ORLEANS** State **LA** Zip Code **70115**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GORDON ARATA MCCOLLAM DUPLANTIS &** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11AI.18022

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MICHAEL L PUGH JR.

Mailing Address **28 CASTLE PINES DRIVE**

City **NEW ORLEANS** State **LA** Zip Code **70131**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ROYAL ENGINEERS** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17963

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. DAVID ROBERTS

Mailing Address **8461 UNITED PLAZA BLVD**

City **BATON ROUGE** State **LA** Zip Code **70809**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EXCEL INDUSTRIAL** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11AI.17925

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MS. NORMA JANE SABISTON

Mailing Address 1122 PHILIP ST

City State Zip Code
NEW ORLEANS LA 70130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SABISTON CONSULTANTS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17961

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. JOHN D SCANLAN

Mailing Address 10440 SHADOW LAKE DR

City State Zip Code
GEISMAR LA 70734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EATEL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17974

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. JOHN D SCANLAN

Mailing Address 10440 SHADOW LAKE DR

City State Zip Code
GEISMAR LA 70734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EATEL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.18089

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GEORGE SCHAFFER		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 341 3RD STREET		Transaction ID : SA11AI.17936	
City BATON ROUGE	State LA	Zip Code 70801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2050.00	
Name of Employer CROMPION INTERNATIONAL	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2725.00		
		<input type="checkbox"/> Memo Item SEE REDESIGNATION	

Full Name (Last, First, Middle Initial) B. GEORGE SCHAFFER		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 341 3RD STREET		Transaction ID : SA11AI.17936.0	
City BATON ROUGE	State LA	Zip Code 70801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -25.00	
Name of Employer CROMPION INTERNATIONAL	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
		<input checked="" type="checkbox"/> Memo Item REDESIGNATION TO GENERAL	

Full Name (Last, First, Middle Initial) C. GEORGE SCHAFFER		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 341 3RD STREET		Transaction ID : SA11AI.17936.1	
City BATON ROUGE	State LA	Zip Code 70801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer CROMPION INTERNATIONAL	Occupation PRESIDENT		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2725.00		
		<input checked="" type="checkbox"/> Memo Item REDESIGNATED FROM PRIMARY	

SUBTOTAL of Receipts This Page (optional).....	2050.00
TOTAL This Period (last page this line number only).....	2050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SEARCH ROI LLC

Mailing Address 7300 W. 110TH ST
SUITE 925

City OVERLAND PARK State KS Zip Code 66210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.18073

Amount of Each Receipt this Period
1500.00

Memo Item
PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
WILLIAM DUGAN

Mailing Address 7300 W. 110TH ST
SUITE 925

City OVERLAND PARK State KS Zip Code 66210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SEARCH ROI LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
460.80

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.18073.0

Amount of Each Receipt this Period
460.80

Memo Item
PERMISSIBLE FUNDS: SEARCH ROI LLC

C. Full Name (Last, First, Middle Initial)
TIM PRIOR

Mailing Address 7300 W. 110TH ST
SUITE 925

City OVERLAND PARK State KS Zip Code 66210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SEARCH ROI LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
460.80

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11AI.18073.1

Amount of Each Receipt this Period
460.80

Memo Item
PERMISSIBLE FUNDS: SEARCH ROI LLC

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 104
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
YUEN HO

Mailing Address 7300 W. 110TH ST
SUITE 925

City OVERLAND PARK State KS Zip Code 66210

FEC ID number of contributing federal political committee. **C**

Name of Employer SEARCH ROI LLC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
460.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11AI.18073.2

Amount of Each Receipt this Period
460.80

Memo Item
PERMISSIBLE FUNDS: SEARCH ROI LLC

B. Full Name (Last, First, Middle Initial)
ROBERT SHREVE

Mailing Address 19423 DEER PARK AVENUE

City BATON ROUGE State LA Zip Code 70817

FEC ID number of contributing federal political committee. **C**

Name of Employer GULF SOUTH BUSINESS SYSTEMS Occupation CHAIRMAN/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17966

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MS. KELLY C SILLS

Mailing Address PO BOX 14115

City BATON ROUGE State LA Zip Code 70898

FEC ID number of contributing federal political committee. **C**

Name of Employer COASTAL BRIDGE COMPANY Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17947

Amount of Each Receipt this Period
2700.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SIXTY-THREE LLC

Mailing Address **6 EAST THIRD ST**

City **KENNER** State **LA** Zip Code **70062**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17949

Amount of Each Receipt this Period
2700.00

Memo Item
 PERMISSIBLE FUNDS: SEE ATTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN N KERNION

Mailing Address **24320 SANDERS RD**

City **COVINGTON** State **LA** Zip Code **70435**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CYCLE CONSTRUCTION CO. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **540.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17949.0

Amount of Each Receipt this Period
540.00

Memo Item
 PERMISSIBLE FUNDS: SIXTY-THREE LLC

C. Full Name (Last, First, Middle Initial)
DONALD MCDANIEL

Mailing Address **361 BROCKENBRAUGH CT**

City **METAIRIE** State **LA** Zip Code **70124**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIXTY THREE, LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1080.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17949.1

Amount of Each Receipt this Period
1080.00

Memo Item
 PERMISSIBLE FUNDS: SIXTY THREE LLC

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JONATHAN N. KERNION JR.

Mailing Address 6834 COLBERT ST

City State Zip Code
NEW ORLEANS LA 70124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIXTY THREE, LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17949.2

Amount of Each Receipt this Period
540.00

Memo Item
PERMISSIBLE FUNDS: SIXTY THREE LLC

B. Full Name (Last, First, Middle Initial)
KEVIN J. KERNION

Mailing Address 527 ORION AVE

City State Zip Code
METAIRIE LA 70005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIXTY THREE, LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17949.3

Amount of Each Receipt this Period
540.00

Memo Item
PERMISSIBLE FUNDS: SIXTY THREE LLC

C. Full Name (Last, First, Middle Initial)
SIXTY-THREE LLC

Mailing Address 6 EAST THIRD ST

City State Zip Code
KENNER LA 70062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.18111

Amount of Each Receipt this Period
1000.00

Memo Item
PERMISSIBLE FUNDS: SEE ATTRIBUTIONS

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. JONATHAN N KERNION

Mailing Address 24320 SANDERS RD

City State Zip Code
COVINGTON LA 70435

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CYCLE CONSTRUCTION CO. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18111.0

Amount of Each Receipt this Period

Memo Item
 PERMISSIBLE FUNDS: SIXTY-THREE LLC

B. Full Name (Last, First, Middle Initial)
DONALD MCDANIEL

Mailing Address 361 BROCKENBRAUGH CT

City State Zip Code
METAIRIE LA 70124

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SIXTY THREE, LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18111.1

Amount of Each Receipt this Period

Memo Item
 PERMISSIBLE FUNDS: SIXTY THREE LLC

C. Full Name (Last, First, Middle Initial)
JONATHAN N. KERNION JR.

Mailing Address 6834 COLBERT ST

City State Zip Code
NEW ORLEANS LA 70124

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SIXTY THREE, LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.18111.2

Amount of Each Receipt this Period

Memo Item
 PERMISSIBLE FUNDS: SIXTY THREE LLC

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KEVIN J. KERNION

Mailing Address 527 ORION AVE

City State Zip Code
METAIRIE LA 70005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIXTY THREE, LLC EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
740.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.18111.3

Amount of Each Receipt this Period
200.00

Memo Item
PERMISSIBLE FUNDS: SIXTY THREE LLC

B. Full Name (Last, First, Middle Initial)
STEPHEN C SMITH

Mailing Address 125 OLD SCHRIEVER HWY.

City State Zip Code
SCHRIEVER LA 70395

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALL SOUTH CONSULTING ENGINEERS, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11AI.17967

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MS. HEIDI J SONNIER

Mailing Address 119 BEVERLY DR

City State Zip Code
BATON ROUGE LA 70806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOUISIANA PURCHASE REAL ESTATE REALTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.18012

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MR. PETER H STEPHAICH

Mailing Address 525 WILLIAM PENN PL
SUITE 3101

City Pittsburg State PA Zip Code 15219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAMPBELL TRANSPORT CO., INC ASSOCIATE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11AI.17969

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SUZANNE SULLIVAN

Mailing Address 1609 COASTAL HIGHWAY
306 SOUTH

City Dewey Beach State DE Zip Code 19971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCCANN CAPITOL ADVOCATES GOVERNMENT AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11AI.17944

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MS. DELIA A TAYLOR

Mailing Address PO BOX 1802

City Denham Springs State LA Zip Code 70727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TAYLOR MEDIA PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.18013

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
THOMAS TURNER

Mailing Address 2250 KLEINERT AVE

City State Zip Code
BATON ROUGE LA 70806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TURNER INDUSTRIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.18086

Amount of Each Receipt this Period
5400.00

Memo Item
SEE REATTRIBUTIONS

B. Full Name (Last, First, Middle Initial)
THOMAS TURNER

Mailing Address 2250 KLEINERT AVE

City State Zip Code
BATON ROUGE LA 70806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TURNER INDUSTRIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.18086.0

Amount of Each Receipt this Period
-2700.00

Memo Item
REATTRIBUTION TO SPOUSE

C. Full Name (Last, First, Middle Initial)
SARI TURNER

Mailing Address 2250 KLEINERT AVE

City State Zip Code
BATON ROUGE LA 70806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11AI.18086.1

Amount of Each Receipt this Period
2700.00

Memo Item
REATTRIBUTED FROM SPOUSE

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 104
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BENN VINCENT

Mailing Address 6232 WINDRUSH HOLLOW

City State Zip Code
BATON ROUGE LA 70808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEAN MILLER LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.18088

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
W. R. WELCH

Mailing Address 5418 ECHOLS AVENUE

City State Zip Code
ALEXANDRIA VA 22311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FORBES-TATE CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : SA11AI.18082

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MILES B WILLIAMS

Mailing Address 10711 THISTLEWOOD DRIVE

City State Zip Code
BATON ROUGE LA 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIGMA CONSULTING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11AI.18090

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 104
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WILLIAM D ZOLLINGER

Mailing Address 6202 PETERSBURG DRIVE

City State Zip Code
BATON ROUGE LA 70817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ZOLLINGER & COLVIN FINANCIAL GROUP O DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11Al.18039

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

88650.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACADIAN AMBULANCE SERVICE INC EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 98000

City LAFAYETTE State LA Zip Code 70509

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.17997

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AKSM UROLOGY POLITICAL ACTION COMMITTEE 'AKSM UROLOGY PAC'

Mailing Address 100 WEST THIRD AVE SUITE 350

City COLUMBUS State OH Zip Code 43201

FEC ID number of contributing federal political committee. **C** C00489419

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015

Transaction ID : SA11C.18036

Amount of Each Receipt this Period
 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES INC. POLITICAL ACTION COMMITTEE

Mailing Address 1101 17TH STREET N.W. SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.18007

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN COMMERCIAL LINES INC. PAC

Mailing Address 1701 EAST MARKET STREET

City State Zip Code
JEFFERSONVILLE IN 47130

FEC ID number of contributing federal political committee. **C** C00418269

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.18021

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN CONCRETE PIPE ASSOCIATION PAC

Mailing Address 1303 W. WALNUT HILL LN.
SUITE 305

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C** C00425686

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.17957

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

Mailing Address 919 18TH STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00038604

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11C.17976

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address P.O. BOX 66

City State Zip Code
DAIA BEACH FL 33004

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 10 2015

Transaction ID : SA11C.18070

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address P.O. BOX 66

City State Zip Code
DAIA BEACH FL 33004

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 10 2015

Transaction ID : SA11C.18071

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address P.O. BOX 66

City State Zip Code
DAIA BEACH FL 33004

FEC ID number of contributing federal political committee. **C C00027532**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 31 2015

Transaction ID : SA11C.18064

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION PAC (ASHA PAC)

Mailing Address 2200 RESEARCH BOULEVARD

City State Zip Code
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C** C00210666

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11C.18046

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN SPORTFISHING ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1001 NO. FAIRFAX ST.
SUITE 501

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00249532

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2015

Transaction ID : SA11C.18060

Amount of Each Receipt this Period
700.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN WATERWAYS OPERATORS-PAC

Mailing Address 801 N. QUINCY STREET, SUITE 200

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00034678

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 15 2015

Transaction ID : SA11C.18033

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address **208 S. AKARD STREET
SUITE 2701**

City **DALLAS** State **TX** Zip Code **75202**

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
12 31 2015

Transaction ID : SA11C.18004

Amount of Each Receipt this Period
 Memo Item
500.00

B. Full Name (Last, First, Middle Initial)
BASS BROTHERS ENTERPRISES, INC. - POLITICAL ACTION COMMITTEE

Mailing Address **201 MAIN STREET, SUITE 2500**

City **FORT WORTH** State **TX** Zip Code **76102**

FEC ID number of contributing federal political committee. **C C00172635**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
12 03 2015

Transaction ID : SA11C.18024

Amount of Each Receipt this Period
 Memo Item
1000.00

C. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Mailing Address **1201 15TH STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
11 24 2015

Transaction ID : SA11C.17945

Amount of Each Receipt this Period
 Memo Item
1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BUNGE NORTH AMERICA INC POLITICAL ACTION COMMITTEE

Mailing Address 750 FIRST STREET NE SUITE 1070

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00401687**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11C.17928

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BURGER KING FRANCHISEE PAC

Mailing Address 1701 BARRETT LAKES BLVD. NW SUITE 180

City KENNESAW State GA Zip Code 30144

FEC ID number of contributing federal political committee. **C C00329425**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.18061

Amount of Each Receipt this Period
 2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CANAL BARGE COMPANY INC PAC (CANAL BARGE PAC)

Mailing Address 835 UNION STREET

City NEW ORLEANS State LA Zip Code 70112

FEC ID number of contributing federal political committee. **C C00541110**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.18052

Amount of Each Receipt this Period
 2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CH2M HILL COMPANIES LTD PAC

Mailing Address 9191 S JAMAICA STREET

City State Zip Code
ENGLEWOOD CO 80112

FEC ID number of contributing federal political committee. **C** C00143305

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11C.18050

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CHARTER COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 400 ATLANTIC STREET
10TH FLOOR

City State Zip Code
STAMFORD CT 06901

FEC ID number of contributing federal political committee. **C** C00426775

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 03 2015

Transaction ID : SA11C.18032

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPORATION

Mailing Address 6101 BOLLINGER CANYON ROAD
ROOM 3418

City State Zip Code
SAN RAMON CA 94583

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 03 2015

Transaction ID : SA11C.17984

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COLUMBIA PIPELINE GROUP, INC. PAC

Mailing Address 10 G STREET NE
SUITE 400

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00575340**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11C.18030

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11C.18029

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DCI PAC

Mailing Address 1828 L STREET NW
SUITE 400

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00412395**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11C.18025

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

A. Mailing Address 8400 WESTPARK DRIVE

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11C.18058

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

B. Mailing Address 550 SOUTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 03 2015

Transaction ID : SA11C.18028

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
FREEMPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE

C. Mailing Address 333 N. CENTRAL AVENUE

City State Zip Code
PHOENIX AZ 85004

FEC ID number of contributing federal political committee. **C** C00320101

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 24 2015

Transaction ID : SA11C.17951

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 104
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11C.17958

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11C.17931

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HORNBECK OFFSHORE SERVICES INC POLITICAL ACTION COMMITTEE

Mailing Address 103 NORTH PARK BLVD SUITE 300

City COVINGTON State LA Zip Code 70433

FEC ID number of contributing federal political committee. **C** C00424366

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11C.18041

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JONES WALKER L.L.P. PAC

Mailing Address 201 ST. CHARLES AVENUE
49TH FLOOR

City NEW ORLEANS State LA Zip Code 70170

FEC ID number of contributing federal political committee. **C C00111534**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11C.18074

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JONES WALKER L.L.P. PAC

Mailing Address 201 ST. CHARLES AVENUE
49TH FLOOR

City NEW ORLEANS State LA Zip Code 70170

FEC ID number of contributing federal political committee. **C C00111534**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.17995

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KIRBY CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 55 WAUGH DRIVE
SUITE 1000

City HOUSTON State TX Zip Code 77007

FEC ID number of contributing federal political committee. **C C00250027**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.17999

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MAERSK INC. POLITICAL ACTION COMMITTEE (MAERSK PAC)

Mailing Address 1530 WILSON BLVD.
SUITE 650

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00217471**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11C.18067

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MASTERS, MATES AND PILOTS POLITICAL CONTRIBUTION FUND

Mailing Address 700 MARITIME BLVD SUITE B

City LINTHICUM HEIGHTS State MD Zip Code 21090

FEC ID number of contributing federal political committee. **C C00073056**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.17955

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MURPHY OIL CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 200 PEACH STREET
P.O. BOX 7000

City EL DORADO State AR Zip Code 71731

FEC ID number of contributing federal political committee. **C C00145722**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.18008

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES POLITICAL ACTION COMMITTEE

Mailing Address 1600 DUKE STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.18085

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11C.17982

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : SA11C.17942

Amount of Each Receipt this Period
 2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial)
NATIONAL MARINE MANUFACTURERS ASSOCIATION AND MARINE RETAILERS ASSOCIATION BOAT POLITICAL

A. Mailing Address 650 MASSACHUSETTS AVE, NW
SUITE 520

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11C.18063

Amount of Each Receipt this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)
NATIONAL PROPANE GAS ASSOCIATION POLITICAL ACTION COMMITTEE

B. Mailing Address 1899 L STREET, NW
SUITE 350

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00079681

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : SA11C.18017

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

C. Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : SA11C.17934

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 104
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **51 MADISON AVENUE
ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
12 / 21 / 2015

Transaction ID : SA11C.17935

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NEXION HEALTH FUND FOR QUALITY LONG TERM CARE INC

Mailing Address **228 S WASHINGTON STREET SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00434233**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
11 / 30 / 2015

Transaction ID : SA11C.18055

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OFFSHORE MARINE SERVICE ASSOCIATION PAC

Mailing Address **935 GRAVIER STREET
SUITE 2040**

City **NEW ORLEANS** State **LA** Zip Code **70112**

FEC ID number of contributing federal political committee. **C C00455584**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
11 / 24 / 2015

Transaction ID : SA11C.17971

Amount of Each Receipt this Period
1000.00

Memo Item
SEE REDESIGNATION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
OFFSHORE MARINE SERVICE ASSOCIATION PAC

Mailing Address 935 GRAVIER STREET
SUITE 2040

City State Zip Code
NEW ORLEANS LA 70112

FEC ID number of contributing federal political committee. **C** C00455584

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11C.17971.0

Amount of Each Receipt this Period
-800.00

Memo Item
REDESIGNATION TO GENERAL

B. Full Name (Last, First, Middle Initial)
OFFSHORE MARINE SERVICE ASSOCIATION PAC

Mailing Address 935 GRAVIER STREET
SUITE 2040

City State Zip Code
NEW ORLEANS LA 70112

FEC ID number of contributing federal political committee. **C** C00455584

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : SA11C.17971.1

Amount of Each Receipt this Period
800.00

Memo Item
REDESIGNATION FROM PRIMARY

C. Full Name (Last, First, Middle Initial)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOIDA-PAC)

Mailing Address PO BOX 1000
1 NW OOIDA DR.

City State Zip Code
GRAIN VALLEY MO 64029

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : SA11C.18065

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOIDA-PAC)

A. Mailing Address **PO BOX 1000**
1 NW OOIDA DR.

City **GRAIN VALLEY** State **MO** Zip Code **64029**

FEC ID number of contributing federal political committee. **C C00236778**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 21 / 2015

Transaction ID : **SA11C.17937**

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PARSONS BRINCKERHOFF GROUP INC. PAC

Mailing Address **1015 HALF STREET, SE**
SUITE 650

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00287003**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : **SA11C.18001**

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PHILLIPS 66 PAC

Mailing Address **670 ADAMS BUILDING**
411 SOUTH KEELER AVENUE

City **BARTLESVILLE** State **OK** Zip Code **74003**

FEC ID number of contributing federal political committee. **C C00513549**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : **SA11C.18048**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **4500.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 104
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
QUICKEN LOANS INC PAC

Mailing Address 101 S. WASHINGTON SQ.
SUITE 620

City State Zip Code
LANSING MI 48933

FEC ID number of contributing federal political committee. **C C00388827**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11C.18044

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

Mailing Address 4800 W GATES PASS RD

City State Zip Code
TUSCON AZ 85745

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : SA11C.18042

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SEAFARERS POLITICAL ACTIVITY DONATION - SEAFARERS INTERNATIONAL UNION OF NA-AGLIWD/NMU

Mailing Address 5201 AUTH WAY

City State Zip Code
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C C00004325**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 21 2015

Transaction ID : SA11C.17933

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SHIPBUILDERS COUNCIL OF AMERICA PAC

Mailing Address 20 F STREET NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00374355**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : SA11C.17973

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STUPP BROS INC POLITICAL ACTION COMMITTEE (STUPP PAC)

Mailing Address 3800 WEBER ROAD

City ST LOUIS State MO Zip Code 63125

FEC ID number of contributing federal political committee. **C C00554097**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11C.17929

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 929 LONG BRIDGE DRIVE

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : SA11C.17938

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 104
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 700 13TH STREET NW
SUITE 350

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.18059

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
VIACOM INTERNATIONAL, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1501 M STREET
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00167759**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11C.18006

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : SA11C.18077

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 104
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WHAT A COUNTRY! PAC

Mailing Address 824 S MILLEDGE AVE STE 101

City Athens State GA Zip Code 30605

FEC ID number of contributing federal political committee. **C** C00571646

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SA11C.17980

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

87200.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. ACADEMY SPORTS

Full Name (Last, First, Middle Initial)
Mailing Address 10808 INDUSTRIPLEX BLVD

City State Zip Code
BATON ROUGE LA 70809

Purpose of Disbursement
AMERICAN EXPRESS 10/02 PAYMENT: EVENT SUPPLIES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Disbursement this Period
189.94

Memo Item

Transaction ID : SB17.18212

B. ACME OYSTER HOUSE

Full Name (Last, First, Middle Initial)
Mailing Address 3535 PERKINS ROAD

City State Zip Code
BATON ROUGE LA 70808

Purpose of Disbursement
AMERICAN EXPRESS 12/02 PAYMENT: FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 12 / 2015

Amount of Each Disbursement this Period
3656.49

Memo Item

Transaction ID : SB17.18314

C. ACQUA AL 2

Full Name (Last, First, Middle Initial)
Mailing Address 212 7TH ST SE

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement
AMERICAN EXPRESS 10/29 PAYMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 08 / 2015

Amount of Each Disbursement this Period
180.90

Memo Item

Transaction ID : SB17.18250

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 7645 E 63RD ST, SUITE 600		Amount of Each Disbursement this Period 335.00
City TULSA State OK Zip Code 74133	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18290
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address P.O. BOX 360001		Amount of Each Disbursement this Period 9746.92
City FORT LAUDERDALE State FL Zip Code 33336	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18139
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address P.O. BOX 360001		Amount of Each Disbursement this Period 3061.74
City FORT LAUDERDALE State FL Zip Code 33336	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18140
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12808.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address P.O. BOX 360001		Amount of Each Disbursement this Period 10305.74
City State Zip Code FORT LAUDERDALE FL 33336	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18141
State: District:		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 60 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 88.00
City State Zip Code WASHINGTON DC 20002	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: TRAVEL: RAIL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18294
State: District:		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 60 MASSACHUSETTS AVE NE		Amount of Each Disbursement this Period 93.00
City State Zip Code WASHINGTON DC 20002	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: TRAVEL: RAIL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18295
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10305.74
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. APEX			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015		
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 40.00		
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name		Transaction ID : SB17.18142			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. APEX			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015		
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 250.00		
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name		Transaction ID : SB17.18143			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. APEX			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015		
Mailing Address 138 CONANT STREET 2ND FLOOR			Amount of Each Disbursement this Period 21.40		
City BEVERLY	State MA	Zip Code 01915	Memo Item <input type="checkbox"/>		
Purpose of Disbursement MERCHANT FEES		Category/ Type			
Candidate Name		Transaction ID : SB17.18144			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	311.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 1.40
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18145
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 40.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18146
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 40.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18147
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	81.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 236.00
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18148
State: District:		

Full Name (Last, First, Middle Initial) B. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 216.00
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18149
State: District:		

Full Name (Last, First, Middle Initial) C. APEX		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 216.00
City BEVERLY State MA Zip Code 01915	Category/Type	
Purpose of Disbursement MERCHANT FEES	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18150
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	668.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. APPLE STORE		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 6401 BLUEBONNET BLVD		Amount of Each Disbursement this Period 2579.88
City State Zip Code BATON ROUGE LA 70836	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: COMPUTER EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18231
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 91.69
City State Zip Code DALLAS TX 75202	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18227
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2015
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 56.69
City State Zip Code DALLAS TX 75202	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18220
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 51.69
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18269
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 208 S AKARD ST		Amount of Each Disbursement this Period 51.69
City DALLAS State TX Zip Code 75202	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18305
State: District:		

Full Name (Last, First, Middle Initial) C. BIG MIKE'S SPORTS BAR & GRILL		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 123 ASPEN SQUARE		Amount of Each Disbursement this Period 29.98
City DENHAM SPRINGS State LA Zip Code 70726	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18229
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BIG MIKE'S SPORTS BAR & GRILL		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 123 ASPEN SQUARE		Amount of Each Disbursement this Period 15.00
City DENHAM SPRINGS State LA Zip Code 70726	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18303
State: District:		

Full Name (Last, First, Middle Initial) B. BRASSERIE 19		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015
Mailing Address 1962 W GRAY ST		Amount of Each Disbursement this Period 91.12
City HOUSTON State TX Zip Code 77019	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18243
State: District:		

Full Name (Last, First, Middle Initial) C. BRENNANS RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 417 ROYAL STREET		Amount of Each Disbursement this Period 3970.00
City NEW ORLEANS State LA Zip Code 70130	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18311
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BRIAN BAIAMONTE LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 4141 CHURCHILL AVE.		Amount of Each Disbursement this Period 500.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement PHOTOGRAPHY SERVICES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18152
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CAFE AMERICAIN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 7521 JEFFERSON HIGHWAY		Amount of Each Disbursement this Period 20.42
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAFE AMERICAIN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015
Mailing Address 7521 JEFFERSON HIGHWAY		Amount of Each Disbursement this Period 17.02
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18302
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 326.17
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18215
State: District:		

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 12.68
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18256
State: District:		

Full Name (Last, First, Middle Initial) C. CARLI CO CAFE		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015
Mailing Address 1506 N AIRLINE HWY		Amount of Each Disbursement this Period 16.00
City GONZALES State LA Zip Code 70737	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18258
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CC'S COFFEE HOUSE		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address 7960 W JEFFERSON HWY		Amount of Each Disbursement this Period 0.03 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18210
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CC'S COFFEE HOUSE		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 7960 W JEFFERSON HWY		Amount of Each Disbursement this Period 2.29 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18260
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CENTRAL PARKING SYSTEM		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 365 CANAL ST		Amount of Each Disbursement this Period 10.00 <input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18301
City NEW ORLEANS	State LA	
Zip Code 70130	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: PARKING EXPENSE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CENTRAL PARKING SYSTEM		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 365 CANAL ST		Amount of Each Disbursement this Period 33.00
City NEW ORLEANS	State LA Zip Code 70130	
Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: PARKING EXPENSE		<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18300
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 1445 LAUGHLIN AVE		Amount of Each Disbursement this Period 30.00
City MCLEAN	State VA Zip Code 22101	
Purpose of Disbursement BANK FEES		<input type="checkbox"/> Memo Item Transaction ID : SB17.18153
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 1445 LAUGHLIN AVE		Amount of Each Disbursement this Period 30.00
City MCLEAN	State VA Zip Code 22101	
Purpose of Disbursement BANK FEES		<input type="checkbox"/> Memo Item Transaction ID : SB17.18154
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1445 LAUGHLIN AVE		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.18155
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 1445 LAUGHLIN AVE		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.18156
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 1445 LAUGHLIN AVE		Amount of Each Disbursement this Period 30.00 <input type="checkbox"/> Memo Item Transaction ID : SB17.18157
City MCLEAN	State VA	
Zip Code 22101	Purpose of Disbursement BANK FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHS FOUNDATION		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address PO BOX 65004		Amount of Each Disbursement this Period 40.00
City BATON ROUGE	State LA	
Zip Code 70896	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: CHARITABLE CONTRIBUTION	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.18214
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. CITY PORK DELI		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 2363 HOLLYDALE AVE		Amount of Each Disbursement this Period 1635.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: CATERING SERVICES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.18209
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. COLONIAL PARKING		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 1050 THOMAS JEFFERSON ST NW		Amount of Each Disbursement this Period 16.00
City WASHINGTON	State DC	
Zip Code 20007	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: PARKING EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.18284
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CORNER BAKERY CAFE		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 1328 L STREET NW		Amount of Each Disbursement this Period 21.99
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: CATERING SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18286
State: District:		

Full Name (Last, First, Middle Initial) B. CORNER BAKERY CAFE		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 1328 L STREET NW		Amount of Each Disbursement this Period 225.34
City WASHINGTON State DC Zip Code 20036	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: CATERING SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18287
State: District:		

Full Name (Last, First, Middle Initial) C. COSTCO		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 10000 DOWNADELE AVE		Amount of Each Disbursement this Period 63.76
City BATON ROUGE State LA Zip Code 70809	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18279
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CREATIVE MOBILE TECHN TAXI		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 1151 47TH AVE		Amount of Each Disbursement this Period 22.96
City LONG ISLAND CITY	State NY	
Zip Code 11101	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: GROUND TRANSPORTATION	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18254
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DC VIP TAXI CAB		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 2606 BLADENSBURG RD NE		Amount of Each Disbursement this Period 10.36
City WASHINGTON	State DC	
Zip Code 20018	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: TRAVEL: GROUND TRANSPORTATION	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18297
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. DOUBLETREE		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 4400 DALLAS ST		Amount of Each Disbursement this Period 395.00
City HOUSTON	State TX	
Zip Code 77002	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: LODGING	<input checked="" type="checkbox"/> Memo Item Transaction ID : SB17.18239
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DRUSILLA SEAFOOD		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015
Mailing Address 3482 DRUSILLA LN		Amount of Each Disbursement this Period 21.00
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18304
State: District:		

Full Name (Last, First, Middle Initial) B. EN VIE		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 207 E BAYOU RD		Amount of Each Disbursement this Period 86.00
City THIBODAU	State LA	
Zip Code 70301	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18198
State: District:		

Full Name (Last, First, Middle Initial) C. EXXONMOBIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address CUST SVC 1 800 243-9966		Amount of Each Disbursement this Period 5.75
City KANSAS CITY	State MO	
Zip Code 64141	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: FUEL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18274
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 6.22
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: DELIVERY SERVICES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18317
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 10.55
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: DELIVERY SERVICES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18318
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GALATOIRES		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 209 BOURBON ST		Amount of Each Disbursement this Period 2201.24
City NEW ORLEANS State LA Zip Code 70130	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: FACILITY RENTAL/CATERING SERVICES	
Candidate Name		<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18228
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GALATOIRES		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015
Mailing Address 209 BOURBON ST		Amount of Each Disbursement this Period 449.21
City NEW ORLEANS	State LA Zip Code 70130	
Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: CATERING SERVICES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18315
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. GAS TRACK		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2015
Mailing Address 617 N THOMPSON AVE		Amount of Each Disbursement this Period 31.13
City IOWA	State LA Zip Code 70647	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: FUEL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18245
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GODADDY.COM		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 14455 N HAYDEN RD		Amount of Each Disbursement this Period 25.16
City SCOTTSDALE	State AZ Zip Code 85260	
Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: WEB HOSTING		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18224
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOGOAIR		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 303 S TECHNOLOGY CT		Amount of Each Disbursement this Period 15.95
City BROOMFIELD State CO Zip Code 80021	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: BROADBAND SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18255
State: District:		

Full Name (Last, First, Middle Initial) B. GOGOAIR		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2015
Mailing Address 303 S TECHNOLOGY CT		Amount of Each Disbursement this Period 8.90
City BROOMFIELD State CO Zip Code 80021	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: BROADBAND SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18253
State: District:		

Full Name (Last, First, Middle Initial) C. GOGOAIR		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address 303 S TECHNOLOGY CT		Amount of Each Disbursement this Period 14.95
City BROOMFIELD State CO Zip Code 80021	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: BROADBAND SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18252
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOGOAIR		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015
Mailing Address 303 S TECHNOLOGY CT		Amount of Each Disbursement this Period 4.95
City BROOMFIELD	State CO Zip Code 80021	
Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: TRAVEL: BROADBAND SERVICES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18293
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 1600 AMPHITHEATRE PKWY		Amount of Each Disbursement this Period 70.00
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: WEB HOSTING		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18222
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1600 AMPHITHEATRE PKWY		Amount of Each Disbursement this Period 70.00
City MOUNTAIN VIEW	State CA Zip Code 94043	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: WEB HOSTING		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18272
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015
Mailing Address 1600 AMPHITHEATRE PKWY		Amount of Each Disbursement this Period 70.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: WEB HOSTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18306
State: District:		

Full Name (Last, First, Middle Initial) B. CARISSA GRAVES		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1967 OLEANDER ST.		Amount of Each Disbursement this Period 180.00
City BATON ROUGE State LA Zip Code 70806	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18127
State: District:		

Full Name (Last, First, Middle Initial) C. THE CONGRESSIONAL CLUB		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2001 NEW HAMPSHIRE AVENUE, NW		Amount of Each Disbursement this Period 150.00
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION FEES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18127.0
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	180.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 30.00
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement GRAVES REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18127.1
State: District:		

Full Name (Last, First, Middle Initial) B. CARISSA GRAVES		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 1967 OLEANDER ST.		Amount of Each Disbursement this Period 1552.80
City BATON ROUGE State LA Zip Code 70806	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18128
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 233 S WACKER DR		Amount of Each Disbursement this Period 1312.80
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement GRAVES REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18128.0
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1552.80
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE CONGRESSIONAL CLUB			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 2001 NEW HAMPSHIRE AVENUE, NW			Amount of Each Disbursement this Period 160.00
City WASHINGTON	State DC	Zip Code 20009	
Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION FEES		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.18128.1
State: District:			

Full Name (Last, First, Middle Initial) B. CARISSA GRAVES			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1967 OLEANDER ST.			Amount of Each Disbursement this Period 70.00
City BATON ROUGE	State LA	Zip Code 70806	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.18129
State: District:			

Full Name (Last, First, Middle Initial) C. REPUBLICAN SPOUSES CLUB			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 2336 S. QUEEN STREET			Amount of Each Disbursement this Period 70.00
City ARLINGTON	State VA	Zip Code 22202	
Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION FEES		Category/ Type	<input checked="" type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Transaction ID : SB17.18129.0
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GARRET GRAVES			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 1967 OLEANDER STREET			Amount of Each Disbursement this Period 508.38	
City BATON ROUGE	State LA	Zip Code 70806	Memo Item <input type="checkbox"/>	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES				
Candidate Name			Transaction ID : SB17.18131	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. EMBASSY SUITES			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 900 10TH STREET NW			Amount of Each Disbursement this Period 508.38	
City WASHINGTON	State DC	Zip Code 20001	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement GRAVES REIMBURSEMENT: TRAVEL: LODGING				
Candidate Name			Transaction ID : SB17.18131.0	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. GULA GRAHAM			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address 499 S CAPITOL ST SW STE 420			Amount of Each Disbursement this Period 7075.19	
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement FUNDRAISING CONSULTING				
Candidate Name			Transaction ID : SB17.18158	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	7583.57
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GULA GRAHAM			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015		
Mailing Address 499 S CAPITOL ST SW STE 420			Amount of Each Disbursement this Period 598.88		
City WASHINGTON	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>		
Purpose of Disbursement FUNDRAISING CONSULTING		Category/ Type	Transaction ID : SB17.18159		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. GULF PARTYLINE			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015		
Mailing Address 4000 LAKE BEAU PRE BLVD #63			Amount of Each Disbursement this Period 3300.00		
City BATON ROUGE	State LA	Zip Code 70820	Memo Item <input type="checkbox"/>		
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type	Transaction ID : SB17.18160		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. GULF PARTYLINE			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015		
Mailing Address 4000 LAKE BEAU PRE BLVD #63			Amount of Each Disbursement this Period 3300.00		
City BATON ROUGE	State LA	Zip Code 70820	Memo Item <input type="checkbox"/>		
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type	Transaction ID : SB17.18161		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	7198.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. HARRIS TEETER GROCERY STORE

Mailing Address 4250 CAMPBELL AVE

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 23 / 2015

Amount of Each Disbursement this Period: 25.34

Memo Item

Transaction ID : SB17.18276

Full Name (Last, First, Middle Initial)
B. HARRIS TEETER GROCERY STORE

Mailing Address 4250 CAMPBELL AVE

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 29 / 2015

Amount of Each Disbursement this Period: 9.23

Memo Item

Transaction ID : SB17.18288

Full Name (Last, First, Middle Initial)
C. HOBBY LOBBY

Mailing Address 3121 COLLEGE DR

City BATON ROUGE State LA Zip Code 70808

Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 09 / 2015

Amount of Each Disbursement this Period: 32.69

Memo Item

Transaction ID : SB17.18259

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUBANS RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 3739 PERKINS RD		Amount of Each Disbursement this Period 60.69
City BATON ROUGE	State LA	
Zip Code 70808		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: MEETING EXPENSE: MEALS		
Candidate Name		Transaction ID : SB17.18262
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. KOSHER CAJUN DELI		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 3519 SEVERN AVE		Amount of Each Disbursement this Period 258.81
City METAIRIE	State LA	
Zip Code 70002		<input checked="" type="checkbox"/> Memo Item
Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: CATERING SERVICES		
Candidate Name		Transaction ID : SB17.18203
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. KREWE OF BACCHUS		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015
Mailing Address 1215 PRYTANIA ST. SUITE 227		Amount of Each Disbursement this Period 1050.00
City NEW ORLEANS	State LA	
Zip Code 70130		<input type="checkbox"/> Memo Item
Purpose of Disbursement FUNDRAISING EVENT TICKETS		
Candidate Name		Transaction ID : SB17.18164
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. L'AUBERGE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 777 AVE LAUBERGE		Amount of Each Disbursement this Period 157.77
City LAKE CHARLES State LA Zip Code 70601	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18217
State: District:		

Full Name (Last, First, Middle Initial) B. L'AUBERGE HOTEL		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 777 AVE LAUBERGE		Amount of Each Disbursement this Period 157.77
City LAKE CHARLES State LA Zip Code 70601	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18218
State: District:		

Full Name (Last, First, Middle Initial) C. LOUISIANA FAMILY FORUM		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 655 ST FERDINAND ST		Amount of Each Disbursement this Period 1250.00
City BATON ROUGE State LA Zip Code 70802	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: EVENT REGISTRATION FEES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18205
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LOUISIANA FEDERATION OF REPUBLICAN WOMEN		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015
Mailing Address C/O DONNA PELLETTIER 523 BEAULLIEU DR.		Amount of Each Disbursement this Period 1000.00
City LAFAYETTE State LA Zip Code 70508	Purpose of Disbursement EVENT REGISTRATION FEES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18166
State: District:		

Full Name (Last, First, Middle Initial) B. MAIL BAG		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 7575 JEFFERSON HWY		Amount of Each Disbursement this Period 23.85
City BATON ROUGE State LA Zip Code 70806	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18235
State: District:		

Full Name (Last, First, Middle Initial) C. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2015
Mailing Address 512 MEANS STREET SUITE 404		Amount of Each Disbursement this Period 75.00
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: WEB HOSTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18226
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 512 MEANS STREET SUITE 404		Amount of Each Disbursement this Period 75.00
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: WEB HOSTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18273
State: District:		

Full Name (Last, First, Middle Initial) B. MAILCHIMP		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015
Mailing Address 512 MEANS STREET SUITE 404		Amount of Each Disbursement this Period 75.00
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: WEB HOSTING	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18309
State: District:		

Full Name (Last, First, Middle Initial) C. MID-CITY MERCHANTS		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address PO BOX 64863		Amount of Each Disbursement this Period 275.00
City BATON ROUGE State LA Zip Code 70896	Purpose of Disbursement EVENT REGISTRATION FEES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18168
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MILANO / THE PATIO		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 314 BELANGER ST		Amount of Each Disbursement this Period 268.52
City HOUMA State LA Zip Code 70360	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: CATERING SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18320
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONAL PRAYER BREAKFAST		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015
Mailing Address 635-B PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 350.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement EVENT REGISTRATION FEES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18170
State: District:		

Full Name (Last, First, Middle Initial) C. NUNGESSER CONSULTING		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1554 LOBDELL AVENUE		Amount of Each Disbursement this Period 14983.97
City BATON ROUGE State LA Zip Code 70806	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: House Senate President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18172
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15333.97
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2015
Mailing Address 3116 COLLEGE DR		Amount of Each Disbursement this Period 73.23
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: OFFICE SUPPLIES	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18201
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NANCY PEELE		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 2821 SOUTH WAKEFIELD STREET UNIT E		Amount of Each Disbursement this Period 34.78
City ARLINGTON	State VA	
Zip Code 22206	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 800 MARKET ST		Amount of Each Disbursement this Period 5.17
City SAN FRANCISCO	State CA	
Zip Code 94102	Purpose of Disbursement PEELE REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18134.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	34.78
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PAPER SOURCE		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 3019 M STREET NW		Amount of Each Disbursement this Period 29.61
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement PEELE REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18134.1
State: District:		

Full Name (Last, First, Middle Initial) B. NANCY PEELE		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015
Mailing Address 2821 SOUTH WAKEFIELD STREET UNIT E		Amount of Each Disbursement this Period 5000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18135
State: District:		

Full Name (Last, First, Middle Initial) C. NANCY PEELE		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 2821 SOUTH WAKEFIELD STREET UNIT E		Amount of Each Disbursement this Period 5000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18136
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NANCY PEELE		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 2821 SOUTH WAKEFIELD STREET UNIT E		Amount of Each Disbursement this Period 84.01
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18137
State: District:		

Full Name (Last, First, Middle Initial) B. ENTERPRISE RENT-A-CAR		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 600 RENTAL BOULEVARD		Amount of Each Disbursement this Period 84.01
City KENNER State LA Zip Code 70062	Purpose of Disbursement PEELE REIMBURSEMENT: TRAVEL: CAR RENTAL	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18137.0
State: District:		

Full Name (Last, First, Middle Initial) C. NANCY PEELE		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015
Mailing Address 2821 SOUTH WAKEFIELD STREET UNIT E		Amount of Each Disbursement this Period 5000.00
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement ADMINISTRATIVE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18138
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5084.01
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 104			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PRET A MANGER		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1432 ST NW		Amount of Each Disbursement this Period 308.00
City WASHINGTON State DC Zip Code 20533	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: CATERING SERVICES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18278
State: District:		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 2678.14
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18173
State: District:		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015
Mailing Address 138 CONANT STREET 2ND FLOOR		Amount of Each Disbursement this Period 4878.39
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18174
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7556.53
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 08 / 2015

Amount of Each Disbursement this Period: 2565.92

Memo Item

Transaction ID : SB17.18175

Full Name (Last, First, Middle Initial)
B. SEROP'S CAFE

Mailing Address 7474 CORPORATE BOULEVARD

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 17 / 2015

Amount of Each Disbursement this Period: 20.71

Memo Item

Transaction ID : SB17.18267

Full Name (Last, First, Middle Initial)
C. SEROP'S CAFE

Mailing Address 7474 CORPORATE BOULEVARD

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: MEETING EXPENSE: MEALS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 17 / 2015

Amount of Each Disbursement this Period: 71.15

Memo Item

Transaction ID : SB17.18268

SUBTOTAL of Disbursements This Page (optional)..... 2565.92

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SHELL OIL		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address FM1663		Amount of Each Disbursement this Period 30.70
City WINNIE	State TX Zip Code 77665	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: FUEL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18247
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SIR SPEEDY		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address 1825 AVENUE OF AMERICA		Amount of Each Disbursement this Period 2306.48
City MONROE	State LA Zip Code 71201	
Purpose of Disbursement PRINTING & DESIGN SERVICES		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18176
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 8.00
City DALLAS	State TX Zip Code 75235	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: AIR		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18251
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2306.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 259.50
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18240
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 259.50
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18241
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 247.96
City DALLAS State TX Zip Code 75235	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18298
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 7415 CORPORATE BLVD TOWNE CENTER AT CEDAR LODGE		Amount of Each Disbursement this Period 12.59
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: TRAVEL: FOOD	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18219
State: District:		

Full Name (Last, First, Middle Initial) B. STOR-IT MINI WAREHOUSES		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 3147 COLLEGE DRIVE		Amount of Each Disbursement this Period 45.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: STORAGE SPACE RENTAL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18225
State: District:		

Full Name (Last, First, Middle Initial) C. STOR-IT MINI WAREHOUSES		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 3147 COLLEGE DRIVE		Amount of Each Disbursement this Period 80.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: STORAGE SPACE RENTAL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18270
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STOR-IT MINI WAREHOUSES		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address 3147 COLLEGE DRIVE		Amount of Each Disbursement this Period 80.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: STORAGE SPACE RENTAL	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18308
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SUSHI YAMA JAPANESE RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 7731 PERKINS RD #120		Amount of Each Disbursement this Period 36.07
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MEETING EXPENSE: MEALS	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18233
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. T-MOBILE		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 3132 COLLEGE DR VILLAGE SQUARE SHOPPING CENTER		Amount of Each Disbursement this Period 33.69
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: MOBILE PHONE EXPENSE	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.18291
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TABLEAU-LE PETIT RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address 616 SAINT PETER ST		Amount of Each Disbursement this Period 739.68
City NEW ORLEANS	State LA Zip Code 70116	
Purpose of Disbursement AMERICAN EXPRESS 12/02 PAYMENT: FACILITY RENTAL/CATERING SERVICES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18313
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THE CONGRESSIONAL INSTITUTE		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1700 DIAGONAL ROAD #730		Amount of Each Disbursement this Period 2067.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement EVENT REGISTRATION FEES		<input type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18178
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THE VENETIAN		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 401 JACKSON STREET		Amount of Each Disbursement this Period 180.68
City THIBODAUX	State LA Zip Code 70301	
Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: MEETING EXPENSE: MEALS		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18200
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	2067.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TRIUMPH KITCHEN			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015	
Mailing Address 3897 GOVERNMENT ST.			Amount of Each Disbursement this Period 457.00	
City BATON ROUGE	State LA	Zip Code 70806	Memo Item <input type="checkbox"/>	
Purpose of Disbursement CATERING SERVICES		Category/ Type		
Candidate Name		Transaction ID : SB17.18180		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. UBER CONFERENCE			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015	
Mailing Address 275 SACRAMENTO ST			Amount of Each Disbursement this Period 11.14	
City SAN FRANCISCO	State CA	Zip Code 94111	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: TELECONFERENCE FEE		Category/ Type		
Candidate Name		Transaction ID : SB17.18221		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. UBER CONFERENCE			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2015	
Mailing Address 275 SACRAMENTO ST			Amount of Each Disbursement this Period 11.12	
City SAN FRANCISCO	State CA	Zip Code 94111	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TELECONFERENCE FEE		Category/ Type		
Candidate Name		Transaction ID : SB17.18271		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	457.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

A. UBER CONFERENCE

Full Name (Last, First, Middle Initial)
Mailing Address 275 SACRAMENTO ST

City SAN FRANCISCO State CA Zip Code 94111

Purpose of Disbursement
AMERICAN EXPRESS 12/02 PAYMENT: TELECONFERENCE FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2015

Amount of Each Disbursement this Period: 11.12

Memo Item

Transaction ID : SB17.18307

B. VTS DISTRICT CAB

Full Name (Last, First, Middle Initial)
Mailing Address 3399 BENNING ROAD NORTHEA

City WASHINGTON State DC Zip Code 20019

Purpose of Disbursement
AMERICAN EXPRESS 12/02 PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 11 / 02 / 2015

Amount of Each Disbursement this Period: 11.98

Memo Item

Transaction ID : SB17.18292

C. WALGREENS

Full Name (Last, First, Middle Initial)
Mailing Address 3550 GOVERNMENT STR

City BATON ROUGE State LA Zip Code 70806

Purpose of Disbursement
AMERICAN EXPRESS 12/02 PAYMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2015

Amount of Each Disbursement this Period: 16.30

Memo Item

Transaction ID : SB17.18316

SUBTOTAL of Disbursements This Page (optional) 0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALMART SUPERCENTER		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 18.42
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18236
State: District:		

Full Name (Last, First, Middle Initial) B. WALMART SUPERCENTER		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 21.69
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18237
State: District:		

Full Name (Last, First, Middle Initial) C. WALMART SUPERCENTER		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 33.70
City BENTONVILLE State AR Zip Code 72716	Purpose of Disbursement AMERICAN EXPRESS 10/02 PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	<input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18196
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 104			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALMART SUPERCENTER		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015
Mailing Address 702 SW 8TH ST		Amount of Each Disbursement this Period 33.70
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: OFFICE SUPPLIES		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18248
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. WASHINGTON METRORAIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 600 5TH ST NW		Amount of Each Disbursement this Period 10.00
City WASHINGTON	State DC Zip Code 20001	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: RAIL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18281
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. WASHINGTON METRORAIL		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 600 5TH ST NW		Amount of Each Disbursement this Period 20.00
City WASHINGTON	State DC Zip Code 20001	
Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: TRAVEL: RAIL		<input checked="" type="checkbox"/> Memo Item
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.18282
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 104	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WOMAN'S NEW LIFE CENTER		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 3032 RIDGELAKE DR #101		Amount of Each Disbursement this Period 250.00
City METAIRIE State LA Zip Code 70002	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: SPONSORSHIP FOR VOLUNTEER TEAM FOR CHARITY EVENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item
State: District:	Candidate Name	Transaction ID : SB17.18264

Full Name (Last, First, Middle Initial) B. WOMAN'S NEW LIFE CENTER		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 3032 RIDGELAKE DR #101		Amount of Each Disbursement this Period 250.00
City METAIRIE State LA Zip Code 70002	Purpose of Disbursement AMERICAN EXPRESS 10/29 PAYMENT: SPONSORSHIP FOR VOLUNTEER TEAM FOR CHARITY EVENT	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Memo Item
State: District:	Candidate Name	Transaction ID : SB17.18265

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: District:	Candidate Name	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	89121.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 104	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BLUM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 2728 ASBURY ROAD SUITE 400		Amount of Each Disbursement this Period -1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.18117
City State Zip Code DUBUQUE IA 52001	Purpose of Disbursement VOIDED CHECK: GENERAL 2014 DEBT RETIREMENT CONTRIBUTION Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. BLUM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015
Mailing Address 2728 ASBURY ROAD SUITE 400		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.18118
City State Zip Code DUBUQUE IA 52001	Purpose of Disbursement PRIMARY 2016 CONTRIBUTION Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. LANDRY FOR LOUISIANA		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address C/O LEILANI HARDEE P.O. BOX 13816		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.18126
City State Zip Code NEW IBERIA LA 70562	Purpose of Disbursement SEE ELECTION DESIGNATIONS BELOW Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 104			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LANDRY FOR LOUISIANA		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address C/O LEILANI HARDEE P.O. BOX 13816		Amount of Each Disbursement this Period 2000.00
City NEW IBERIA	State LA	
Zip Code 70562	Purpose of Disbursement PRIMARY CONTRIBUTION	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.18126.0
State: District:		

Full Name (Last, First, Middle Initial) B. LANDRY FOR LOUISIANA		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address C/O LEILANI HARDEE P.O. BOX 13816		Amount of Each Disbursement this Period 2000.00
City NEW IBERIA	State LA	
Zip Code 70562	Purpose of Disbursement GENERAL CONTRIBUTION	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.18126.1
State: District:		

Full Name (Last, First, Middle Initial) C. LANDRY FOR LOUISIANA		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015
Mailing Address C/O LEILANI HARDEE P.O. BOX 13816		Amount of Each Disbursement this Period 1000.00
City NEW IBERIA	State LA	
Zip Code 70562	Purpose of Disbursement RUN-OFF CONTRIBUTION	<input checked="" type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB21.18126.2
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 104	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARTHA ROBY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO BOX 195		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.18120
City MONTGOMERY	State AL	
Zip Code 36101	Purpose of Disbursement PRIMARY 2016 CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. MIKE BISHOP FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO BOX 1148		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.18122
City BRIGHTON	State MI	
Zip Code 48116	Purpose of Disbursement PRIMARY 2016 CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NRCC		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2015
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 27000.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.18171
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement TRANSFER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	29000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 104 OF 104	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
GARRET GRAVES FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VOLUNTEERS FOR SHIMKUS		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address PO BOX 661		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City COLLINSVILLE	State IL	
Zip Code 62234	Purpose of Disbursement PRIMARY 2016 CONTRIBUTION	Transaction ID : SB21.18124
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : SB21.18124
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Transaction ID : SB21.18124
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	35000.00