

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL GARRET GRAVES FOR CONGRESS			
ADDRESS (number and street) PO BOX 64845			
CITY, STATE, and ZIP CODE BATON ROUGE LA 70896			
2. NAME OF CANDIDATE GARRET GRAVES	3. OFFICE SOUGHT (State and District) House LA 06		4. FEC IDENTIFICATION NUMBER C00558486
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer B-AC HOLDINGS, L.L.C. 14062 W MAIN ST CUT OFF LA 70345		Date (month, day, year) 10/25/2014	Amount 1500.00
Transaction ID : F6.12050		Occupation	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer SANDRA BRADDOCK P.O. BOX 2448 COPPELL TX 75019		Date (month, day, year) 10/24/2014	Amount 5000.00
Transaction ID : F6.12044		Occupation	
INFORMATION REQUESTED		INFORMATION REQUESTED	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer JANET GABLE 375 PUTTER POINT DRIVE NAPLES FL 34103		Date (month, day, year) 10/25/2014	Amount 1000.00
Transaction ID : F6.12055		Occupation	
INFORMATION REQUESTED		INFORMATION REQUESTED	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer SAMUEL B. HAYNES JR. 18142 OLD PERKINS RD E BATON ROUGE LA 70810		Date (month, day, year) 10/24/2014	Amount 2600.00
Transaction ID : F6.12046		Occupation	
BLUE BAYOU WATER PARK		OWNER	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer JIMMIE MARTIN 4280 HWY 311 HOUMA LA 70360		Date (month, day, year) 10/24/2014	Amount 2600.00
Transaction ID : F6.12048		Occupation	
OWNER			
SIGNATURE (optional) CHRISTEL SLAUGHTER <i>[Electronically Filed]</i>		DATE 10/25/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE 1505 PRINCE STREET SUITE 300 ALEXANDRIA VA 22314	Name of Employer Transaction ID : F6.12053 Occupation	Date (month, day, year) 10/25/2014	Amount 5000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount