

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
Jim Graves for Congress

ADDRESS (number and street) 14 5th Ave S
 Check if different than previously reported. (ACC) St Cloud MN 56301

2. **FEC IDENTIFICATION NUMBER** C C00517300 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MN 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 through M M / D D / Y Y Y Y
11 / 27 / 2012 through 12 / 31 / 2012

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 Mr Peter A Donohue

Signature of Treasurer Mr Peter A Donohue *[Electronically Filed]* Date M M / D D / Y Y Y Y
01 / 31 / 2013

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
Jim 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))....	773.07	44652.67
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	773.07	44652.67
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	48298.03	178733.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	225.00	225.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	48073.03	178508.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30597.67	
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).....	261797.92	

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

Jim 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).....	434.80	43331.40
(ii) Unitemized.....	324.47	1307.47
(iii) TOTAL of contributions from individuals ▶	759.27	44638.87
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13.80	13.80
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	773.07	44652.67
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.)	225.00	225.00
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)..... ▶	998.07	44877.67

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	48298.03	178733.85
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	48298.03	178733.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	77897.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	998.07
25. SUBTOTAL (add Line 23 and Line 24).....	78895.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	48298.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30597.67

**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 28
	<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	

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)
Jim Graves for Congress

A. Full Name (Last, First, Middle Initial)
Audrey Donohue

Mailing Address 804 West St Germain St

City Saint Cloud State MN Zip Code 56302

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

Name of Employer Donohue Novak Occupation Office Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
434.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2012

Transaction ID : C5662468

Amount of Each Receipt this Period
434.80

* In-Kind: Event Expense

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

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

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

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

434.80

434.80

**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 28
	<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)
Jim Graves for Congress

A. Full Name (Last, First, Middle Initial)
AL FRANKEN FOR SENATE 2014

Mailing Address **PO BOX 583144**

City **MINNEAPOLIS** State **MN** Zip Code **55458**

FEC ID number of contributing federal political committee. **C C00480384**

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 13.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : C5662466

Amount of Each Receipt this Period
 _____ 13.80

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 M / D D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

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 M / D D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

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

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

_____ 13.80

_____ 13.80

**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 28
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Jim Graves for Congress

A. Full Name (Last, First, Middle Initial)
LA Media, LLC

Mailing Address **750 2nd St NE #222**

City **Hopkins** State **MN** Zip Code **55343**

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

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2012

Transaction ID : C5662467

Amount of Each Receipt this Period
 _____ 225.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

_____ 225.00

_____ 225.00

**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 8 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Act Blue Tech Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 6.67
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) B. Act Blue Tech Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 2.38
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) c. Act Blue Tech Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.45
City Cambridge	State MA	
Zip Code 02138	Purpose of Disbursement Processing Fee	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	9.50
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 9 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Act Blue Tech Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.20
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement Processing Fee	Category/ Type 003	
Candidate Name	Transaction ID : D307616	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Act Blue Tech Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address PO Box 382110		Amount of Each Disbursement this Period 0.20
City Cambridge	State MA	Zip Code 02138
Purpose of Disbursement Processing Fee	Category/ Type 003	
Candidate Name	Transaction ID : D307617	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. AirTran Airways		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1800 Phoenix Blvd		Amount of Each Disbursement this Period 684.40
City Atlanta	State GA	Zip Code 30349
Purpose of Disbursement Flight	Category/ Type 002	
Candidate Name	Transaction ID : D307576	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.40
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 10 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Beacon Bar & Grill			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1615 Rhode Island Ave NW			Amount of Each Disbursement this Period 23.80
City Washington	State DC	Zip Code 20036	Transaction ID : D307579 [MEMO ITEM]
Purpose of Disbursement Meal	Category/Type 002		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Cafe Phillips			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 77 K St NE			Amount of Each Disbursement this Period 54.91
City Washington	State DC	Zip Code 20002	Transaction ID : D307580 [MEMO ITEM]
Purpose of Disbursement Meal	Category/Type 002		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Ceiba			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 701 14th St NW			Amount of Each Disbursement this Period 131.38
City Washington	State DC	Zip Code 20005	Transaction ID : D307581 [MEMO ITEM]
Purpose of Disbursement Meal	Category/Type 002		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" 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 11 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 525.00
City Waltham	State MA	Zip Code 02451
Purpose of Disbursement Subscription	Category/Type 004	
Candidate Name	Transaction ID : D307582	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Domain Market		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1411 W. 1250 S. Suite 330		Amount of Each Disbursement this Period 4000.00
City Orem	State UT	Zip Code 84058
Purpose of Disbursement Web Domain	Category/Type 001	
Candidate Name	Transaction ID : D307583	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) c. Audrey Donohue		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2012
Mailing Address 804 West St Germain St		Amount of Each Disbursement this Period 434.80
City Saint Cloud	State MN	Zip Code 56302
Purpose of Disbursement Event Expenses for Food & Beverages	Category/Type	
Candidate Name	Transaction ID : D307660	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	* In-Kind Received	

SUBTOTAL of Disbursements This Page (optional).....	434.80
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 12 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Ezme			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012	
Mailing Address 2016 P Street, NW			Amount of Each Disbursement this Period 109.77	
City Washington	State DC	Zip Code 20036	Transaction ID : D307584	
Purpose of Disbursement Meal		002	[MEMO ITEM]	
Candidate Name		Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Fabulously Fresh			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012	
Mailing Address Washington Reagan National Airport			Amount of Each Disbursement this Period 9.27	
City Washington	State DC	Zip Code 20001	Transaction ID : D307585	
Purpose of Disbursement Meal		002	[MEMO ITEM]	
Candidate Name		Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. First Merchant Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012	
Mailing Address PO Box 407066			Amount of Each Disbursement this Period 5.92	
City Fort Lauderdale	State FL	Zip Code 33340	Transaction ID : D306723	
Purpose of Disbursement Credit Card Fees		003		
Candidate Name		Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	5.92
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 13 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. First Merchant Services			Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2012		
Mailing Address PO Box 407066			Amount of Each Disbursement this Period 125.58		
City Fort Lauderdale	State FL	Zip Code 33340	Transaction ID : D306734		
Purpose of Disbursement Credit Card Fees		003 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Fisher's Club			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012		
Mailing Address 428 Stratford Street			Amount of Each Disbursement this Period 3553.33		
City Avon	State MN	Zip Code 56310	Transaction ID : D307587		
Purpose of Disbursement Food		003 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Google			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012		
Mailing Address 1600 Amphitheatre Parkway			Amount of Each Disbursement this Period 4035.32		
City Mountain View	State CA	Zip Code 94043	Transaction ID : D307589		
Purpose of Disbursement Ads		004 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	125.58
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 14 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 2175.59
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Ads 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D307590 [MEMO ITEM]
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 100.00
City Mountain View State CA Zip Code 94043	Purpose of Disbursement Ad 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D307662 [MEMO ITEM]
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Jim Graves		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 37 Highbanks Place		Amount of Each Disbursement this Period 40146.60
City Saint Cloud State MN Zip Code 56301	Purpose of Disbursement Reimbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : D307477
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	40146.60
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 15 OF 28			
	<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)
Jim Graves for Congress

A. Internal Revenue Service

Full Name (Last, First, Middle Initial)
Mailing Address

City: Washington State: DC Zip Code: 20224

Purpose of Disbursement: Payroll Tax
Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 28 / 2012

Amount of Each Disbursement this Period: 2407.33
Transaction ID : D304242

Category/Type: 001

B. Isabella's

Full Name (Last, First, Middle Initial)
Mailing Address: 359 Columbus Ave

City: New York State: NY Zip Code: 10024

Purpose of Disbursement: Meal
Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 28 / 2012

Amount of Each Disbursement this Period: 256.12
Transaction ID : D307591
[MEMO ITEM]

Category/Type: 002

c. Jordan Hayton

Full Name (Last, First, Middle Initial)
Mailing Address: 2779 30th Ave

City: Osceola State: WI Zip Code: 54020

Purpose of Disbursement: Mileage
Candidate Name

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 12 / 12 / 2012

Amount of Each Disbursement this Period: 264.40
Transaction ID : D307658

Category/Type: 002

SUBTOTAL of Disbursements This Page (optional) 2671.73

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 16 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Julie Pearl		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address 9203 50th Place		Amount of Each Disbursement this Period 3000.00
City State Zip Code College Park MD 20740	Purpose of Disbursement Consulting	
Candidate Name	Category/Type 003	Transaction ID : D307657
Office Sought: House Senate President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. JW Marriott Washington, DC		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1331 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 493.33
City State Zip Code Washington DC 20004	Purpose of Disbursement Lodging	
Candidate Name	Category/Type 002	Transaction ID : D307597 [MEMO ITEM]
Office Sought: House Senate President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. JW Marriott Washington, DC		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1331 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 18.16
City State Zip Code Washington DC 20004	Purpose of Disbursement Meal	
Candidate Name	Category/Type 002	Transaction ID : D307598 [MEMO ITEM]
Office Sought: House Senate President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 17 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. JW Marriott Washington, DC			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012	
Mailing Address 1331 Pennsylvania Avenue NW			Amount of Each Disbursement this Period 193.51	
City Washington	State DC	Zip Code 20004	Transaction ID : D307599	
Purpose of Disbursement Lodging		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. KDV			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2012	
Mailing Address PO Box 1304			Amount of Each Disbursement this Period 63.00	
City Saint Cloud	State MN	Zip Code 56302	Transaction ID : D304237	
Purpose of Disbursement Payroll Fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Keesha Mason			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2012	
Mailing Address 3124 Santa Fe Trail			Amount of Each Disbursement this Period 1000.00	
City Saint Cloud	State MN	Zip Code 56301	Transaction ID : D304292	
Purpose of Disbursement Fundraising Consulting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1063.00
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 18 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Le Pain Quotidien			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 7 E 53rd St			Amount of Each Disbursement this Period 16.44
City New York	State NY	Zip Code 10022	
Purpose of Disbursement Meal	Candidate Name		Transaction ID : D307593 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 002		

Full Name (Last, First, Middle Initial) B. Liquid Web			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 4210 S. Creyts Rd			Amount of Each Disbursement this Period 832.91
City Lansing	State MI	Zip Code 48917	
Purpose of Disbursement Web Hosting	Candidate Name		Transaction ID : D307594 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 004		

Full Name (Last, First, Middle Initial) c. Maison			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1700 Broadway Ave			Amount of Each Disbursement this Period 78.30
City New York	State NY	Zip Code 10019	
Purpose of Disbursement Meal	Candidate Name		Transaction ID : D307595 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type 002		

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 19 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Marriott Wardman Park			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012	
Mailing Address 2660 Woodley Road NW			Amount of Each Disbursement this Period 9.46	
City Washington	State DC	Zip Code 20008	Transaction ID : D307596	
Purpose of Disbursement Meal		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Marriott Wardman Park			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012	
Mailing Address 2660 Woodley Road NW			Amount of Each Disbursement this Period 180.92	
City Washington	State DC	Zip Code 20008	Transaction ID : D307600	
Purpose of Disbursement Lodging		Category/ Type 002	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Microsoft			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012	
Mailing Address One Microsoft Way			Amount of Each Disbursement this Period 2973.65	
City Redmond	State WA	Zip Code 98052	Transaction ID : D307602	
Purpose of Disbursement Ads		Category/ Type 004	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" 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 20 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Minnesota Department of Revenue			Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address			Amount of Each Disbursement this Period 403.00 Transaction ID : D304228
City Saint Paul	State MN	Zip Code 55146	
Purpose of Disbursement Payroll Tax		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. MINNESOTA STATE FAIR			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1265 NORTH SNELLING AVE			Amount of Each Disbursement this Period 168.00 Transaction ID : D307586 [MEMO ITEM]
City Saint Paul	State MN	Zip Code 55108	
Purpose of Disbursement Adm/Park		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Miyako			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 642 Amsterdam Ave			Amount of Each Disbursement this Period 98.74 Transaction ID : D307621 [MEMO ITEM]
City New York	State NY	Zip Code 10025	
Purpose of Disbursement Meal		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	403.00
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 21 OF 28	
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. MSP Airport Parking		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 4300 Glumack Drive		Amount of Each Disbursement this Period 42.00
City Saint Paul	State MN	Zip Code 55111
Purpose of Disbursement Parking	Category/ Type 002	
Candidate Name	Transaction ID : D307622	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. MTA NY		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 2 Broadway		Amount of Each Disbursement this Period 15.00
City New York	State NY	Zip Code 10004
Purpose of Disbursement Transportation	Category/ Type 002	
Candidate Name	Transaction ID : D307624	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. NGP		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1101 15th Street NW		Amount of Each Disbursement this Period 6338.25
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Program Use Fees	Category/ Type 001	
Candidate Name	Transaction ID : D307625	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

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 22 OF 28	
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 92.06
City New York	State NY	
Zip Code 10004	Purpose of Disbursement Transportation	Transaction ID : D307626
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Rheames House of Lettering		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 25113 21st Avenue		Amount of Each Disbursement this Period 250.00
City Saint Cloud	State MN	
Zip Code 56301	Purpose of Disbursement Signs	Transaction ID : D307627
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Salsa Labs, Inc		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2012
Mailing Address PO Box 674533		Amount of Each Disbursement this Period 350.00
City Detroit	State MI	
Zip Code 48267	Purpose of Disbursement Email Ads	Transaction ID : D307656
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	350.00
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 23 OF 28			
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Silver Cab Co		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 8316 Ardwick Ardmore Rd		Amount of Each Disbursement this Period 22.00
City Hyattsville State MD Zip Code 20785	Purpose of Disbursement Transportation	Transaction ID : D307628
Candidate Name	Category/Type 002	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. SMC Pros		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1313 5th St SE Suite 225		Amount of Each Disbursement this Period 10000.00
City Minneapolis State MN Zip Code 55414	Purpose of Disbursement Social Media Consulting	Transaction ID : D307629
Candidate Name	Category/Type 004	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Starbucks		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1301 Pennsylvania Ave NW		Amount of Each Disbursement this Period 9.74
City Washington State DC Zip Code 20004	Purpose of Disbursement Meal	Transaction ID : D307661
Candidate Name	Category/Type 002	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" 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 24 OF 28	
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Sun Country Airlines		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 1300 Mendota Heights Rd		Amount of Each Disbursement this Period 1089.60
City Saint Paul	State MN	
Zip Code 55120	Purpose of Disbursement Flight	Transaction ID : D307630
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. The Algonquin Hotel		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 59 W 44th St		Amount of Each Disbursement this Period 799.28
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Lodging	Transaction ID : D307578
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. US Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2012
Mailing Address 1015 W St Germain St		Amount of Each Disbursement this Period 87.50
City Saint Cloud	State MN	
Zip Code 56301	Purpose of Disbursement Bank Fee	Transaction ID : D306737
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	87.50
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 25 OF 28	
	<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)
Jim Graves for Congress

Full Name (Last, First, Middle Initial) A. Vonage		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 23 Main Street		Amount of Each Disbursement this Period 759.01
City Holmdel	State NJ	
Zip Code 07733	Purpose of Disbursement Phone	Transaction ID : D307631
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Zaro's		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2012
Mailing Address 501 Seventh Ave		Amount of Each Disbursement this Period 7.35
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Meal	Transaction ID : D307632
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
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
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name		
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).....	0.00
TOTAL This Period (last page this line number only).....	48298.03

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Jim Graves for Congress

Transaction ID : L595

LOAN SOURCE Full Name (Last, First, Middle Initial)

Jim Graves PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
37 Highbanks Place

City State ZIP Code
Saint Cloud MN 56301

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
100000.00 0.00 100000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 21 / Y 2012 M M / D D / Y At discretion 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 100000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Jim Graves for Congress

Transaction ID : L596

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

Jim Graves PERS FUNDS

Primary

General

Other (specify) ▼

Mailing Address
37 Highbanks Place

City State ZIP Code
Saint Cloud MN 56301

Original Amount of Loan 150000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 150000.00
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TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
06 / 29 / 2012

M M / D D / Y Y Y Y
29 / 06 / 2012

M M / D D / Y Y Y Y
At discretion

M M / D D / Y Y Y Y
At discretion

M M / D D / Y Y Y Y
At discretion

M M / D D / Y Y Y Y
At discretion

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	150000.00
TOTALS This Period (last page in this line only).....	▶	250000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Jim Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim Graves	Nature of Debt (Purpose): Expenses to be reimbursed
Mailing Address 37 Highbanks Place	
City State Zip Code Saint Cloud MN 56301	

Outstanding Balance Beginning This Period 40146.60	Transaction ID : D304414	
Amount Incurred This Period 0.00	Payment This Period 40146.60	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor St Cloud Suite Hotel	Nature of Debt (Purpose): Event Food/Rooms
Mailing Address 404 W St Germain St	
City State Zip Code Saint Cloud MN 56301	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D307659	
Amount Incurred This Period 11797.92	Payment This Period 0.00	Outstanding Balance at Close of This Period 11797.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	11797.92
2) TOTALS This Period (last page this line number only)	11797.92
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	250000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	261797.92