

# 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  
 Check if different than previously reported. (ACC) BATON ROUGE LA 70896

2. **FEC IDENTIFICATION NUMBER** C C00558486 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
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 01 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 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 04 / 15 / 2015

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))....	123734.20	129734.20
(b) Total Contribution Refunds (from Line 20(d)) .....	8000.00	10600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	115734.20	119134.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	261809.03	335563.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	261809.03	335563.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	336662.64	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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).....	17284.20	19034.20
(ii) Unitemized.....	200.00	450.00
(iii) TOTAL of contributions from individuals ▶	17484.20	19484.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	106250.00	110250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	123734.20	129734.20
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	0.00
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)..... ▶		
	123734.20	129734.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	261809.03	335563.79
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).....	8000.00	8000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	8000.00	10600.00
21. OTHER DISBURSEMENTS .....	12000.00	12000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	281809.03	358163.79

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	494737.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	123734.20
25. SUBTOTAL (add Line 23 and Line 24).....	618471.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	281809.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	336662.64

**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 116
	<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. ROBERT L ALLAIN II**

Mailing Address 5250 CHITIMACHA TRL

City State Zip Code  
JEANERETTE LA 70544

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

Name of Employer Occupation  
ALLAIN PLANTING COMPANY FARMER & LAND MANAGEMENT

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  
 01 / 12 / 2015

**Transaction ID : SA11AI.15577**

Amount of Each Receipt this Period  
1000.00

**B.** 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  
434.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2015

**Transaction ID : SA11AI.15569**

Amount of Each Receipt this Period  
434.20

IN-KIND: CATERING SERVICES

**C.** Full Name (Last, First, Middle Initial)  
**MR. J. PATRICK CAVE**

Mailing Address 5009 UPTON STREET NW

City State Zip Code  
WASHINGTON DC 20016

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

Name of Employer Occupation  
THE CYPRESS GROUP MANAGING 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  
 03 / 31 / 2015

**Transaction ID : SA11AI.15575**

Amount of Each Receipt this Period  
1000.00

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

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

2434.20

**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 116
	<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)  
**GEORGE COOPER**

Mailing Address 139 GRAFTON STREET

City State Zip Code  
CHEVY CHASE MD 20815

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

Name of Employer Occupation  
FORBES TATE LOBBYIST

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  
03 / 31 / 2015

**Transaction ID : SA11AI.15583**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAY N CRANFORD III**

Mailing Address 4136 N RICHMOND STREET

City State Zip Code  
ARLINGTON VA 22207

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

Name of Employer Occupation  
CLARK, GEDULDIG, CRANFORD & NIELSEN 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  
02 / 27 / 2015

**Transaction ID : SA11AI.15573**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHN GREEN**

Mailing Address 431 TURNBERRY CT

City State Zip Code  
OXFORD MS 38655

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

Name of Employer Occupation  
CROSSROADS STRATEGIES LLC CEO

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  
02 / 24 / 2015

**Transaction ID : SA11AI.15566**

Amount of Each Receipt this Period  
500.00

**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 7 OF 116
	<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)  
**GUIDRY ASSOCIATES LLC**

Mailing Address PO BOX 2506

City RESERVE State LA Zip Code 70084

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

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  
 02 / 20 / 2015

**Transaction ID : SA11AI.15599**

Amount of Each Receipt this Period  
 500.00

LLC INFORMATION REQUESTED

**B.** Full Name (Last, First, Middle Initial)  
**MR. CARLOS M. GUTIERREZ JR.**

Mailing Address 2140 L STREET NW  
APT 902

City WASHINGTON State DC Zip Code 20037

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

Name of Employer Occupation  
CLARK HILL PLC ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : SA11AI.15590**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**ANGIE HANSON**

Mailing Address 330 13TH ST NE

City WASHINGTON State DC Zip Code 20002

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

Name of Employer Occupation  
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11AI.15564**

Amount of Each Receipt this Period  
 400.00

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

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

1150.00

**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 116
	<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. W. CAMPBELL KAUFMAN**

Mailing Address 2109 WOODMONT ROAD

City State Zip Code  
ALEXANDRIA VA 22307

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

Name of Employer Occupation  
CORNERSTONE GOVERNMENT AFFAIRS MANAGING 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  
03 / 19 / 2015

**Transaction ID : SA11AI.15594**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NO FAULT SERVICE CO., LLC**

Mailing Address 3112 VALLEY CREEK DR.  
STE. C

City State Zip Code  
BATON ROUGE LA 70808

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

Name of Employer Occupation

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  
01 / 12 / 2015

**Transaction ID : SA11AI.15601**

Amount of Each Receipt this Period  
2600.00

PERMISSIBLE FUNDS: SEE MEMO ATTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID W BRANTLEY**

Mailing Address 6253 OVERTON ST

City State Zip Code  
BATON ROUGE LA 70809

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

Name of Employer Occupation  
NO-FAULT INDUSTRIES EXECUTIVE

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  
01 / 12 / 2015

**Transaction ID : SA11AI.15601.0**

Amount of Each Receipt this Period  
2600.00

NO FAULT SERVICE CO., LLC: PERMISSIBLE FUNDS  
**[MEMO ITEM]**

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

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

3600.00



**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 9 OF 116
	<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. THOMAS M. O'NEAL**

Mailing Address **PO BOX 536**

City **CHOUDRANT** State **LA** Zip Code **71227**

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

Name of Employer **HERCULES TRANSPORT/O'NEAL GAS, INC.** Occupation **OWNER/PRESIDENT**

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  
**03 / 19 / 2015**

**Transaction ID : SA11AI.15597**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**MR. PRESTON A. QVISTGAARD-PETERSEN**

Mailing Address **4332 EMORY AVE.**

City **BATON ROUGE** State **LA** Zip Code **70808**

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

Name of Employer **PETERSEN AUTOMOTIVE INTERESTS, INC.** 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  
**03 / 06 / 2015**

**Transaction ID : SA11AI.15587**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MS. COURTNEY REINHARD**

Mailing Address **4372 HARVESTER FARM LANE**

City **FAIRFAX** State **VA** Zip Code **22032**

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

Name of Employer **VERIZON** Occupation **VICE PRESIDENT FEDERAL GOVERNMENT**

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  
**03 / 31 / 2015**

**Transaction ID : SA11AI.15579**

Amount of Each Receipt this Period  
**250.00**

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

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

**3850.00**

**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 116
	<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)  
**EMANUEL ROSSMAN**

Mailing Address 8000 GREENWICH WOODS DR.

City State Zip Code  
MCLEAN VA 22102

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

Name of Employer Occupation  
HARBINGER STRATEGIES 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  
 03 / 26 / 2015

**Transaction ID : SA11AI.15562**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY SHAPIRO**

Mailing Address 1325 13TH STREET NW  
APT. 26

City State Zip Code  
WASHINGTON DC 20005

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

Name of Employer Occupation  
PECK MADIGAN JONES 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  
 03 / 17 / 2015

**Transaction ID : SA11AI.15592**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES R SPIES**

Mailing Address 736 N COLUMBUS ST

City State Zip Code  
ALEXANDRIA VA 22314

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

Name of Employer Occupation  
CLARK HILL ATTORNEY

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  
 03 / 19 / 2015

**Transaction ID : SA11AI.15595**

Amount of Each Receipt this Period  
500.00

**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 11 OF 116
	<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)  
**JEFFREY STRUNK**

Mailing Address 3231 RITTENHOUSE ST NW

City WASHINGTON State DC Zip Code 20015

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

Name of Employer FORBES TATE Occupation LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.15585**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**DANIEL TATE**

Mailing Address 4813 QUEBEC ST, NW

City WASHINGTON State DC Zip Code 20016

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

Name of Employer FORBES TATE Occupation LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11AI.15568**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH VON SCHAUMBURG**

Mailing Address 7117 BURTONWOOD DR

City ALEXANDRIA State VA Zip Code 22307

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

Name of Employer CLARK HILL Occupation ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : SA11AI.15588**

Amount of Each Receipt this Period  
 500.00

**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 12 OF 116		
	<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)  
**ERNIE WROTEN**

Mailing Address 998 STANFORD AVENUE  
UNIT 414

City State Zip Code  
BATON ROUGE LA 70808

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

Name of Employer Occupation  
JACOBS ESTIMATOR

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  
02 / 27 / 2015

**Transaction ID : SA11Al.15571**

Amount of Each Receipt this Period  
250.00

**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 / 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).....

250.00

17284.20

**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 116
	<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)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION/MISSOURI COOPERATIVES (FKA MISSOURI ACRE)

Mailing Address PO BOX 1645

City State Zip Code  
JEFFERSON CITY MO 65102

FEC ID number of contributing federal political committee. **C** C00008169

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15624**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City State Zip Code  
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15714**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
AIR LINE PILOTS ASSOCIATION PAC

Mailing Address 1625 MASSACHUSETTS AVE. NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15667**

Amount of Each Receipt this Period  
2000.00

**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 14 OF 116
	<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)  
**AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE**

Mailing Address 1301 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00114694

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15647**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN CRYSTAL SUGAR COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD State MN Zip Code 56560

FEC ID number of contributing federal political committee. **C** C00110338

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  
 02 / 27 / 2015

**Transaction ID : SA11C.15611**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN PETROLEUM INSTITUTE POLITICAL ACTION COMMITTEE (API PAC)**

Mailing Address 220 L STREET, NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00483677

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15673**

Amount of Each Receipt this Period  
 1000.00

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

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

7000.00

**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 116
<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 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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2015

**Transaction ID : SA11C.15717**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE**

Mailing Address P. O. DRAWER 938

City State Zip Code  
THIBODAUX LA 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11C.15617**

Amount of Each Receipt this Period  
5000.00

REFUNDED ON 03/26/2015

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE**

Mailing Address P. O. DRAWER 938

City State Zip Code  
THIBODAUX LA 70302

FEC ID number of contributing federal political committee. **C** C00081414

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  
03 / 31 / 2015

**Transaction ID : SA11C.15664**

Amount of Each Receipt this Period  
4000.00

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

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

10000.00

**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 116
	<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)  
**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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11C.15674**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 2000 K STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00021295

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15644**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**BRYAN CAVE LLP POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F ST NW SUITE 500

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00332643

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15629**

Amount of Each Receipt this Period  
 250.00

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

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

5250.00



**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 116
	<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)  
**CENTURYLINK INC. EMPLOYEES POLITICAL ACTION COMMITTEE**

Mailing Address 1099 NEW YORK AVENUE NW  
SUITE 250

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00419911

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  
 02 / 27 / 2015

**Transaction ID : SA11C.15615**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 6101 BOLLINGER CANYON ROAD  
ROOM 3418

City SAN RAMON State CA Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11C.15666**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**CHS INC. POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 64089

City SAINT PAUL State MN Zip Code 55164-0089

FEC ID number of contributing federal political committee. **C** C00149104

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15706**

Amount of Each Receipt this Period  
 1000.00

**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 18 OF 116
<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)  
**CLARK HILL FEDERAL POLITICAL ACTION COMMITTEE, THE**

Mailing Address **601 PENNSYLVANIA AVE. NW  
SUITE 1000N**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00413484**

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  
**03 / 19 / 2015**

**Transaction ID : SA11C.15715**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City **PHILADELPHIA** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00248716**

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  
**03 / 31 / 2015**

**Transaction ID : SA11C.15697**

Amount of Each Receipt this Period  
**2000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CONTINENTAL AIRLINES INC EMPLOYEE FUND FOR A BETTER AMERICA PAC**

Mailing Address **1600 SMITH STREET  
SUITE HQSGV-19TH FLOOR**

City **HOUSTON** State **TX** Zip Code **77002**

FEC ID number of contributing federal political committee. **C C00101766**

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  
**03 / 31 / 2015**

**Transaction ID : SA11C.15663**

Amount of Each Receipt this Period  
**1000.00**

**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 19 OF 116
<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)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F STREET, NW SUITE 300

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00477653**

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15656**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**DAIRY FARMERS OF AMERICA, INC. - DEPAC (DAIRY EDUCATIONAL POLITICAL ACTION COMMITTEE)**

Mailing Address P.O. BOX 909700

City KANSAS CITY State MO Zip Code 64190

FEC ID number of contributing federal political committee. **C C00001388**

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  
 02 / 20 / 2015

**Transaction ID : SA11C.15607**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ENERGY CORPORATION POLITICAL ACTION COMMITTEE (ENPAC)**

Mailing Address 425 WEST CAPITOL AVENUE, STE24B

City LITTLE ROCK State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C C00363879**

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15718**

Amount of Each Receipt this Period  
2000.00

**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 20 OF 116  
(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)  
**ENTERGY CORPORATION POLITICAL ACTION COMMITTEE (ENPAC)**

Mailing Address 425 WEST CAPITOL AVENUE, STE24B

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C C00363879**

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15679**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address PO BOX 20503

City Indianapolis State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C C00121368**

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15710**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 300 N. MERIDIAN STREET  
 SUITE 2700

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C C00386904**

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15694**

Amount of Each Receipt this Period  
 1000.00

**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: (check only one)	PAGE 21 OF 116
	<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)  
**FLORIDA CRYSTALS CORPORATION PAC (FLORIDA CRYSTALS PAC)**

Mailing Address 401 9TH ST. NW  
SUITE 640

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00296624**

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15669**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**FLORIDA SUGAR CANE LEAGUE PAC**

Mailing Address 1301 PENNSYLVANIA AVE NW  
SUITE 401

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00012328**

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15641**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HALLIBURTON COMPANY PAC**

Mailing Address 801 17TH ST NW  
10TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00035691**

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15690**

Amount of Each Receipt this Period  
 2000.00

**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: (check only one)	PAGE 22 OF 116
	<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)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
78.58

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : SA11C.15636**

Amount of Each Receipt this Period  
78.58

IN-KIND: CATERING SERVICES

**B.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
82.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : SA11C.15637**

Amount of Each Receipt this Period  
3.48

IN-KIND: FACILITY RENTAL

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2082.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2015

**Transaction ID : SA11C.15621**

Amount of Each Receipt this Period  
2000.00

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

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

2082.06

**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 23 OF 116
	<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)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

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  
 02 / 27 / 2015

**Transaction ID : SA11C.15622**

Amount of Each Receipt this Period  
1917.94

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC POLITICAL ACTION COMMITTEE (ICSC PAC)**

Mailing Address 555 12TH STREET, NWSUITE 660

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00217638

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15627**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**IPAA WILDCATTERS FUND**

Mailing Address 1201 15TH STREET, NW  
SUITE 300

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00246306

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15660**

Amount of Each Receipt this Period  
1000.00

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

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

3917.94

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

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

FOR LINE NUMBER: PAGE 24 OF 116  
(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)  
**KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)**

Mailing Address 600 14TH STREET, NW  
SUITE 800

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00236489**

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  
03 / 31 / 2015

**Transaction ID : SA11C.15702**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City State Zip Code  
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

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  
02 / 27 / 2015

**Transaction ID : SA11C.15619**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**MARATHON PETROLEUM CORPORATION EMPLOYEES POLITICAL ACTION COMMITTEE (MPAC)**

Mailing Address 539 S. MAIN STREET

City State Zip Code  
FINDLAY OH 45840

FEC ID number of contributing federal political committee. **C C00496307**

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  
03 / 19 / 2015

**Transaction ID : SA11C.15692**

Amount of Each Receipt this Period  
5000.00

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

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

7000.00



**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 25 OF 116
	<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)  
**MICHIGAN SUGAR COMPANY GROWERS POLITICAL ACTION COMMITTEE**

Mailing Address 2600 SOUTH EUCLID AVENUE

City State Zip Code  
BAY CITY MI 48707

FEC ID number of contributing federal political committee. **C** C00384354

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15689**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
**MINN-DAK FARMERS COOPERATIVE SUGAR PAC**

Mailing Address 7525 RED RIVER ROAD

City State Zip Code  
WAHPETON ND 58075

FEC ID number of contributing federal political committee. **C** C00164939

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15687**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVENUE, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15655**

Amount of Each Receipt this Period  
1000.00

**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: (check only one)	PAGE 26 OF 116
	<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 ASPHALT PAVEMENT ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVENUE, NW  
SUITE 600 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00444539

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  
 03 / 19 / 2015

**Transaction ID : SA11C.15700**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)**

Mailing Address 1212 NEW YORK AVE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00283135

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  
 02 / 27 / 2015

**Transaction ID : SA11C.15609**

Amount of Each Receipt this Period  
 1000.00

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : SA11C.15704**

Amount of Each Receipt this Period  
 1000.00

**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 27 OF 116  
(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)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1101 KING STREET  
SUITE 600**

City State Zip Code  
**ALEXANDRIA VA 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 **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2015**  
**Transaction ID : SA11C.15657**

Amount of Each Receipt this Period  
**2000.00**

B. Full Name (Last, First, Middle Initial)  
**NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address **1850 M STREET, NW  
SUITE 540**

City State Zip Code  
**WASHINGTON DC 20036-5816**

FEC ID number of contributing federal political committee. **C C00130773**

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  
**03 19 2015**  
**Transaction ID : SA11C.15708**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**NATIONAL OCEAN INDUSTRIES ASSOCIATION (NOIA) POLITICAL ACTIO**

Mailing Address **1120 G STREET NW  
SUITE 900**

City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing federal political committee. **C C00409565**

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  
**03 31 2015**  
**Transaction ID : SA11C.15633**

Amount of Each Receipt this Period  
**2000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **5000.00**  
**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 28 OF 116
	<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 STONE, SAND & GRAVEL ASSOCIATION ROCKPAC**

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00089458**

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15649**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE**

Mailing Address POST OFFICE BOX 11070

City COLUMBIA State SC Zip Code 29211

FEC ID number of contributing federal political committee. **C C00278895**

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15685**

Amount of Each Receipt this Period  
 1000.00

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015

**Transaction ID : SA11C.15698**

Amount of Each Receipt this Period  
 2500.00

**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: PAGE 29 OF 116  
(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)  
**NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **THREE COMMERCIAL PLACE**

City **NORFOLK** State **VA** Zip Code **23510**

FEC ID number of contributing federal political committee. **C C00009282**

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  
**03 / 31 / 2015**

**Transaction ID : SA11C.15681**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **1717 PENNSYLVANIA AVE NW  
SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00083857**

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  
**03 / 31 / 2015**

**Transaction ID : SA11C.15631**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **4800 W GATES PASS RD**

City **TUSCON** State **AZ** Zip Code **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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : SA11C.15662**

Amount of Each Receipt this Period  
**2000.00**

**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 30 OF 116
	<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)  
**SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City State Zip Code  
JEFFERSON LA 70183

FEC ID number of contributing federal political committee. **C** C00394957

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15560**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**SOUTHERN COMPANY EMPLOYEES PAC**

Mailing Address 241 RALPH MCGILL BLVD., NE

City State Zip Code  
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C** C00144774

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15635**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 500  
83550 COUNTY RD 21

City State Zip Code  
RENVILLE MN 56284

FEC ID number of contributing federal political committee. **C** C00166348

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15659**

Amount of Each Receipt this Period  
 1000.00

**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 31 OF 116
	<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)  
SOUTHWEST AIRLINES PILOTS' ASSOCIATION POLITICAL ACTION COMMITTEE (SWAPA PAC)

Mailing Address 1450 EMPIRE CENTRAL DRIVE  
SUITE 737

City DALLAS State TX Zip Code 75247

FEC ID number of contributing federal political committee. **C** C00360669

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15643**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

Mailing Address PO BOX 666

City BELLE GLADE State FL Zip Code 33430

FEC ID number of contributing federal political committee. **C** C00254656

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15653**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
TESORO PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 19100 RIDGEWOOD PARKWAY

City SAN ANTONIO State TX Zip Code 78259

FEC ID number of contributing federal political committee. **C** C00358366

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15646**

Amount of Each Receipt this Period  
 1000.00

**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 32 OF 116
<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)  
**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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11C.15676**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE CATERPILLAR INC. EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 100 N.E. ADAMS STREET

City PEORIA State IL Zip Code 61629

FEC ID number of contributing federal political committee. **C** C00148031

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15696**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE DOW CHEMICAL COMPANY EMPLOYEES PAC (DOWPAC)**

Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674

FEC ID number of contributing federal political committee. **C** C00074096

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  
 03 / 31 / 2015

**Transaction ID : SA11C.15651**

Amount of Each Receipt this Period  
 2000.00

**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 33 OF 116
<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)  
**THE EYE OF THE TIGER POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 2485**

City **SPRINGFIELD** State **VA** Zip Code **22152**

FEC ID number of contributing federal political committee. **C C00467431**

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  
**03 / 31 / 2015**

**Transaction ID : SA11C.15678**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**THE WILLIAMS COMPANIES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address **1627 I STREET NW  
STE 900**

City **WASHINGTON** State **DC** Zip Code **20006**

FEC ID number of contributing federal political committee. **C C00040394**

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  
**03 / 31 / 2015**

**Transaction ID : SA11C.15671**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**TRANSPORTATION INTERMEDIARIES ASSOCIATION PAC**

Mailing Address **1625 PRINCE STREET  
SUITE 200**

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

FEC ID number of contributing federal political committee. **C C00335091**

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  
**02 / 27 / 2015**

**Transaction ID : SA11C.15613**

Amount of Each Receipt this Period  
**1000.00**

**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 34 OF 116  
(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)  
**U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE**

Mailing Address 1200 WEST 49TH STREET

City State Zip Code  
HIALEAH FL 33012

FEC ID number of contributing federal political committee. **C C00387720**

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  
02 / 20 / 2015

**Transaction ID : SA11C.15603**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 700 13TH STREET NW  
SUITE 350

City State Zip Code  
WASHINGTON DC 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

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2015

**Transaction ID : SA11C.15605**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code  
ATLANTA GA 30328

FEC ID number of contributing federal political committee. **C C00064766**

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  
03 / 31 / 2015

**Transaction ID : SA11C.15625**

Amount of Each Receipt this Period  
2500.00

**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 116
	<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)  
**VALERO ENERGY CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **ONE VALERO WAY**  
  
 City State Zip Code  
**SAN ANTONIO TX 78249**

FEC ID number of contributing federal political committee. **C C00109546**

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  
**03 31 2015**  
**Transaction ID : SA11C.15695**

Amount of Each Receipt this Period  
**2500.00**

B. Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)**

Mailing Address **1300 1 ST NW - 4TH FLOOR**  
  
 City State Zip Code  
**WASHINGTON DC 20005**

FEC ID number of contributing federal political committee. **C C00186288**

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  
**03 31 2015**  
**Transaction ID : SA11C.15683**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**WESTERN SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE**

Mailing Address **7555 E. HAMPDEN AVE SUITE 600**  
  
 City State Zip Code  
**DENVER CO 80231**

FEC ID number of contributing federal political committee. **C C00446674**

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  
**03 19 2015**  
**Transaction ID : SA11C.15712**

Amount of Each Receipt this Period  
**1000.00**

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

**4500.00**  
**106250.00**

**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 36 OF 116	
	<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) <b>A. ACME OYSTER HOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3535 PERKINS ROAD		Amount of Each Disbursement this Period 49.39
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.15859
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AIRNET GROUP, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address PO BOX 11181		Amount of Each Disbursement this Period 589.60
City CHATTANOOGA	State TN	
Zip Code 37401	Purpose of Disbursement DATA MANAGEMENT SERVICES	Transaction ID : SB17.15252
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>C. APEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 10.00
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement MERCHANT FEES	Transaction ID : SB17.15253
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	599.60
<b>TOTAL</b> 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 37 OF 116	
	<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) <b>A. APEX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 60.00
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement MERCHANT FEES	
Candidate Name		Transaction ID : SB17.15254
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 7539 CORPORATE BLVD #145 TOWNE CENTER AT CEDAR LODGE		Amount of Each Disbursement this Period 51.19
City BATON ROUGE State LA Zip Code 70809	Purpose of Disbursement CHASE 01/05 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name		Transaction ID : SB17.15862
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 7539 CORPORATE BLVD #145 TOWNE CENTER AT CEDAR LODGE		Amount of Each Disbursement this Period 101.60
City BATON ROUGE State LA Zip Code 70809	Purpose of Disbursement CHASE 02/17 CC PAYMENT: MOBILE PHONE EXPENSE	
Candidate Name		Transaction ID : SB17.15945
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:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.00
<b>TOTAL</b> 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 38 OF 116			
	<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) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 7539 CORPORATE BLVD #145 TOWNE CENTER AT CEDAR LODGE		Amount of Each Disbursement this Period 51.19
City	State	
BATON ROUGE	LA	Zip Code 70809
Purpose of Disbursement CHASE 03/10 CC PAYMENT: MOBILE PHONE EXPENSE		Transaction ID : SB17.15967
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. AUSTIN GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 750 E STREET NW		Amount of Each Disbursement this Period 43.25
City	State	
WASHINGTON	DC	Zip Code 20004
Purpose of Disbursement CHASE 02/17 CC PAYMENT: MEETING EXPENSE: MEALS		Transaction ID : SB17.15941
Candidate Name		
Office Sought:	Disbursement For: 2016	[MEMO ITEM]
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. AV EXPRESS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 1721 LOURAY DRIVE		Amount of Each Disbursement this Period 1000.00
City	State	
BATON ROUGE	LA	Zip Code 70808
Purpose of Disbursement AUDIO VISUAL SERVICES		Transaction ID : SB17.15256
Candidate Name		
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> 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 39 OF 116			
	<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) <b>A. MS. JANET S BRITTON</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015		
Mailing Address 2215 S EVERGREEN AVE			Amount of Each Disbursement this Period 434.20		
City GONZALES	State LA	Zip Code 70737	Transaction ID : SB17.15570		
Purpose of Disbursement IN-KIND: CATERING SERVICES		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>B. BULL FEATHERS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015		
Mailing Address 410 FIRST ST SE			Amount of Each Disbursement this Period 30.83		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.15885		
Purpose of Disbursement CHASE 01/05 CC PAYMENT: MEETING EXPENSE: MEALS		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>C. BULL FEATHERS</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015		
Mailing Address 410 FIRST ST SE			Amount of Each Disbursement this Period 48.45		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.15955		
Purpose of Disbursement CHASE 02/17 CC PAYMENT: MEETING EXPENSE: MEALS		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	434.20
<b>TOTAL</b> 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 40 OF 116	
	<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) <b>A. CHEYENNE BURKETTE</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2015
Mailing Address 699 HWY 409		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.15226</b>
City SLAUGHTER	State LA	
Zip Code 70777	Purpose of Disbursement FIELD CONSULTING	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>B. BUSINESS OFFICE SYSTEMS &amp; SERVICE</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2015
Mailing Address 4830 GOVERNMENT STREET		Amount of Each Disbursement this Period 778.29 <b>Transaction ID : SB17.15258</b>
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement EQUIPMENT RENTAL	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>C. CAUSEWAY SOLUTIONS LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address PO BOX 9114		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : SB17.15259</b>
City METAIRIE	State LA	
Zip Code 70055	Purpose of Disbursement STRATEGY CONSULTING	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17278.29
<b>TOTAL</b> 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 41 OF 116	
	<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) <b>A. CAUSEWAY SOLUTIONS LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015		
Mailing Address PO BOX 9114			Amount of Each Disbursement this Period 3500.00		
City METAIRIE	State LA	Zip Code 70055	Transaction ID : SB17.15260		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	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>B. CAUSEWAY SOLUTIONS LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015		
Mailing Address PO BOX 9114			Amount of Each Disbursement this Period 2647.08		
City METAIRIE	State LA	Zip Code 70055	Transaction ID : SB17.15261		
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type			
Candidate Name					
Office Sought:	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>C. CHASE CARD SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015		
Mailing Address PO BOX 94014			Amount of Each Disbursement this Period 8282.52		
City PALATINE	State IL	Zip Code 60094-4014	Transaction ID : SB17.15265		
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Category/ Type			
Candidate Name					
Office Sought:	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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14429.60
<b>TOTAL</b> 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 42 OF 116	
	<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) <b>A. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 94014		Amount of Each Disbursement this Period 39.00
City PALATINE State IL Zip Code 60094-4014	Purpose of Disbursement CHASE 01/05 CC PAYMENT: BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.15848 <b>[MEMO ITEM]</b>
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>B. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 94014		Amount of Each Disbursement this Period 126.33
City PALATINE State IL Zip Code 60094-4014	Purpose of Disbursement CHASE 01/05 CC PAYMENT: BANK FEES	
Candidate Name	Category/Type	Transaction ID : SB17.15900 <b>[MEMO ITEM]</b>
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>C. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO BOX 94014		Amount of Each Disbursement this Period 8244.94
City PALATINE State IL Zip Code 60094-4014	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.15266
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8244.94
<b>TOTAL</b> 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 <b>43</b> OF <b>116</b>
<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. CHASE CARD SERVICES**

Mailing Address PO BOX 94014

City PALATINE State IL Zip Code 60094-4014

Purpose of Disbursement  
CHASE 02/17 CC PAYMENT: BANK FEES

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  
02 / 17 / 2015

Amount of Each Disbursement this Period  
106.05

**Transaction ID : SB17.15922**

**[MEMO ITEM]**

**B. CHASE CARD SERVICES**

Mailing Address PO BOX 94014

City PALATINE State IL Zip Code 60094-4014

Purpose of Disbursement  
CHASE 02/17 CC PAYMENT: BANK FEES

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  
02 / 17 / 2015

Amount of Each Disbursement this Period  
39.00

**Transaction ID : SB17.15926**

**[MEMO ITEM]**

**C. CHASE CARD SERVICES**

Mailing Address PO BOX 94014

City PALATINE State IL Zip Code 60094-4014

Purpose of Disbursement  
CHASE 02/17 CC PAYMENT: BANK FEES

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  
02 / 17 / 2015

Amount of Each Disbursement this Period  
73.18

**Transaction ID : SB17.15956**

**[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 44 OF 116	
	<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) <b>A. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 94014		Amount of Each Disbursement this Period 352.99
City PALATINE State IL Zip Code 60094-4014	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	
Candidate Name		Transaction ID : SB17.15267
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CHASE CARD SERVICES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address PO BOX 94014		Amount of Each Disbursement this Period 19.96
City PALATINE State IL Zip Code 60094-4014	Purpose of Disbursement CHASE 03/10 CC PAYMENT: BANK FEES	
Candidate Name		Transaction ID : SB17.15964 [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)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1526 NORTH FOSTER DR		Amount of Each Disbursement this Period 2.86
City BATON ROUGE State LA Zip Code 70805	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL	
Candidate Name		Transaction ID : SB17.15861 [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)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	352.99
<b>TOTAL</b> 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 45 OF 116	
	<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) <b>A. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1526 NORTH FOSTER DR		Amount of Each Disbursement this Period 10.78
City BATON ROUGE	State LA	
Zip Code 70805		Transaction ID : SB17.15864
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1526 NORTH FOSTER DR		Amount of Each Disbursement this Period 35.02
City BATON ROUGE	State LA	
Zip Code 70805		Transaction ID : SB17.15869
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. CHEVRON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1526 NORTH FOSTER DR		Amount of Each Disbursement this Period 51.24
City BATON ROUGE	State LA	
Zip Code 70805		Transaction ID : SB17.15904
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL		
Candidate Name		[MEMO ITEM]
Office Sought:	Disbursement For: 2016	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 46 OF 116	
	<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) <b>A. TRUDY CLEMENT</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015	
Mailing Address 701 BAYOU LANE			Amount of Each Disbursement this Period 26005.87	
City THIBODAUX	State LA	Zip Code 70301	Transaction ID : SB17.15228	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		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>B. WASHINGTON HILTON</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015	
Mailing Address 1919 CONNECTICUT AVE NW			Amount of Each Disbursement this Period 10900.50	
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : SB17.15228.0	
Purpose of Disbursement CLEMMENT REIMBURSEMENT: TRAVEL: LODGING		Category/ Type		
Candidate Name			[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)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON HILTON</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015	
Mailing Address 1919 CONNECTICUT AVE NW			Amount of Each Disbursement this Period 13541.98	
City WASHINGTON	State DC	Zip Code 20009	Transaction ID : SB17.15228.1	
Purpose of Disbursement CLEMMENT REIMBURSEMENT: FACILITY RENTAL & CATERING SERVICES		Category/ Type		
Candidate Name			[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)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26005.87
<b>TOTAL</b> 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 47 OF 116	
	<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) <b>A. WASHINGTON HILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1919 CONNECTICUT AVE NW		Amount of Each Disbursement this Period 36.00
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement CLEMMENT REIMBURSEMENT: PARKING EXPENSE	
Candidate Name		Transaction ID : SB17.15228.2 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON HILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1919 CONNECTICUT AVE NW		Amount of Each Disbursement this Period 20.00
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement CLEMMENT REIMBURSEMENT: PARKING EXPENSE	
Candidate Name		Transaction ID : SB17.15228.3 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. WASHINGTON HILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1919 CONNECTICUT AVE NW		Amount of Each Disbursement this Period 72.00
City WASHINGTON State DC Zip Code 20009	Purpose of Disbursement CLEMMENT REIMBURSEMENT: PARKING EXPENSE	
Candidate Name		Transaction ID : SB17.15228.4 <b>[MEMO ITEM]</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 48 OF 116	
	<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) <b>A. DISCOUNT MUGS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 12610 NW. 115TH AVE		Amount of Each Disbursement this Period 525.75
City MEDLEY State FL Zip Code 33178	Purpose of Disbursement CLEMMENT REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15228.5 <b>[MEMO ITEM]</b>
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>B. PARTY DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 6700-9 RICHMOND HWY		Amount of Each Disbursement this Period 54.61
City ALEXANDRIA State VA Zip Code 22306	Purpose of Disbursement CLEMMENT REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15228.6 <b>[MEMO ITEM]</b>
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>C. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 3116 COLLEGE DRIVE VILLAGE SQUARE SHOPPING CENTER		Amount of Each Disbursement this Period 10.79
City BATON ROUGE State LA Zip Code 70808	Purpose of Disbursement CLEMMENT REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15228.7 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 49 OF 116			
	<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) <b>A. PARTY UNIVERSE</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1539 MARTIN LUTHER KING BLVD #105		Amount of Each Disbursement this Period 46.80
City HOUMA State LA Zip Code 70360	Purpose of Disbursement CLEMENT REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15228.8 <b>[MEMO ITEM]</b>
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>B. SHIP-N-GEAUX</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 213 SAINT MARY STREET		Amount of Each Disbursement this Period 114.69
City THIBODAUX State LA Zip Code 70301	Purpose of Disbursement CLEMENT REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15228.9 <b>[MEMO ITEM]</b>
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>C. US HOUSE OF REPRESENTATIVES GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address LONGWORTH BLDG		Amount of Each Disbursement this Period 123.75
City WASHINGTON State DC Zip Code 20515	Purpose of Disbursement CLEMENT REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15228.10 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 50 OF 116	
	<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. RITE AID**

Full Name (Last, First, Middle Initial)  
Mailing Address 1815 CONNECTICUT AVE, NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
CLEMMENT REIMBURSEMENT: 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  
03 / 12 / 2015

Amount of Each Disbursement this Period  
12.89

Transaction ID : SB17.15228.11

[MEMO ITEM]

**B. SAM'S CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 9598 CORTANA PLACE

City BATON ROUGE State LA Zip Code 70815

Purpose of Disbursement  
CLEMMENT REIMBURSEMENT: 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  
03 / 12 / 2015

Amount of Each Disbursement this Period  
37.72

Transaction ID : SB17.15228.12

[MEMO ITEM]

**C. MANNY RANDAZZO KING CAKES**

Full Name (Last, First, Middle Initial)  
Mailing Address 3515 N HULLEN ST

City METAIRIE State LA Zip Code 70002

Purpose of Disbursement  
CLEMMENT REIMBURSEMENT: 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  
03 / 12 / 2015

Amount of Each Disbursement this Period  
120.58

Transaction ID : SB17.15228.13

[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 51 OF 116	
	<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) <b>A. PARTY DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 6700-9 RICHMOND HWY		Amount of Each Disbursement this Period 48.61
City ALEXANDRIA State VA Zip Code 22306	Purpose of Disbursement CLEMMENT REIMBURSEMENT: EVENT SUPPLIES	
Candidate Name	Category/Type	<b>Transaction ID : SB17.15228.14</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 241.20
City PHOENIX State AZ Zip Code 85034	Purpose of Disbursement CLEMMENT REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	<b>Transaction ID : SB17.15228.15</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NEW ORLEANS INTERNATIONAL AIRPORT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 900 AIRLINE DRIVE		Amount of Each Disbursement this Period 84.00
City KENNER State LA Zip Code 70062	Purpose of Disbursement CLEMMENT REIMBURSEMENT: PARKING EXPENSE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.15228.16</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 52 OF 116	
	<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) <b>A. WINDSOR COURT HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 300 GRAVIER ST		Amount of Each Disbursement this Period 14.00
City NEW ORLEANS	State LA Zip Code 70112	
Purpose of Disbursement CLEMMENT REIMBURSEMENT: PARKING EXPENSE		Transaction ID : SB17.15228.17
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CONGRESSIONAL INSTITUTE INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1700 DIAGONAL RD #730		Amount of Each Disbursement this Period 1127.00
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: EVENT REGISTRATION FEE		Transaction ID : SB17.15878
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CURB</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 5904 RICHMOND HWY SUITE 600		Amount of Each Disbursement this Period 11.44
City ALEXANDRIA	State VA Zip Code 22303	
Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION		Transaction ID : SB17.15925
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)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 53 OF 116	
	<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. CURB**

Mailing Address 5904 RICHMOND HWY SUITE 600

City ALEXANDRIA State VA Zip Code 22303

Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 12.20

Transaction ID : SB17.15934

[MEMO ITEM]

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

Mailing Address 5904 RICHMOND HWY SUITE 600

City ALEXANDRIA State VA Zip Code 22303

Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 8.93

Transaction ID : SB17.15940

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 21.59

Transaction ID : SB17.15880

[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 54 OF 116	
	<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) <b>A. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 8.66
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15882
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 13.91
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15896
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:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 11.98
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15929
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:		[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 25.11
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.15932 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 19.70
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.15933 <b>[MEMO ITEM]</b>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 8.74
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.15936 <b>[MEMO ITEM]</b>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 17.02

Transaction ID : SB17.15939

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 12.22

Transaction ID : SB17.15950

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. DC TAXI**

Mailing Address 1636 BLADENSBURG ROAD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 26.04

Transaction ID : SB17.15963

[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 57 OF 116	
	<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. DC TAXI**

Full Name (Last, First, Middle Initial)  
Mailing Address 1636 BLADENSBURG ROAD NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CHASE 03/10 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

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  
03 / 10 / 2015

Amount of Each Disbursement this Period  
7.66

Transaction ID : SB17.15970

[MEMO ITEM]

**B. DIAMOND CAB**

Full Name (Last, First, Middle Initial)  
Mailing Address 1100 Q ST NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

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  
01 / 05 / 2015

Amount of Each Disbursement this Period  
11.60

Transaction ID : SB17.15886

[MEMO ITEM]

**C. DIAMOND SHAMROCK**

Full Name (Last, First, Middle Initial)  
Mailing Address 4973 HIGHWAY 182

City HOUMA State LA Zip Code 70364

Purpose of Disbursement  
CHASE 01/05 CC PAYMENT: TRAVEL: FUEL

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  
01 / 05 / 2015

Amount of Each Disbursement this Period  
37.29

Transaction ID : SB17.15858

[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 58 OF 116			
	<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) <b>A. DOLLAR GENERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5652 GOVERNMENT ST		Amount of Each Disbursement this Period 32.70
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement CHASE 01/05 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.15902 <b>[MEMO ITEM]</b>
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>B. EMBASSY SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 900 10TH STREET NW		Amount of Each Disbursement this Period 1329.38
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement CHASE 02/17 CC PAYMENT: FACILITY RENTAL	Transaction ID : SB17.15951 <b>[MEMO ITEM]</b>
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>C. EMBASSY SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 900 10TH STREET NW		Amount of Each Disbursement this Period 636.64
City WASHINGTON	State DC	
Zip Code 20001	Purpose of Disbursement CHASE 02/17 CC PAYMENT: FACILITY RENTAL	Transaction ID : SB17.15954 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 400 THOMAS RD		Amount of Each Disbursement this Period 19.90
City BATON ROUGE	State LA	
Zip Code 70807	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.15912
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. EXXON MOBIL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 400 THOMAS RD		Amount of Each Disbursement this Period 20.25
City BATON ROUGE	State LA	
Zip Code 70807	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.15920
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. EYE WANDER PHOTO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 7341 JEFFERSON HWY		Amount of Each Disbursement this Period 2069.35
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement CHASE 01/05 CC PAYMENT: Photography Services	Transaction ID : SB17.15855
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 24.00
City MEMPHIS	State TN Zip Code 38120	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: DELIVERY SERVICES		Transaction ID : SB17.15850
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FILOMENA RISTORANTE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1063 WISCONSIN AVE NW		Amount of Each Disbursement this Period 139.55
City WASHINGTON	State DC Zip Code 20007	
Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: FOOD		Transaction ID : SB17.15931
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. GOGO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD.,		Amount of Each Disbursement this Period 9.00
City ITASCA	State IL Zip Code 60143	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: TRANSACTION FEE		Transaction ID : SB17.15877
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)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. GOGO</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD.,		Amount of Each Disbursement this Period 9.00
City ITASCA State IL Zip Code 60143	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: TRANSACTION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.15943 <b>[MEMO ITEM]</b>
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>B. GOGO</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 1250 NORTH ARLINGTON HEIGHTS RD.,		Amount of Each Disbursement this Period 9.95
City ITASCA State IL Zip Code 60143	Purpose of Disbursement CHASE 03/10 CC PAYMENT: TRAVEL: TRANSACTION FEE	
Candidate Name	Category/Type	Transaction ID : SB17.15969 <b>[MEMO ITEM]</b>
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>C. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Amount of Each Disbursement this Period 65.00
City MOUNTAIN VIEW State CA Zip Code 94043	Purpose of Disbursement CHASE 01/05 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.15915 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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**

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement CHASE 02/17 CC PAYMENT: ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 75.00

Transaction ID : SB17.15924

[MEMO ITEM]

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

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement CHASE 02/17 CC PAYMENT: ONLINE ADVERTISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 70.30

Transaction ID : SB17.15961

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. GRAND CAB**

Mailing Address 3001 EARL PL NE

City WASHINGTON State DC Zip Code 20018

Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 18.31

Transaction ID : SB17.15923

[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 63 OF 116	
	<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) <b>A. CARISSA GRAVES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 1967 OLEANDER ST.		Amount of Each Disbursement this Period 162.42
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Transaction ID : SB17.15231
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>B. PARK 'N FLY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 1017 AIRLINE DR		Amount of Each Disbursement this Period 38.15
City KENNER	State LA	
Zip Code 70062	Purpose of Disbursement GRAVES REIMBURSEMENT: PARKING EXPENSE	Transaction ID : SB17.15231.0
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PARK 'N FLY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 1017 AIRLINE DR		Amount of Each Disbursement this Period 124.27
City KENNER	State LA	
Zip Code 70062	Purpose of Disbursement GRAVES REIMBURSEMENT: PARKING EXPENSE	Transaction ID : SB17.15231.1
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	162.42
<b>TOTAL</b> 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 116	
	<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) <b>A. CARISSA GRAVES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1967 OLEANDER ST.		Amount of Each Disbursement this Period 836.20 <b>Transaction ID : SB17.15232</b>
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	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>B. SOUTHWEST AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 2702 LOVE FIELD DR		Amount of Each Disbursement this Period 291.20 <b>Transaction ID : SB17.15232.0</b> <b>[MEMO ITEM]</b>
City DALLAS	State TX	
Zip Code 75235	Purpose of Disbursement GRAVES REIMBURSEMENT: TRAVEL: AIR	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>C. THE CONGRESSIONAL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 2001 NEW HAMPSHIRE AVENUE, NW		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.15232.1</b> <b>[MEMO ITEM]</b>
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	836.20
<b>TOTAL</b> 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 116			
	<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. THE CONGRESSIONAL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 2001 NEW HAMPSHIRE AVENUE, NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 12 / 2015

Amount of Each Disbursement this Period: 45.00

Transaction ID : SB17.15232.2

[MEMO ITEM]

**B. CARISSA GRAVES**

Full Name (Last, First, Middle Initial)  
Mailing Address 1967 OLEANDER ST.

City BATON ROUGE State LA Zip Code 70806

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 160.00

Transaction ID : SB17.15233

**C. THE CONGRESSIONAL CLUB**

Full Name (Last, First, Middle Initial)  
Mailing Address 2001 NEW HAMPSHIRE AVENUE, NW

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 90.00

Transaction ID : SB17.15233.0

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 160.00

**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 116	
	<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. ASCENSION REPUBLICAN WOMEN**

Mailing Address P.O. BOX 1514

City PRAIRIEVILLE State LA Zip Code 70769

Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.15233.1

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. REPUBLICAN SPOUSES CLUB**

Mailing Address 2336 S. QUEEN STREET

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement GRAVES REIMBURSEMENT: EVENT REGISTRATION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2015

Amount of Each Disbursement this Period: 40.00

Transaction ID : SB17.15233.2

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. GARRET GRAVES**

Mailing Address 1967 OLEANDER STREET

City BATON ROUGE State LA Zip Code 70806

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: LA District: 06

Date of Disbursement: 01 / 09 / 2015

Amount of Each Disbursement this Period: 324.37

Transaction ID : SB17.15230

**SUBTOTAL** of Disbursements This Page (optional) ..... 324.37

**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 116	
	<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) <b>A. COSTCO WHOLESALE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 1200 S FERN ST		Amount of Each Disbursement this Period 324.37
City ARLINGTON	State VA Zip Code 22202	
Purpose of Disbursement GRAVES REIMBURSEMENT: OFFICE SUPPLIES	Category/Type	<b>Transaction ID : SB17.15230.0</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GARRET GRAVES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 1967 OLEANDER STREET		Amount of Each Disbursement this Period 12.00
City BATON ROUGE	State LA Zip Code 70806	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	<b>Transaction ID : SB17.15234</b>
Candidate Name		
Office Sought: <input checked="" 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: LA District: 06		

Full Name (Last, First, Middle Initial) <b>C. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 12.00
City WASHINGTON	State DC Zip Code 20002	
Purpose of Disbursement GRAVES REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	Category/Type	<b>Transaction ID : SB17.15234.0</b>
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)	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12.00
<b>TOTAL</b> 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 116			
	<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) <b>A. GULA GRAHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 23184.34 <b>Transaction ID : SB17.15268</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
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>B. GULA GRAHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 527.88 <b>Transaction ID : SB17.15269</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
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>C. GULA GRAHAM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 499 S CAPITOL ST SW STE 420		Amount of Each Disbursement this Period 2455.58 <b>Transaction ID : SB17.15270</b>
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement FUNDRAISING CONSULTING	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	26167.80
<b>TOTAL</b> 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 116	
	<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) <b>A. HARRIS TEETER</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 1350 POTOMAC AVE		Amount of Each Disbursement this Period 7.00
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.15938
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HILTON BATON ROUGE</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 201 LAFAYETTE ST		Amount of Each Disbursement this Period 134.47
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15889
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HILTON BATON ROUGE</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 201 LAFAYETTE ST		Amount of Each Disbursement this Period 134.47
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15890
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. HILTON BATON ROUGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 201 LAFAYETTE ST		Amount of Each Disbursement this Period 151.91
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15891
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HILTON BATON ROUGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 201 LAFAYETTE ST		Amount of Each Disbursement this Period 378.42
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15892
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HILTON BATON ROUGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 201 LAFAYETTE ST		Amount of Each Disbursement this Period 151.91
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15893
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. HILTON BATON ROUGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 201 LAFAYETTE ST		Amount of Each Disbursement this Period 2015 134.47
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15894 <b>[MEMO ITEM]</b>
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>B. HILTON CAPITAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1001 16TH ST NW		Amount of Each Disbursement this Period 2015 202.67
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15888 <b>[MEMO ITEM]</b>
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>C. HILTON WASHINGTON</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1919 CONNECTICUT AVE NW		Amount of Each Disbursement this Period 2015 202.67
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15874 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2015 0.00
<b>TOTAL</b> This Period (last page this line number only).....	2015

**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 116	
	<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) <b>A. HILTON WTC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 55 CHURCH STREET		Amount of Each Disbursement this Period 10.00
City NEW YORK	State NY Zip Code 10007	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: LODGING		Transaction ID : SB17.15913
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HOME DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 8181 AIRLINE HIGHWAY		Amount of Each Disbursement this Period 287.65
City BATON ROUGE	State LA Zip Code 70815	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: OFFICE SUPPLIES		Transaction ID : SB17.15921
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 101 CONSTITUTION AVE. NW SUITE 500 WEST		Amount of Each Disbursement this Period 78.58
City WASHINGTON	State DC Zip Code 20001	
Purpose of Disbursement IN-KIND: CATERING SERVICES		Transaction ID : SB17.15638
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	78.58
<b>TOTAL</b> 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 116	
	<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) <b>A. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 101 CONSTITUTION AVE. NW SUITE 500 WEST			Amount of Each Disbursement this Period 3.48
City WASHINGTON	State DC	Zip Code 20001	
Purpose of Disbursement IN-KIND: FACILITY RENTAL		Category/ Type	<b>Transaction ID : SB17.15639</b>
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>B. HOOTSUITE MEDIA INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5 E 8TH AVE			Amount of Each Disbursement this Period 14.99
City VANCOUVER, CA	State ZZ	Zip Code 00000	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: SOFTWARE		Category/ Type	<b>Transaction ID : SB17.15884</b> <b>[MEMO ITEM]</b>
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>C. HOOTSUITE MEDIA INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 5 E 8TH AVE			Amount of Each Disbursement this Period 14.99
City VANCOUVER, CA	State ZZ	Zip Code 00000	
Purpose of Disbursement CHASE 02/17 CC PAYMENT: SOFTWARE		Category/ Type	<b>Transaction ID : SB17.15952</b> <b>[MEMO ITEM]</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.48
<b>TOTAL</b> 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 116	
	<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) <b>A. HOOTSUITE MEDIA INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 5 E 8TH AVE		Amount of Each Disbursement this Period 995.08
City VANCOUVER, CA	State ZZ Zip Code 00000	
Purpose of Disbursement CHASE 03/10 CC PAYMENT: SOFTWARE		Transaction ID : SB17.15972
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HUNAN DYNASTY</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 215 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 1610.90
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement CHASE 02/17 CC PAYMENT: MEETING EXPENSE: MEALS		Transaction ID : SB17.15957
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. MR. BRIAN JODICE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 9884 HOLLOW GLEN PLACE		Amount of Each Disbursement this Period 995.08
City SILVER SPRING	State MD Zip Code 20910	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Transaction ID : SB17.15235
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	995.08
<b>TOTAL</b> 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 116	
	<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) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 398.20
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement JODICE REIMBURSEMENT: TRAVEL: AIR	Transaction ID : SB17.15235.0
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BUDGET CAR RENTAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 9430 JACKIE COCHRAN DR		Amount of Each Disbursement this Period 130.83
City BATON ROUGE	State LA	
Zip Code 70807	Purpose of Disbursement JODICE REIMBURSEMENT: TRAVEL: CAR RENTAL	Transaction ID : SB17.15235.1
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HILTON HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 201 LAFAYETTE		Amount of Each Disbursement this Period 268.94
City BATON ROUGE	State LA	
Zip Code 70801	Purpose of Disbursement JODICE REIMBURSEMENT: TRAVEL: LODGING	Transaction ID : SB17.15235.2
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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. HILTON HOTEL**

Full Name (Last, First, Middle Initial)  
Mailing Address 201 LAFAYETTE

City BATON ROUGE State LA Zip Code 70801

Purpose of Disbursement JODICE REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2015

Amount of Each Disbursement this Period: 197.11

Transaction ID : SB17.15235.3

[MEMO ITEM]

**B. RYAN LAMBERT**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 64845

City BATON ROUGE State LA Zip Code 70896

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2015

Amount of Each Disbursement this Period: 83.99

Transaction ID : SB17.15236

**C. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address 10380 PERKINS RD

City BATON ROUGE State LA Zip Code 70810

Purpose of Disbursement LAMBERT REIMBURSEMENT: DELIVERY SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 12 / 2015

Amount of Each Disbursement this Period: 83.99

Transaction ID : SB17.15236.0

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 83.99

**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 116	
	<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) <b>A. RYAN LAMBERT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address PO BOX 64845		Amount of Each Disbursement this Period 5000.00
City BATON ROUGE	State LA	
Zip Code 70896	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.15237
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>B. LEBANESE TAVERNA</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1101 SOUTH JOYCE STREET		Amount of Each Disbursement this Period 776.10
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement CHASE 02/17 CC PAYMENT: MEETING EXPENSE: MEALS	Transaction ID : SB17.15958
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LEBANESE TAVERNA DC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 2641 CONNECTICUT AVE NW		Amount of Each Disbursement this Period 62.25
City WASHINGTON	State DC	
Zip Code 20008	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.15881
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> 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 116	
	<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) <b>A. MAILCHIMP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 512 MEANS STREET SUITE 404		Amount of Each Disbursement this Period 50.00
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement CHASE 01/05 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.15851 <b>[MEMO ITEM]</b>
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>B. MAILCHIMP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 512 MEANS STREET SUITE 404		Amount of Each Disbursement this Period 50.00
City ATLANTA State GA Zip Code 30318	Purpose of Disbursement CHASE 02/17 CC PAYMENT: ONLINE ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.15927 <b>[MEMO ITEM]</b>
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>C. MARY LEE DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 802 ONEAL LN		Amount of Each Disbursement this Period 34.01
City BATON ROUGE State LA Zip Code 70816	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.15916 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. MCCORMICK &amp; SCHMICKS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 2010 CRYSTAL DRIVE			Amount of Each Disbursement this Period 25.58
City ARLINGTON	State VA	Zip Code 22202	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD			Transaction ID : SB17.15897
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)		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) <b>B. JONATHAN SMITH MICHA</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 550 LEE DRIVE APT. 235			Amount of Each Disbursement this Period 1000.00
City BATON ROUGE	State LA	Zip Code 70808	
Purpose of Disbursement FIELD CONSULTING			Transaction ID : SB17.15241
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>C. MID CITY MARKET</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 714 JEFFERSON HWY			Amount of Each Disbursement this Period 216.91
City BATON ROUGE	State LA	Zip Code 70806	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD			Transaction ID : SB17.15906
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)		[MEMO ITEM]
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> 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 116	
	<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. MJ'S CAFE**

Full Name (Last, First, Middle Initial)  
Mailing Address 672 JEFFERSON HWY

City BATON ROUGE State LA Zip Code 70806

Purpose of Disbursement  
CHASE 01/05 CC PAYMENT: TRAVEL: FOOD

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  
01 / 05 / 2015

Amount of Each Disbursement this Period  
21.00

Transaction ID : SB17.15908

[MEMO ITEM]

**B. MYSTICK KREWE OF LOUISIANIANS, INC.**

Full Name (Last, First, Middle Initial)  
Mailing Address POST OFFICE BOX 80518

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement  
EVENT REGISTRATION FEES

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  
01 / 20 / 2015

Amount of Each Disbursement this Period  
8380.00

Transaction ID : SB17.15272

**C. NEW SOUTH PARKING**

Full Name (Last, First, Middle Initial)  
Mailing Address NEW ORLEANS INTERNATIONAL AIRPORT

City KENNER State LA Zip Code 70062

Purpose of Disbursement  
CHASE 01/05 CC PAYMENT: PARKING 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  
01 / 05 / 2015

Amount of Each Disbursement this Period  
17.00

Transaction ID : SB17.15876

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... 8380.00

**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 116			
	<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) <b>A. NUNGESSER CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1554 LOBDELL AVENUE		Amount of Each Disbursement this Period 45000.00 <b>Transaction ID : SB17.15273</b>
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement FUNDRAISING CONSULTING	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>B. NUNGESSER CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1554 LOBDELL AVENUE		Amount of Each Disbursement this Period 1244.00 <b>Transaction ID : SB17.15274</b>
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement FUNDRAISING CONSULTING	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>C. NUNGESSER CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 1554 LOBDELL AVENUE		Amount of Each Disbursement this Period 42966.33 <b>Transaction ID : SB17.15275</b>
City BATON ROUGE	State LA	
Zip Code 70806	Purpose of Disbursement FUNDRAISING CONSULTING	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89210.33
<b>TOTAL</b> 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 116			
	<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) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3116 COLLEGE DRIVE VILLAGE SQUARE SHOPPING CENTER		Amount of Each Disbursement this Period 9.25
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CHASE 01/05 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.15909
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OTG DCA VENTURE, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address RONALD REAGAN WASHINGTON NATIONAL		Amount of Each Disbursement this Period 2.96
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.15872
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PARTY CITY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 9681 AIRLINE HWY		Amount of Each Disbursement this Period 10.89
City BATON ROUGE	State LA	
Zip Code 70815	Purpose of Disbursement CHASE 01/05 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.15903
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. PHILLIP STUTTS &amp; COMPANY, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015	
Mailing Address 718 7TH STREET NW, 2ND FLOOR			Amount of Each Disbursement this Period 4000.00	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.15276	
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	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>B. PHILLIP STUTTS &amp; COMPANY, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015	
Mailing Address 718 7TH STREET NW, 2ND FLOOR			Amount of Each Disbursement this Period 677.00	
City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SB17.15277	
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type		
Candidate Name				
Office Sought:	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>C. PRIMO CAPPUCCINO</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015	
Mailing Address RONALD REAGAN WASHINGTON NATIONAL 2605 S CLARK ST			Amount of Each Disbursement this Period 8.55	
City ARLINGTON	State VA	Zip Code 22202	Transaction ID : SB17.15875	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4677.00
<b>TOTAL</b> 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 116	
	<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) <b>A. RACETRAC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 13474 LA HIGHWAY 73		Amount of Each Disbursement this Period 27.80
City GEISMER	State LA	
Zip Code 70734	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.15849
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 2552.83
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.15278
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>C. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 4854.76
City BEVERLY	State MA	
Zip Code 01915	Purpose of Disbursement COMPLIANCE CONSULTING	Transaction ID : SB17.15279
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7407.59
<b>TOTAL</b> 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 116			
	<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) <b>A. RED CURVE SOLUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 500 CUMMINGS CENTER SUITE 4400		Amount of Each Disbursement this Period 419.80 <b>Transaction ID : SB17.15280</b>
City BEVERLY State MA Zip Code 01915	Purpose of Disbursement DATABASE MANAGEMENT SERVICES	
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>B. REED ELSEVIER AND LEXISNEXIS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 555 WEST FIFTH STREET		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.15899</b> <b>[MEMO ITEM]</b>
City LOS ANGELES State CA Zip Code 90013	Purpose of Disbursement CHASE 01/05 CC PAYMENT: SUBSCRIPTION	
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>C. KEVIN ROIG</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 623 MARYLAND AVE NE APT B		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.15243</b>
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement STRATEGY CONSULTING	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10419.80
<b>TOTAL</b> 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 116			
	<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) <b>A. KEVIN ROIG</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 623 MARYLAND AVE NE APT B		Amount of Each Disbursement this Period 283.39
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.15244
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>B. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 99 H ST NW		Amount of Each Disbursement this Period 8.40
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement ROIG REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15244.0 [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)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 99 H ST NW		Amount of Each Disbursement this Period 247.42
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement ROIG REIMBURSEMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15244.1 [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)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	283.39
<b>TOTAL</b> 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 116	
	<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) <b>A. FEDEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 942 S SHADY GROVE RD		Amount of Each Disbursement this Period 27.57
City MEMPHIS State TN Zip Code 38120	Purpose of Disbursement ROIG REIMBURSEMENT: DELIVERY SERVICES	
Candidate Name	Category/Type	Transaction ID : SB17.15244.2 <b>[MEMO ITEM]</b>
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>B. KEVIN ROIG</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 623 MARYLAND AVE NE APT B		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.15245
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>C. KEVIN ROIG</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 623 MARYLAND AVE NE APT B		Amount of Each Disbursement this Period 2000.00
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement STRATEGY CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.15246
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7000.00
<b>TOTAL</b> 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 116	
	<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) <b>A. RUTH'S WASHINGTON</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 724 9TH ST NW		Amount of Each Disbursement this Period 540.00
City WASHINGTON	State DC	
Zip Code 20001		Transaction ID : SB17.15928
Purpose of Disbursement CHASE 02/17 CC PAYMENT: MEETING EXPENSE: MEALS		
Candidate Name		[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)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. PAUL SAWYER</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 11814 LAKE ESTATES AVE.		Amount of Each Disbursement this Period 1048.18
City BATON ROUGE	State LA	
Zip Code 70810		Transaction ID : SB17.15247
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		
Candidate Name		[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)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. RUFFINO'S ITALIAN RESTAURANT</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 18811 HIGHLAND ROAD		Amount of Each Disbursement this Period 52.88
City BATON ROUGE	State LA	
Zip Code 70809		Transaction ID : SB17.15247.0
Purpose of Disbursement SAWYER REIMBURSEMENT: MEETING EXPENSE: MEALS		
Candidate Name		[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)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1048.18
<b>TOTAL</b> 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 116			
	<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) <b>A. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 12.25
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15247.1 <b>[MEMO ITEM]</b>
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>B. FAIRFIELD INN &amp; SUITES MARRIOTT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 500 H ST NW		Amount of Each Disbursement this Period 102.02
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: LODGING	
Candidate Name	Category/Type	Transaction ID : SB17.15247.2 <b>[MEMO ITEM]</b>
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>C. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1455 MARKET STREET		Amount of Each Disbursement this Period 11.41
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15247.3 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1455 MARKET STREET		Amount of Each Disbursement this Period 7.77
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.15247.4 <b>[MEMO ITEM]</b>
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>B. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1455 MARKET STREET		Amount of Each Disbursement this Period 7.58
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.15247.5 <b>[MEMO ITEM]</b>
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>C. UBER TECHNOLOGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1455 MARKET STREET		Amount of Each Disbursement this Period 8.93
City SAN FRANCISCO State CA Zip Code 94103	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name		Transaction ID : SB17.15247.6 <b>[MEMO ITEM]</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. SHELMIRE'S AIRPORT CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1970 78TH AVENUE		Amount of Each Disbursement this Period 44.50
City BATON ROUGE	State LA	
Zip Code 70807	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.15247.7
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Amount of Each Disbursement this Period 603.70
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: AIR	Transaction ID : SB17.15247.8
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 10380 PERKINS RD		Amount of Each Disbursement this Period 146.00
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement SAWYER REIMBURSEMENT: POST OFFICE BOX RENTAL	Transaction ID : SB17.15247.9
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. GRAND CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 3001 EARL PL NE		Amount of Each Disbursement this Period 11.83
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15247.10 <b>[MEMO ITEM]</b>
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>B. ROCK CREEK TAXICAB COMPANY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 3619 14TH ST NW		Amount of Each Disbursement this Period 15.42
City WASHINGTON State DC Zip Code 20010	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15247.11 <b>[MEMO ITEM]</b>
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>C. DC TAXI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 1636 BLADENSBURG ROAD NE		Amount of Each Disbursement this Period 9.56
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15247.12 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. GRAND CAB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 3001 EARL PL NE		Amount of Each Disbursement this Period 75.29
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement SAWYER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15247.13
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:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. PAUL SAWYER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 11814 LAKE ESTATES AVE.		Amount of Each Disbursement this Period 75.29
City BATON ROUGE State LA Zip Code 70810	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Transaction ID : SB17.15248
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>C. RED LOBSTER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address 6051 BLUE BONNET BLVD		Amount of Each Disbursement this Period 75.29
City BATON ROUGE State LA Zip Code 70809	Purpose of Disbursement SAWYER REIMBURSEMENT: MEETING EXPENSE: MEALS	
Candidate Name	Category/Type	Transaction ID : SB17.15248.0
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:		<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.29
<b>TOTAL</b> 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 116			
	<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) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3536 DRUSILLA LANE		Amount of Each Disbursement this Period 41.32
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.15857
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3536 DRUSILLA LANE		Amount of Each Disbursement this Period 42.00
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.15867
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3536 DRUSILLA LANE		Amount of Each Disbursement this Period 37.66
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.15870
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116			
	<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) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3536 DRUSILLA LANE		Amount of Each Disbursement this Period 47.32
City BATON ROUGE	State LA	
Zip Code 70809		Transaction ID : SB17.15901
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL		
Candidate Name		[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)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3536 DRUSILLA LANE		Amount of Each Disbursement this Period 23.65
City BATON ROUGE	State LA	
Zip Code 70809		Transaction ID : SB17.15910
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL		
Candidate Name		[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)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3536 DRUSILLA LANE		Amount of Each Disbursement this Period 33.19
City BATON ROUGE	State LA	
Zip Code 70809		Transaction ID : SB17.15919
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FUEL		
Candidate Name		[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)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. SHELL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 3536 DRUSILLA LANE		Amount of Each Disbursement this Period 81.33
City BATON ROUGE	State LA	
Zip Code 70809	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: FUEL	Transaction ID : SB17.15942
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SIR SPEEDY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1825 AVENUE OF AMERICA		Amount of Each Disbursement this Period 3233.71
City MONROE	State LA	
Zip Code 71201	Purpose of Disbursement PRINTING & DESIGN SERVICES	Transaction ID : SB17.15281
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>C. SOUTHEASTERN STRATEGIES INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 14501 GRANDE CAY CIR #2702		Amount of Each Disbursement this Period 2582.43
City FORT MYERS	State FL	
Zip Code 33908	Purpose of Disbursement STRATEGY CONSULTING	Transaction ID : SB17.15282
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5816.14
<b>TOTAL</b> 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 116			
	<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) <b>A. SPEEDZONE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 2385 COLLEGE DR		Amount of Each Disbursement this Period 42.63
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.15911
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SPEEDZONE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 2385 COLLEGE DR		Amount of Each Disbursement this Period 48.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.15918
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STOR-IT MINI WAREHOUSES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3147 COLLEGE DRIVE		Amount of Each Disbursement this Period 53.71
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CHASE 01/05 CC PAYMENT: STORAGE SPACE RENTAL	Transaction ID : SB17.15860
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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**

Mailing Address 3147 COLLEGE DRIVE

City: BATON ROUGE State: LA Zip Code: 70808

Purpose of Disbursement: CHASE 02/17 CC PAYMENT: STORAGE SPACE RENTAL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 02 / 17 / 2015

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.15953

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. STOR-IT MINI WAREHOUSES**

Mailing Address 3147 COLLEGE DRIVE

City: BATON ROUGE State: LA Zip Code: 70808

Purpose of Disbursement: CHASE 03/10 CC PAYMENT: STORAGE SPACE RENTAL

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 03 / 10 / 2015

Amount of Each Disbursement this Period: 80.00

Transaction ID : SB17.15974

[MEMO ITEM]

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

Mailing Address 4631 PERKINS ROAD

City: BATON ROUGE State: LA Zip Code: 70808

Purpose of Disbursement: CHASE 01/05 CC PAYMENT: TRAVEL: FOOD

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 40.00

Transaction ID : SB17.15914

[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 99 OF 116			
	<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) <b>A. SUBWAY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4631 PERKINS ROAD		Amount of Each Disbursement this Period 160.00
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: FOOD	Transaction ID : SB17.15917
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. COLT SUGGS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 699 HWY 409		Amount of Each Disbursement this Period 1500.00
City SLAUGHTER	State LA	
Zip Code 70777	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.15250
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>C. JOSHUA TAYLOR</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 18603 WHITE OAK DRIVE		Amount of Each Disbursement this Period 1000.00
City PRAIRIEVILLE	State LA	
Zip Code 70769	Purpose of Disbursement FIELD CONSULTING	Transaction ID : SB17.15251
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> 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 116	
	<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) <b>A. TAYLOR MEDIA</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2015
Mailing Address PO BOX 1802		Amount of Each Disbursement this Period 7500.00 <b>Transaction ID : SB17.15283</b>
City DENHAM SPRINGS	State LA Zip Code 70727	
Purpose of Disbursement COMMUNICATIONS CONSULTING	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>B. THE CAPITOL HILL CLUB</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2015
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.15285</b>
City WASHINGTON	State DC Zip Code 20003	
Purpose of Disbursement EVENT REGISTRATION FEE	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>C. THE MAIL BAG</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 3030 WATERVIEW AVE		Amount of Each Disbursement this Period 1588.60 <b>Transaction ID : SB17.15949</b> <b>[MEMO ITEM]</b>
City BALTIMORE	State MD Zip Code 21230	
Purpose of Disbursement CHASE 02/17 CC PAYMENT: DIRECT MAIL	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8000.00
<b>TOTAL</b> 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 101 OF 116	
	<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) <b>A. THE POLITICAL FIRM</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 5555 HILTON AVE., SUITE 203		Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB17.15286</b>
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement DIGITAL CONSULTING	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>B. THE POLITICAL FIRM</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2015
Mailing Address 5555 HILTON AVE., SUITE 203		Amount of Each Disbursement this Period 3334.73 <b>Transaction ID : SB17.15287</b>
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement TELEMARKETING SERVICES	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>C. TORTILLA COAST</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 400 FIRST ST SE		Amount of Each Disbursement this Period 50.17 <b>Transaction ID : SB17.15962</b> <b>[MEMO ITEM]</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement CHASE 02/17 CC PAYMENT: MEETING EXPENSE: MEALS	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13334.73
<b>TOTAL</b> 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 116	
	<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) <b>A. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 800 MARKET ST		Amount of Each Disbursement this Period 26.00
City SAN FRANCISCO	State CA	
Zip Code 94102	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.15879
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 800 MARKET ST		Amount of Each Disbursement this Period 12.29
City SAN FRANCISCO	State CA	
Zip Code 94102	Purpose of Disbursement CHASE 03/10 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.15973
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UBER CONFERENCE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 275 SACRAMENTO ST		Amount of Each Disbursement this Period 10.00
City SAN FRANCISCO	State CA	
Zip Code 94111	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TELECONFERENCE FEE	Transaction ID : SB17.15866
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. UBER CONFERENCE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 275 SACRAMENTO ST			Amount of Each Disbursement this Period 10.92
City SAN FRANCISCO	State CA	Zip Code 94111	
Purpose of Disbursement CHASE 02/17 CC PAYMENT: TELECONFERENCE FEE		Category/ Type	<b>Transaction ID : SB17.15947</b>  <b>[MEMO ITEM]</b>
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>B. UBER CONFERENCE</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 275 SACRAMENTO ST			Amount of Each Disbursement this Period 11.10
City SAN FRANCISCO	State CA	Zip Code 94111	
Purpose of Disbursement CHASE 03/10 CC PAYMENT: TELECONFERENCE FEE		Category/ Type	<b>Transaction ID : SB17.15968</b>  <b>[MEMO ITEM]</b>
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>C. UPPERLINE EVENT PRODUCTIONS</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 36508 EVENT RD			Amount of Each Disbursement this Period 475.00
City GEISMAR	State LA	Zip Code 70734	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: EVENT STAGING EXPENSE		Category/ Type	<b>Transaction ID : SB17.15905</b>  <b>[MEMO ITEM]</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 116	
	<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) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 169.10
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.15854
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 191.20
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.15856
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)	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 191.20
City PHOENIX	State AZ Zip Code 85034	
Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: AIR		Transaction ID : SB17.15868
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)	[MEMO ITEM]
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 105 OF 116	
	<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) <b>A. US AIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Amount of Each Disbursement this Period 247.20
City PHOENIX	State AZ	
Zip Code 85034		Transaction ID : SB17.15946
Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: AIR		
Candidate Name		[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)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 10380 PERKINS RD		Amount of Each Disbursement this Period 49.00
City BATON ROUGE	State LA	
Zip Code 70810		Transaction ID : SB17.15852
Purpose of Disbursement CHASE 01/05 CC PAYMENT: POSTAGE		
Candidate Name		[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)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 10380 PERKINS RD		Amount of Each Disbursement this Period 49.00
City BATON ROUGE	State LA	
Zip Code 70810		Transaction ID : SB17.15853
Purpose of Disbursement CHASE 01/05 CC PAYMENT: POSTAGE		
Candidate Name		[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)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 106 OF 116	
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 10380 PERKINS RD		Amount of Each Disbursement this Period 9.80
City BATON ROUGE	State LA	
Zip Code 70810	Purpose of Disbursement CHASE 03/10 CC PAYMENT: POSTAGE	Transaction ID : SB17.15971
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 4001		Amount of Each Disbursement this Period 122.78
City ACWORTH	State GA	
Zip Code 30101	Purpose of Disbursement CHASE 01/05 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.15865
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO BOX 4001		Amount of Each Disbursement this Period 57.09
City ACWORTH	State GA	
Zip Code 30101	Purpose of Disbursement CHASE 02/17 CC PAYMENT: MOBILE PHONE EXPENSE	Transaction ID : SB17.15944
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 107 OF 116			
	<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) <b>A. VIP CAB COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015		
Mailing Address 2606 BLADENSBURG RD NE			Amount of Each Disbursement this Period 16.95		
City WASHINGTON State DC Zip Code 20018		Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.15883		
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)		[MEMO ITEM]	
State: District:					

Full Name (Last, First, Middle Initial) <b>B. VIP CAB COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015		
Mailing Address 2606 BLADENSBURG RD NE			Amount of Each Disbursement this Period 8.93		
City WASHINGTON State DC Zip Code 20018		Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.15887		
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)		[MEMO ITEM]	
State: District:					

Full Name (Last, First, Middle Initial) <b>C. VIP CAB COMPANY</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015		
Mailing Address 2606 BLADENSBURG RD NE			Amount of Each Disbursement this Period 9.74		
City WASHINGTON State DC Zip Code 20018		Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.15895		
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)		[MEMO ITEM]	
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 108 OF 116	
	<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) <b>A. VIP CAB COMPANY</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 2606 BLADENSBURG RD NE		Amount of Each Disbursement this Period 16.76
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15930 <b>[MEMO ITEM]</b>
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>B. VIP CAB COMPANY</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2015
Mailing Address 2606 BLADENSBURG RD NE		Amount of Each Disbursement this Period 13.44
City WASHINGTON State DC Zip Code 20018	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15937 <b>[MEMO ITEM]</b>
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>C. WAL-MART</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2015
Mailing Address 3132 COLLEGE DR.		Amount of Each Disbursement this Period 9.23
City BATON ROUGE State LA Zip Code 70808	Purpose of Disbursement CHASE 01/05 CC PAYMENT: OFFICE SUPPLIES	
Candidate Name	Category/Type	Transaction ID : SB17.15863 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 109 OF 116	
	<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. WAL-MART**

Full Name (Last, First, Middle Initial)  
Mailing Address 3132 COLLEGE DR.

City: BATON ROUGE State: LA Zip Code: 70808

Purpose of Disbursement: CHASE 01/05 CC PAYMENT: OFFICE SUPPLIES

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 16.22

Transaction ID : SB17.15871

[MEMO ITEM]

**B. WAL-MART**

Full Name (Last, First, Middle Initial)  
Mailing Address 3132 COLLEGE DR.

City: BATON ROUGE State: LA Zip Code: 70808

Purpose of Disbursement: CHASE 01/05 CC PAYMENT: OFFICE SUPPLIES

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 01 / 05 / 2015

Amount of Each Disbursement this Period: 53.41

Transaction ID : SB17.15873

[MEMO ITEM]

**C. WAL-MART**

Full Name (Last, First, Middle Initial)  
Mailing Address 3132 COLLEGE DR.

City: BATON ROUGE State: LA Zip Code: 70808

Purpose of Disbursement: CHASE 03/10 CC PAYMENT: OFFICE SUPPLIES

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: 03 / 10 / 2015

Amount of Each Disbursement this Period: 108.80

Transaction ID : SB17.15965

[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 110 OF 116	
	<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) <b>A. WAL-MART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address 3132 COLLEGE DR.		Amount of Each Disbursement this Period 27.25
City BATON ROUGE	State LA	
Zip Code 70808	Purpose of Disbursement CHASE 03/10 CC PAYMENT: OFFICE SUPPLIES	Transaction ID : SB17.15966
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WASHINGTON HILTON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1919 CONNECTICUT AVE NW		Amount of Each Disbursement this Period 202.67
City WASHINGTON	State DC	
Zip Code 20009	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: LODGING	Transaction ID : SB17.15935
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. YELLOW CAB CO OF DC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 1636 BLADENSBURG RD NE		Amount of Each Disbursement this Period 18.56
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement CHASE 01/05 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	Transaction ID : SB17.15898
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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 111 OF 116	
	<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) <b>A. YELLOW CAB CO OF DC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1636 BLADENSBURG RD NE		Amount of Each Disbursement this Period 13.82
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15948 <b>[MEMO ITEM]</b>
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>B. YELLOW CAB CO OF DC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1636 BLADENSBURG RD NE		Amount of Each Disbursement this Period 8.69
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15959 <b>[MEMO ITEM]</b>
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>C. YELLOW CAB CO OF DC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address 1636 BLADENSBURG RD NE		Amount of Each Disbursement this Period 12.17
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement CHASE 02/17 CC PAYMENT: TRAVEL: GROUND TRANSPORTATION	
Candidate Name	Category/Type	Transaction ID : SB17.15960 <b>[MEMO ITEM]</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	261381.86

**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 112 OF 116	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**GARRET GRAVES FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address P. O. DRAWER 938		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB20C.15289</b>
City THIBODAUX State LA Zip Code 70302	Category/ Type	
Purpose of Disbursement CONTRIBUTION REFUND		
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:	

<b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 11250 WAPLES MILL ROAD		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB20C.15292</b>
City FAIRFAX State VA Zip Code 22030	Category/ Type	
Purpose of Disbursement CONTRIBUTION REFUND		
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:	

<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For:	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8000.00
<b>TOTAL</b> This Period (last page this line number only).....	8000.00



**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 113 OF 116	
	<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) <b>A. BLUM FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 2728 ASBURY ROAD SUITE 400		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15205</b>
City DUBUQUE State IA Zip Code 52001	Purpose of Disbursement GENERAL 2014 DEBT RETIREMENT CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: IA District: 01		

Full Name (Last, First, Middle Initial) <b>B. CRESENT HARDY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 753941		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15207</b>
City LAS VEGAS State NV Zip Code 89136	Purpose of Disbursement GENERAL 2014 DEBT RETIREMENT CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NV District: 04		

Full Name (Last, First, Middle Initial) <b>C. DONOVAN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address 440 LEVERETT AVENUE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15209</b>
City STATEN ISLAND State NY Zip Code 10308	Purpose of Disbursement PRIMARY 2015 CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: NY District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 114 OF 116			
	<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) <b>A. ELISE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 500		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15211</b>
City GLENS FALLS	State NY	
Zip Code 12801	Purpose of Disbursement GENERAL 2014 DEBT RETIREMENT CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. GATORPAC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address PO BOX 32		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15291</b>
City MADISONVILLE	State LA	
Zip Code 70447	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 2016	

Full Name (Last, First, Middle Initial) <b>C. HURD FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 761029		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15213</b>
City SAN ANTONIO	State TX	
Zip Code 78245	Purpose of Disbursement GENERAL 2014 DEBT RETIREMENT CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: TX District: 23	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 115 OF 116	
	<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) <b>A. MCSALLY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address PO BOX 19128		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15215</b>
City TUCSON State AZ Zip Code 85731	Purpose of Disbursement PRIMARY 2016 CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: AZ District: 02		

Full Name (Last, First, Middle Initial) <b>B. MIKE BOST FOR CONGRESS COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address PO BOX 1212		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15217</b>
City MURPHYSBORO State IL Zip Code 62966	Purpose of Disbursement GENERAL 2014 DEBT RETIREMENT CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: IL District: 12		

Full Name (Last, First, Middle Initial) <b>C. MOOLENAAR FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 5915 EASTMAN AVENUE SUITE 100		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15219</b>
City MIDLAND State MI Zip Code 48640	Purpose of Disbursement PRIMARY 2014 DEBT RETIREMENT CONTRIBUTION	
Candidate Name	Category/Type	
Office Sought: <input checked="" 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: MI District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 116 OF 116	
	<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) <b>A. POLIQUIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address PO BOX 50		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15221</b>
City OAKLAND	State ME	
Zip Code 04963	Purpose of Disbursement PRIMARY 2016 CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: ME District: 02	

Full Name (Last, First, Middle Initial) <b>B. YOUNG FOR IOWA, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2015
Mailing Address PO BOX 162		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15223</b>
City VAN METER	State IA	
Zip Code 50261	Purpose of Disbursement PRIMARY 2016 CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: IA District: 03	

Full Name (Last, First, Middle Initial) <b>C. ZELDIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 47 FLINTLOCK DRIVE		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.15225</b>
City SHIRLEY	State NY	
Zip Code 11967	Purpose of Disbursement GENERAL 2014 DEBT RETIREMENT CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: NY District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	12000.00