

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

<b>1. NAME OF COMMITTEE IN FULL</b> GARRET GRAVES FOR CONGRESS			
ADDRESS (number and street) PO BOX 64845			
CITY BATON ROUGE		STATE LA	ZIP CODE 70896
<b>2. NAME OF CANDIDATE</b> GRAVES, GARRET, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House LA 06	
<b>4. FEC IDENTIFICATION NUMBER</b> C00558486			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> KATZENMEYER, WILLIAM, K, ,		Name of Employer BATON ROUGE CLINIC	
MAILING ADDRESS 1464 STEELE BLVD.		Date (month, day, year) 10/28/2018	
CITY BATON ROUGE		STATE LA	Amount 1000.00
STATE LA		ZIP CODE 70808	Transaction ID : F6.30827
CITY BATON ROUGE		STATE LA	Occupation PHYSICIAN
<b>B. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	Amount
STATE		ZIP CODE	
CITY		STATE	Occupation
<b>C. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	Amount
STATE		ZIP CODE	
CITY		STATE	Occupation
<b>D. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	Amount
STATE		ZIP CODE	
CITY		STATE	Occupation
<b>E. FULL NAME</b>		Name of Employer	
MAILING ADDRESS		Date (month, day, year)	
CITY		STATE	Amount
STATE		ZIP CODE	
CITY		STATE	Occupation
<b>SIGNATURE (optional)</b> CRATE, BRADLEY, , ,		<b>DATE</b> 10/29/2018	
<i>[Electronically Filed]</i>		<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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