

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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2000 OCT 26 P 12:04

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Graves for Congress</b>		2. FEC IDENTIFICATION NUMBER <b>C00359034</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. <b>P.O. Box 34744</b>		
CITY, STATE and ZIP CODE <b>Kansas City, MO 64116</b>	STATE/DISTRICT <b>MO-6<sup>th</sup></b>	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report
- 12-Day Pre-Election Report for the General (Type of Election)  
election on 11/7/00 in the State of Missouri
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- Termination Report

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>10/1/00</u> through <u>10/18/00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	150,742.15	782,039.64
(b) Total Contribution Refunds (from Line 20(f))	0	3,450.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	150,742.15	778,589.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	182,576.80	566,218.55
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	182,576.80	566,218.55
8. Cash on Hand at Close of Reporting Period (from Line 27)	212,660.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$250.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
Local 202-694-1100

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 <b>Teresa H. Bartels, Deputy Treasurer</b>	Date <b>10/23/00</b>
Signature of Treasurer <i>Teresa H. Bartels</i>	

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (In full)	Report Covering the Period:	
<i>Graves for Congress</i>	From: <i>10/1/00</i>	To: <i>10/18/00</i>
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
<b>(a) Individuals/Persons Other Than Political Committees</b>		
(i) Itemized (use Schedule A)	52,790.76	383,021.27
(ii) Unitemized	13,121.00	0
(iii) Total of contributions from individuals	65,911.76	383,021.27
<b>(b) Political Party Committees</b>	0	0
<b>(c) Other Political Committees (such as PACs)</b>	84,830.39	799,018.37
<b>(d) The Candidate</b>	0	0
<b>(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))</b>	150,742.15	782,039.64
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	0	0
(b) All Other Loans	0	0
(c) TOTAL LOANS (add 13(a) and (b))	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	0	0
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	0	0
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	150,742.15	782,039.64
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	182,576.80	566,218.55
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	0	0
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0	0
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	0	3,450.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	3,450.00
<b>21. OTHER DISBURSEMENTS</b>	0	0
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	182,576.80	569,668.55

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	244,494.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	150,742.15
25. SUBTOTAL (add Line 23 and Line 24)	\$	395,236.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	182,576.80
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	212,660.14

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 15  
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sunny Burge P.O. Box 14 Wheeling, MO 64688	Duck Inn Duck Out Occupation: Owner	10/11/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Woodrow F. Kline 310 S. Washington Chillicothe, MO 64601	Woodys Dodge Jeep Chrysler Occupation: Owner	10/11/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Helms Dobbins 803 Dale Dr. Chillicothe, MO 64601	Citizens Bakeshares Occupation: Banker	10/11/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas W. Ayers 24266 Hook Dr. Brookfield, MO 64628	Investors Federal Bank Occupation: Banker	10/11/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Michael Palmer 17848 Liv 4397 Chillicothe, MO 64601	Self-Employed Occupation: Investor	10/11/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brent A. Kline 7789 Hwy 9 Chillicothe, MO 64601	Self-Employed Occupation: Contractor	10/11/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Young 1127 Fairway Chillicothe, MO 64601	Citizens Bank and Trust Occupation: Banker	10/11/00	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)

\$ 2,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 15  
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Chapman, Jr. Box 228 Chillicothe, MO 64601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Chapman, Pawherd Turner Occupation: Attorney Aggregate Year-to-Date > \$ 1,450.00	10/11/00	\$280.00
Sherwood E. Patek 1706 Clay St. Chillicothe, MO 64601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation: Retired Aggregate Year-to-Date > \$ 250.00	10/11/00	\$50.00
Russ Meyer 29304 E. Pink Hill Rd Grain Valley, MO 64029 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	10/12/00	\$1,000.00
Sheila Meyer 29304 E. Pink Hill Rd. Grain Valley, MO 64029 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	10/12/00	\$1,000.00
Conrad Graham 8914 S. Shrouf Rd. Grain Valley, MO 64029 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	10/12/00	\$300.00
James H. Young 3740 Kimstein Circle Blue Springs, MO 64015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	10/12/00	\$300.00
Allen Leftko 500 main Grain Valley, MO 64029 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	10/12/00	\$250.00

SUBTOTAL of Receipts This Page (optional)

\$3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 15  
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Graves for Congress C00.359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gregory Grounds 1401 NW Wildwood Dr. Blue Springs, MO 64015		10/12/06	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David R Meyer 29511 E. Moreland School Rd. Blue Springs, MO 64014		10/12/06	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jerry Alyea 1304 Main St. Blue Springs, MO 64015		10/12/06	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 450.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marcia J. Tracy RR 1 Box 40 Darnell, MO 64475		10/12/06	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jane Copsey P.O. Box 112 Maitland, MO 64666	Self-Employed	10/12/06	\$286.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Tel. Communications	Aggregate Year-to-Date > \$ 386.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dick Thomson Box 247 Maryville, MO 64468	Nodaway Valley Bank	10/12/06	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Daniel Harris 5821 Menor Ln. Parkville, MO		10/12/06	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2,036.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 15  
FOR LINE NUMBER 11(a)(i)

*Contributions from Individuals*

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NAME OF COMMITTEE (in Full)

*Graves For Congress C00359034*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>R. Don Boutware 27 Court Lane St. Joseph, MO 64506</i>	<i>Self-Employed</i>	<i>10/12/06</i>	<i>\$200.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Attorney</i>	Aggregate Year-to-Date: <i>\$ 700.00</i>	
<i>Cindy I McPhee 5 Summerhill Dr. St Joseph, MO 64501</i>		<i>10/12/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>\$ 1,000.00</i>	
<i>Larry P. McPhee 5 Summerhill Dr. St. Joseph, MO 64501</i>		<i>10/12/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>\$ 1,000.00</i>	
<i>Brent P. Evans 126 Holloway Rd. Bellwin, MO 63011</i>	<i>State of Missouri</i>	<i>10/12/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Representative</i>	Aggregate Year-to-Date: <i>\$ 1,000.00</i>	
<i>Phillip E. Schieber 4401 Hunter Dr. St. Joseph, MO 64506</i>		<i>10/12/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>\$ 1,000.00</i>	
<i>Arnold W. Shipp Box 135 NW Taylor Rd. Union Star, MO 64494</i>		<i>10/12/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>\$ 1,000.00</i>	
<i>Sherril Dunkett 13380 N. Hwy. Platte City, MO 64079</i>		<i>10/12/06</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>\$ 500.00</i>	

SUBTOTAL of Receipts This Page (optional)

*5,700.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 15  
FOR LINE NUMBER 11(a)(i)

*Contributions from Individuals*

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NAME OF COMMITTEE (in Full)

*Graves for Congress C00359034*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Johnson Rt. 2 Box 158 Princeton, MO 64673 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Grand River Mutual Tax Corp Occupation: <i>Manager</i> Aggregate Year-to-Date > \$ <i>1,000.00</i>	10/12/00	\$ 500.00
Terry Steinbecker 4718 Brookwood Ter. St. Joseph, MO 64506 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	St. Joseph Light and Power Co. Occupation: <i>President</i> Aggregate Year-to-Date > \$ <i>500.00</i>	10/12/00	\$ 500.00
Lloyd W Hope 18226 Country Rd St Joseph, MO 64505 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>250.00</i>	10/12/00	\$ 250.00
Glenn Rolf 12352 N. Ave Tarkio, MO 64491 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation: <i>Farmer</i> Aggregate Year-to-Date > \$ <i>350.00</i>	10/12/00	\$ 250.00
Stewart Allen P.O. Box 40 Maryville, MO 64468 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation: <i>Monument Dealer</i> Aggregate Year-to-Date > \$ <i>450.00</i>	10/12/00	\$ 100.00
John C. Marcella 2123 Oaklawn Dr. Chillingohe, MO 64601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>250.00</i>	10/12/00	\$ 100.00
Paul L. Taylor 439 Forsheer Dr. Chesterfield, MO 63017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>1,000.00</i>	10/13/00	\$ 500.00

SUBTOTAL of Receipts This Page (optional)

\$ 2,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

*Contributions from Individuals*

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NAME OF COMMITTEE (In Full)			
<i>Graves for Congress C00359034</i>			
<b>A. Full Name, Mailing Address and ZIP Code</b> <i>David Joe Bentley</i> <i>13760 Clayton Rd.</i> <i>St. Louis, MO 63017</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <i>250.00</i>	Date (month, day, year) <i>10/13/00</i>	Amount of Each Receipt this Period <i>\$250.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <i>Charles A Arnold</i> <i>P.O. Box 161</i> <i>Night City, MO 63390</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <i>350.00</i>	Date (month, day, year) <i>10/13/00</i>	Amount of Each Receipt this Period <i>\$100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> <i>David Tribble</i> <i>614 S. 22nd.</i> <i>Unionville, MO 63565</i>	Name of Employer <i>Farmers Bank of Unionville</i> Occupation <i>Banker</i> Aggregate Year-to-Date > \$ <i>1,000.00</i>	Date (month, day, year) <i>10/13/00</i>	Amount of Each Receipt this Period <i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> <i>Steve Mickelson</i> <i>2707 Galaxie Dr.</i> <i>Maryville, MO 64468</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ <i>500.00</i>	Date (month, day, year) <i>10/13/00</i>	Amount of Each Receipt this Period <i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> <i>Kieth Ottmann</i> <i>Rt. 1 Box 95</i> <i>Rock Port, MO 64482</i>	Name of Employer <i>Self-Employed</i> Occupation <i>Farmer</i> Aggregate Year-to-Date > \$ <i>500.00</i>	Date (month, day, year) <i>10/9/00</i>	Amount of Each Receipt this Period <i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> <i>Robert Harman</i> <i>1129 Waterfield Village Dr.</i> <i>Blue Springs, MO 64014</i>	Name of Employer <i>Retired</i> Occupation <i>Retired</i> Aggregate Year-to-Date > \$ <i>250.00</i>	Date (month, day, year) <i>10/9/00</i>	Amount of Each Receipt this Period <i>\$250.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> <i>Nancy M Karr</i> <i>1815 Pine Ridge Dr.</i> <i>Leavenworth, KS 66048</i>	Name of Employer <i>Karr Holding Co.</i> Occupation <i>Partner</i> Aggregate Year-to-Date > \$ <i>500.00</i>	Date (month, day, year) <i>10/13/00</i>	Amount of Each Receipt this Period <i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	<i>\$3,100.00</i>
TOTAL This Period (last page this line number only)	



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 15  
FOR LINE NUMBER 11 (a) (i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Graves for Congress CDD 359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keren M. Graves 12518 Lakeland Dr. St. Joseph, MO 64506	Mark VII Transportation, Inc.	10/13/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheri Dover 14315 Riverview Dr. Savannah, MO 64485	Health South	10/13/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Nurse	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Gibbs 728 - 6th St. Boonville, MO 64533		10/12/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen Gordon Rt 2 Princeton, MO 64673	Self-Employed	10/11/00	\$289.05 In Kind Fundraising Dinner
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homeowner	Aggregate Year-to-Date > \$ 267.41	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. McGovern 2211 Norfolk, Ste 900 Houston, TX 77098	Self-Employed	10/12/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine G. McGovern 2211 Norfolk, Ste 900 Houston, TX 77098	Self-Employed	10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homeowner	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Claudia C. Helman 640 A. Av. Coronado CA 92118		10/12/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$3,039.05

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E. Holman 640 A Av. Coronado, CA 92118		10/18/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Keller 12936 Rt. D Savannah, MO 64485	Self-Employed	10/18/00	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FARMER	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen A. Brown 18013 N.W. Diamond Ct. Parkville, MO 64152		10/18/00	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Richter La Grange, MO 63448		10/18/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G. Bolin, Jr. 3955 Riverside Ter. St. Joseph, MO 64507	Self-Employed	10/18/00	\$ 125.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Auto Sales	Aggregate Year-to-Date > \$ 1,125.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Stanley Ginn Rt 2 Box 26 Rothville, MO 64676		10/18/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Rath 1302 Ashland Av. St. Joseph, MO 64506	Hillyard, Inc.	10/18/00	\$ 286.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 786.00	

SUBTOTAL of Receipts This Page (optional)

\$3,511.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl J. Divitera 200 W. 53rd St. Kansas City, MO 64112		10/12/00	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W. Van Dyke 4702 W. 86th St. Prairie Village, KS 66207	Bryan Cave	10/12/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Poland 10757 NE Hwy. 69 Cameron, MO 64429	Farmers State Bank	10/12/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banking Executive	Aggregate Year-to-Date > \$250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Bridges 12351 Donovan Dr. St. Joseph, MO 64505	Professional Radiology of St. Joe	10/12/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$550.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William B. Sneed P.O. Box 1000 Georgetown, TX 78627	Texas Crushed Stone Co.	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lindner 3955 Mountgarnery Rd. Norwood, OH 45212		10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Beverly J. Christiansen 7230 Hwy. 169 So. St. Joseph, MO 64507	Self-Employed	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Home maker	Aggregate Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$4,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce E. Twaddle 555 W. Lincoln Maryville, MO 64468	Self-Employed	10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dentist	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Ecker R.R. 1, Box 73 Elmo, MO 64445	Self-Employed	10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Farmer	Aggregate Year-to-Date > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathy King 28284 Earl Charles Maryville, MO 64468		10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas S. Ward 4900 Oak Kansas City, MO 64112		10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debbie Ward 4900 Oak Kansas City, MO 64112		10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. John H. Stauffer 2855 SW MacVicar Topeka, KS 66601		10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.O. Madgett 1700 N Universal Av. Kansas City, MO 64120		10/18/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

\$5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Graves for Congress CDD 359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Derek Clark 14306 Riverview Dr. Savannah, MO 64485	Heartland Health	10/18/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$ 625.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph W. Elliott 10 Fieldcrest Ln. St. Joseph, MO 64506		10/18/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark S. Rhoads 2043 Honeycuckle Ln. Jefferson City, MO 65109	Herzog, Rhoads, & Gray, Inc.	10/18/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Gov't Consultants	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clayton L. Cray, Jr. 20845 - 266th Rd. Atchison, KS 66002		10/18/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wallace W. McClure 31501 E. Truman Rd. Buckner, MO 64010	Retired/Farmer	10/18/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired/Farmer	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brett D. Begehnann 351 Pine Bend Dr. Wildwood, MO 67005	Mansanto	10/18/00	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig D. Livengood 1012 N 5th St. Tarkio, MO 64491	Farmer's State Bank	10/18/00	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

\$2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals

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NAME OF COMMITTEE (in Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Don H. Alexander 810 W. 52nd St. Kansas City, MO 64112	Self-Employed	10/18/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Author</u>	Aggregate Year-to-Date > \$1750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lynette Friess P.O. Box 9790 Jackson, NY		10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lars E. Bader 260 W. 52nd St., #18D New York, NY 10019	Deutsche Bank	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Securities Trader</u>	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter F. Drake 255 Mayflower Rd. Lake Forest, IL 60045	Prudential Securities	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Investment Banker</u>	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas E. Wells, IV 1015 Woodbine Lake Forest, IL 60045	First American Bank	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Banker</u>	Aggregate Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John B. Ward 920 Elm tree Rd. Lake Forest, IL 60045	First American Bank	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Banker</u>	Aggregate Year-to-Date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lucius A. D. Andrew, III The Highlands Seattle, WA 98177	Self-Employed	10/18/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Investor</u>	Aggregate Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$6,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara W. Kenney 16245 S.E. 31 St. Bellevue, WA 98008	Self-Employed	10/18/06	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Home maker Aggregate Year-to-Date: \$1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David O. Jones 128 Brookedge Dr. Hampshire, IL 60140	First American Bank	10/18/06	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Banker Aggregate Year-to-Date: \$1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy McCutcheon 2011 S. Helena Spokane, WA 99203	Self-Employed	10/18/06	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor Aggregate Year-to-Date: \$1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. W. Salanski 609 North 2nd St Joseph, MO 64501	Wire Rope Corp. of America	10/18/06	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date: \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Health Benefit Professionals, LLC 10501 Lee Blvd. Leawood, KS 66206		10/18/06	\$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: \$300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Terrence Kilroy 817 W. 61st Terr. Kansas City, MO 64117	Shughart, Thomson Kilroy	10/18/06	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven C. Krueger 1501 Arrowhead Trail Blue Springs, MO 64015	Morrison + Hecker	10/18/06	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date: \$250.00		

SUBTOTAL of Receipts This Page (optional)

\$4,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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Contributions from Individuals

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NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Duncan Alexander 41 W 908 Hughes Rd. Elburn, IL 60119	American Life Stock Insurance	10/19/00	\$1,300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$ 1,300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David L. Erick's 5005 Glownese Tallahassee, FL 32308		10/19/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael A. Merriman 300 W. 11 <sup>th</sup> Kansas City, MO 64105	Financial Holding Corporation	10/19/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rick A. Porter 410 E. 14 <sup>th</sup> Macyville, MO 64468	Carter's Clinic Pharmacy	10/19/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pharmacist	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shirley Bush Hatzberg 5805 Mission Dr. Shawnee Mission, KS 66208		10/19/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donna C. Nash 23585 Hwy 371 Dearborn, MO 64439	Platte County	10/11/00	\$ 60.00 In Kind Postage
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Collector of Revenue	Aggregate Year-to-Date > \$ 60.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harry Lucas, Jr. 98 Jacinto Blvd, Ste 510 Austin, TX 78701		10/14/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$3,810.00

TOTAL This Period (last page this line number only)



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 151 OF 15  
FOR LINE NUMBER 11 (a) (i)

Contributions from Individuals

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)

Graves for Congress COO 359034

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>Butch Mether</u> <u>P.O. Box 157</u> <u>Westboro, MO 64498</u>		<u>10/18/00</u>	<u>\$750.00</u> <u>In-Kind</u> <u>Postage</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>750.00</u>	
<u>Michael Poland</u> <u>10757 NE 69<sup>th</sup> St</u> <u>Cameron, MO 64429</u>	<u>Farmer's State Bank</u>	<u>10/10/00</u>	<u>\$170.00</u> <u>In-Kind</u> <u>Fundraising Event</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Banker</u>	Aggregate Year-to-Date > \$ <u>770.00</u>	
<u>Dan Hegeman</u> <u>P.O. Box 212</u> <u>Cosby, MO 64436</u>	<u>State of Missouri</u>	<u>10/17/00</u>	<u>\$199.71</u> <u>In-Kind</u> <u>Fundraising Event</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Representative</u>	Aggregate Year-to-Date > \$ <u>200.00</u>	
<u>See Lyle</u> <u>P.O. Box 207</u> <u>Savannah, MO 64485</u>		<u>10/17/00</u>	<u>\$675.00</u> <u>In-Kind</u> <u>Fundraising Event</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <u>775.00</u>	
<u>James Giardina</u> <u>11 Country Life Acres</u> <u>St. Louis, MO 63131</u>	<u>Community Care Center</u>	<u>9/30/00</u>	<u>\$2,000 Memo</u> <u>See 10/15 report</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>President</u>	<u>10/13/00</u>	<u>(1,000) Memo</u> <u>Reattribution</u>
<u>Dorothy Giardina</u> <u>11 Country Life Acres</u> <u>St. Louis, MO 63131</u>	<u>Self-Employed</u>	<u>10/13/00</u>	<u>\$1,000.00</u> <u>memo</u> <u>Reattribution</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>Homemaker</u>	Aggregate Year-to-Date > \$ <u>2,000.00</u>	<u>See Above</u>
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$1,794.71

TOTAL This Period (last page this line number only)

\$52,790.76

SCHEDULE A

ITEMIZED RECEIPTS

*Contributions from other Political Committees*

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

PAGE 11 OF 110  
FOR LINE NUMBER 11 (C)

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)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Citizens for Logresso 1080 W. South Outer Rd. Blue Springs, MO 64015</i>		<i>10/12/00</i>	<i>\$100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	
<i>Sprint Corporation PAC 2330 Shawnee Mission Pkwy Westwood, KS 66205</i>		<i>10/12/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,000.00</i>	
<i>TRUCK PAC 430 First St. Washington, D.C. 20003</i>		<i>10/12/00</i>	<i>\$2,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>2,000.00</i>	
<i>Brown Builders PAC P.O. Box 3 Houston, TX 77001</i>		<i>10/12/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,000.00</i>	
<i>Friends of Ron Packard P.O. Box 1549 Certsbad, CA 92018</i>		<i>10/12/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,000.00</i>	
<i>Prax Air PAC P.O. Box 2952 Danbury Ct. 06813</i>		<i>10/12/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,000.00</i>	
<i>National Health Care PAC 100 Vine St. Murfreesboro, TN 37130</i>		<i>10/5/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500.00</i>	

SUBTOTAL of Receipts This Page (optional)

*\$5,600.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 10  
FOR LINE NUMBER 11 (C)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (In Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>United Health Group, Inc PAC 1225 New York Av., Ste. 475 Washington, D.C. 20005</i>		<i>10/12/00</i>	<i>\$ 5,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 5,000.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>AG PAC P.O. Box 2047 Omaha, NE 68103</i>		<i>10/12/00</i>	<i>\$ 2,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 2,500.00</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Next Century Fund P.O. Box 99779 Raleigh, N.C. 27624</i>		<i>10/12/00</i>	<i>\$ 1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Conservative Victory Fund 422 First St., S.E. Washington, D.C. 20003</i>		<i>10/12/00</i>	<i>\$ 500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Rain and Hail Ins. Society, PAC 1501 50th Street West Des Moines, IA 50264</i>		<i>10/12/00</i>	<i>\$ 500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 500.00</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Anita Hecker for Senate Campaign Com. 9811 Eagle Crest Ct. Sunset Hills, MO 63127</i>		<i>10/13/00</i>	<i>\$ 500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 500.00</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Johnson + Johnson PAC One Johnson + Johnson Plaza New Brunswick, NJ 08933</i>		<i>10/5/00</i>	<i>\$ 1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	

SUBTOTAL of Receipts This Page (optional)

*\$ 11,000.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 10  
FOR LINE NUMBER 11(c)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (In Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>RSD PAC P.O. Box 718 Winston-Salem, NC 27102</i>		<i>10/12/06</i>	<i>\$1,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 3,000.00</i>	
<i>El Paso Energy Corp. PAC 601 13th St., NW, Ste. 850 South Washington, D.C. 20005</i>		<i>10/13/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
<i>Grundylowity Republican Women's Trenton, MO 64683 Club</i>		<i>10/13/00</i>	<i>\$ 75.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 75.00</i>	
<i>Ashland Inc. PAC P.O. Box 391 Ashland, KY 41114</i>		<i>10/13/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
<i>Blue Choice PAC 1831 Chestnut St St Louis, MO 63103</i>		<i>10/5/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
<i>Glaxo Wellcome PAC Five Moore Dr. Research Triangle Park, NC 27709</i>		<i>10/5/06</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 3,000.00</i>	
<i>BI PAC 888 - 16th St., N.W. Ste. 305 Washington, D.C. 20006</i>		<i>10/4/06</i>	<i>\$155.39</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 4,155.39</i>	<i>In-Kind Fundraising Publications</i>

SUBTOTAL of Receipts This Page (optional)

*\$ 5,730.39*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 110  
FOR LINE NUMBER 11(S)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (in Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Mississippi Band of Choctaw Indians P.O. Box 6090 Philadelphia, MS 39350</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
<i>eBay, Inc. PAC 101 Park Center Plaza, Ste 1160 San Jose, CA 95113</i>		<i>10/18/00</i>	<i>\$250.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 250.00</i>	
<i>Wisconsin Leadership PAC 888 - 16<sup>th</sup> St., N.W., Ste 700 Washington, D.C. 20006</i>		<i>10/18/00</i>	<i>\$3,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 3,500.00</i>	
<i>Outback Steakhouse PAC 550 N. Red St., Ste. 204 Tampa, FL 33609</i>		<i>10/18/00</i>	<i>\$3,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 3,000.00</i>	
<i>ECOLAB, Inc. PAC Ecolab Center St. Paul, MN 55102</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
<i>John Deere PAC One John Deere Place Moline, IL 61265</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
<i>Friends of Rex Barnett Maryville, MO 64468</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,500.00</i>	

SUBTOTAL of Receipts This Page (optional)

*10,750.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 10  
FOR LINE NUMBER 11(C)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (in Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>National Hardwood Lumber Ass. PAC P.O. Box 34518 Memphis, TN 38184</i>		<i>10/18/00</i>	<i>\$ 750.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 750.00</i>	
<i>JRW Good Government Fund 1900 Richmond Rd. Cleveland, OH 44124</i>		<i>10/18/00</i>	<i>\$ 500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 500.00</i>	
<i>Express Services, Inc. PAC 6300 NW Expressway St, Ste 200 Oklahoma City, OK 73132</i>		<i>10/18/00</i>	<i>\$ 500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 500.00</i>	
<i>Citizens for Shields 47 Erin Court St. Joseph, MO 64507</i>		<i>10/18/00</i>	<i>\$ 100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 350.00</i>	
<i>Citizens for Hegeman P.O. Box 212 Casby, MO 64436</i>		<i>10/18/00</i>	<i>\$ 100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 925.00</i>	
<i>General American Life Ass., PAC P.O. Box 346 St. Louis, MO 63166</i>		<i>10/18/00</i>	<i>\$ 1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 1,000.00</i>	
<i>PAC of MHA P.O. Box 60 Jefferson City, MO 65102</i>		<i>10/18/00</i>	<i>\$ 500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$ 500.00</i>	

SUBTOTAL of Receipts This Page (optional)

*\$3,450.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 10  
FOR LINE NUMBER 11 (C)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (In Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Brown &amp; Williamson Tobacco Corp. P.O. Box 35090 Employee DAE Louisville, KY 40232</i>		<i>10/18/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$500.00</i>	
<i>Patroleum Marketers Ass. of America DAE 1901 N. Fort Myer Dr., Ste 1200 Arlington, VA 22209</i>		<i>10/18/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$500.00</i>	
<i>IPAA Wildcaters Fund, DAE 1101 - 16th St. N.W. Washington, D.C. 20036</i>		<i>10/18/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$500.00</i>	
<i>People of Faith, DAE 5028 Centennial Oak Cir. Tallahassee, FL 32308</i>		<i>10/18/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$500.00</i>	
<i>Conservative Victory Fund 104 North Carolina Av., SE Washington, D.C. 20003</i>		<i>10/18/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$1,500.00</i>	
<i>Bread DAE 1350 I St., NW, Ste 1290 Washington, D.C. 20005</i>		<i>10/18/00</i>	<i>\$300.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$300.00</i>	
<i>Restoring the American Dream, DAE 126 Ottawa Av., NW, Ste 50 Grand Rapids, MI 49503</i>		<i>10/18/00</i>	<i>\$5,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$5,000.00</i>	

SUBTOTAL of Receipts This Page (optional)

*\$7,800.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 10  
FOR LINE NUMBER 11 (C)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (in Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Trinity Industries Employee, PAC 2525 Stemmons Fwy. Dallas, TX 75207</i>		<i>10/18/00</i>	<i>\$ 4,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>4,000.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>CAT PAC 400 Capitol Mall, Ste. 1560 Sacramento, CA 95814</i>		<i>10/18/00</i>	<i>\$ 3,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000.00</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>National Restaurant Ass., PAC 1200 - 17th St., N.W. Washington, D.C. 20036</i>		<i>10/18/00</i>	<i>\$ 2,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>2,500.00</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Union Pacific Corp. Fund for Effective 600 - 13th St., NW, Ste. 340 Government Washington, D.C. 20005</i>		<i>10/18/00</i>	<i>\$ 2,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000.00</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>The New Republican Majority Fund, 201 N. Union, Ste 530 PAC Alexandria, VA 22314</i>		<i>10/18/00</i>	<i>\$ 2,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>3,000.00</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Pricewaterhouse Coopers, PAC 1900 K St., NW Washington, D.C. 20006</i>		<i>10/18/00</i>	<i>\$ 1,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>2,500.00</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Deloitte + Touche, PAC P.O. Box 365 Washington, D.C. 20044</i>		<i>10/18/00</i>	<i>\$ 1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>2,000.00</i>	

SUBTOTAL of Receipts This Page (optional)

*\$ 16,500.00*

TOTAL This Period (last page this line number only)



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 10  
FOR LINE NUMBER 11 (C)

*Contributions from other Political Committees*

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)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>American Ass. of Nurse Anesthetists, 412 - 1st St., SE, Ste 12 PAC Washington, D.C. 20003</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$1,000.00</i>	
<i>MBA Federal PAC 207 E. Capital Av. Jefferson City, MO 65101</i>		<i>10/16/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$7,000.00</i>	
<i>Texas Freedom Fund, PAC P.O. Box 6136 Alexandria, VA 22306</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$1,000.00</i>	
<i>Physical Therapy, PAC 1111 N. Fairfax St. Alexandria, VA 22314</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$2,000.00</i>	
<i>Dealers Election Action Plan of the National Automobile Dealers Ass. PAC 8400 Westpark Dr. McLean, VA 22102</i>		<i>10/18/00</i>	<i>\$2,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$7,500.00</i>	
<i>Pfizer PAC 235 E. 42nd St. New York, NY 10017</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$1,000.00</i>	
<i>Tom Delay Congressional Committee 16707 Corporate Dr., Ste. 130 Stafford, TX 77477</i>		<i>10/18/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <i>\$1,000.00</i>	

SUBTOTAL of Receipts This Page (optional)

*\$8,500.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 10  
FOR LINE NUMBER 11 (c)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (in Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Credit Union Legislative Action Council 805 - 15th St., NW, Ste 300 PAC Washington, D.C. 20005</i>		<i>10/19/00</i>	<i>\$5,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000.00</i>	
<i>Victory PAC P.O. Box 525 St. Petersburg, FL 33731</i>		<i>10/19/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,000.00</i>	
<i>Kansas City Life Employees PAC 3520 Broadway Kansas City, MO 64111</i>		<i>10/19/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1,500.00</i>	
<i>Deposit Good Gov't Fund, PAC 1007 Market St. Wilmington, DE 19898</i>		<i>10/19/00</i>	<i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500.00</i>	
<i>Pine Water House Cooper, PAC 1900 K St., NW Washington, D.C. 20006</i>		<i>10/17/00</i>	<i>\$2,500.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000.00</i>	
<i>Right to Work, PAC 5240 Port Royal Rd, Ste 211 Springfield, VA 22151</i>		<i>10/17/00</i>	<i>\$1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>3,000.00</i>	
<i>Bayou Leader, PAC 524 Fort Williams Parkway Alexandria, VA 22304</i>		<i>10/18/00</i>	<i>\$2,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>5,000.00</i>	

SUBTOTAL of Receipts This Page (optional)

*\$12,500.00*

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 10  
FOR LINE NUMBER 11 (C)

*Contributions from other Political Committees*

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NAME OF COMMITTEE (in Full)

*Graves for Congress*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Wal DAR 702 SW 8th St. Bentonville, AR 72716</i>	Occupation	<i>10/13/00</i>	<i>\$2,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>4,500.00</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Family PAC Federal 414 Orleans Plaza, Ste 312 Chicago IL 60610</i>	Occupation	<i>10/18/00</i>	<i>\$1,000.00 In-Kind Consulting Services</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1,000.00</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

*\$3,000.00*

TOTAL This Period (last page this line number only)

*\$84,830.39*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 17

*Operating Expenditures - General*

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)

*Graves for Congress C00359034*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Sprint PO Box 152046 Irving, TX 75015</i>	<i>Communication Services</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/1/00</i>	<i>\$173.58</i>
<i>AT+T Universal Card Services P.O. Box 44167 Jacksonville, FL 32231</i>	<i>Communication Services</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/1/00</i>	<i>\$327.68</i>
<i>Copiers Plus 7001 N. Larch St Ste 163 Gladstone, MO 64116</i>	<i>Office Supplies</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/1/00</i>	<i>\$272.35</i>
<i>A+m Printing 6818 NW Tower Dr. Kansas City, MO 64151</i>	<i>Signage</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/1/00</i>	<i>\$229.01</i>
<i>Conquest Communications 2108 W. Le Burnum Richmond, VA 23227</i>	<i>Printing</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/1/00</i>	<i>\$8,601.80</i>
<i>Dirt Road Publications P.O. Box 1330 Stowe VT 05672</i>	<i>Radio + TV Production</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/2/00</i>	<i>\$20,723.00</i>
<i>McAuliffe Message Media P.O. Box 25991 Alexandria, VA 22314</i>	<i>Television + Radio</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/2/00</i>	<i>\$45,000.00</i>
<i>Bank of America 4136 N. Cox Trafficway Kansas City, MO 64116</i>	<i>Certified Check for Payroll</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/4/00</i>	<i>\$9,986.20</i>
<i>Keelan Communications P.O. Box 2776 Arlington, VA 22202</i>	<i>Fundraising Consultant</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$12,710.58</i>

SUBTOTAL of Disbursements This Page (optional)

*\$97,424.20*

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3  
FOR LINE NUMBER 17

*Operating Expenditures - General*

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NAME OF COMMITTEE (In Full)

*Graves for Congress C00359034*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Fabrizio McLaughlin 915 King St, Second Floor Alexandria, VA 22314</i>	<i>Polling</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$16,220.00</i>
<i>McAuliffe Message Media P.O. Box 25991 Alexandria, VA 22314</i>	<i>Television, Radio</i> Disbursement for: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$5,000.00</i>
<i>Community Press, Inc. 1016 N. Washington Chillikee, MO 64601</i>	<i>Printing</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$2,334.01</i>
<i>Ratie Swaney 15855 Country Lane East Platte City, MO 64079</i>	<i>Reimbursement for Expenses</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$1,434.72</i>
<i>Ginger Langmeier 208 Marshall Jefferson City, MO 65101</i>	<i>Reimbursement for Expenses</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$235.06</i>
<i>A+M Printing 6818 NW Tower Dr. Kansas City, MO 64151</i>	<i>Signage</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$59.07</i>
<i>Tuf-Flight Platte Towers 6600 NW Tower Dr., Ste. E Platte Woods, MO 64151</i>	<i>Rent</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$458.00</i>
<i>Socket Internet Services P.O. Box 7716 Columbia, MO 65205</i>	<i>Internet Service</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$59.95</i>
<i>Sprint P.O. Box 152046 Irving, TX 75015</i>	<i>Communication Services</i> Disbursement for: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/9/00</i>	<i>\$30.30</i>

SUBTOTAL of Disbursements This Page (optional)

*\$25,831.11*

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 313 OF 3  
FOR LINE NUMBER 17

Operating Expenditures - General

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NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southwestern Bell P.O. Box 940012 Dallas, TX 75394	Communication Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/9/00	\$ 518.10
McAuliffe Message Media P.O. Box 25991 Alexandria, VA 22314	Radio + Television Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$ 50,000.00
Dirt Road Publications P.O. Box 1330 Stowe, VT 05672	Radio + TV Production Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	\$ 4,407.00
Brad Lager 616 Pierce Av. Maryville, MO 64468	Telephone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	\$ 50.00
Randy Reed Pontiac 7113 N. Oak Trafficway Kansas City, MO 64118	Campaign Expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 150.00
Herzog Construction P.O. Box 1089 St. Joseph, MO 64502	Football tickets Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 440.00
Herzog Construction (Same as Above)	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 21.00
Herzog Construction (Same as Above)	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 21.00
Herzog Construction (Same as Above)	Phone Service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$ 20.50

SUBTOTAL of Disbursements This Page (optional)

\$ 55,627.60

TOTAL This Period (last page this line number only)

\$ 179,277.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 111 OF 17  
FOR LINE NUMBER 17

*Operating Expenditures - In-Kind Contributions*

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NAME OF COMMITTEE (In Full)

Graves for Congress C00359034

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
8Z PAC 888 - 16 <sup>th</sup> St., N.W., Ste. 305 Washington, D.C. 20006	Fundraising Publication Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/4/00	\$155.39 In-Kind Received
Ellen Gordon Rt 2 Princeton, NJ 08540	Fundraising Dinner Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$289.05 In-Kind Received
Donna L. Nash 23585 Hwy 371 Dearborn, MI 48124	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/00	\$60.00 In-Kind Received
Family PAC Federal 414 Orleans Plaza, Ste 312 Chicago, IL 60610	Consulting Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/00	\$1,000.00 In-Kind Received
Butch Mather P.O. Box 157 Westboro, MA 01581	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	\$750.00 In-Kind Received
Michael Poland 10757 NE 69 <sup>th</sup> St. Cameron, MA 01829	Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	\$170.00 In-Kind Received
Dan Hegeman P.O. Box 212 Cosby, MA 01460	Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/00	\$199.71 In-Kind Received
Joe Lytle P.O. Box 207 Savannah, GA 31405	Fundraising Event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/00	\$675.00 In-Kind Received
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$3,299.15

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>Graves for Congress</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Bred Lager 616 Pieree Av. Maryville, MO 64468	\$50.00	0	\$50.00	0
Nature of Debt (Purpose): Debt in lieu of in-kind (6/15/80)				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Boyles Motors Inc. 204 N. Market St. Maryville, MO 64468	\$250.00	0	0	\$250.00
Nature of Debt (Purpose): Car Lease				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Reed Pontiac 7113 N. Oak Trafficway Kansas City, MO 64118	\$150.00	0	\$150.00	0
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				\$250.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-23-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
JG.	10-26-00
PREPARER	DATE PREPARED