

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Graves for Congress

ADDRESS (number and street)

PO Box 201

(Check if address is changed)

Platte City

CITY ▲

MO

STATE ▲

64079

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

compliance@henryalan.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

gravesforcongress.com

2. DATE

MM / DD / YYYY  
05 / 23 / 2022

3. FEC IDENTIFICATION NUMBER ▶

C C00359034

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bradshaw, Jean Paul, , ,

Signature of Treasurer

Bradshaw, Jean Paul, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 29 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Graves, Samuel, B., , Jr.

Candidate Party Affiliation REP Office Sought:  House  Senate  President State MO District 06

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_

C \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

# Graves for Congress

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**  
Show-Me Political Action Committee


Mailing Address

2345 Grand Blvd		
Ste 2400		
Kansas City	MO	64108-2642
CITY ▲	STATE ▲	ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Bradshaw, Jean Paul, , ,

Mailing Address

2345 Grand Boulevard		
Suite 2400		
Kansas City	MO	64108-2642
CITY ▲	STATE ▲	ZIP CODE ▲

Title or Position ▼

Custodian of Records Telephone number 816 - 460 - 5507

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Bradshaw, Jean Paul, , ,

Mailing Address

2345 Grand Boulevard		
Suite 2400		
Kansas City	MO	64108-2642
CITY ▲	STATE ▲	ZIP CODE ▲

Title or Position ▼

Treasurer Telephone number 816 - 460 - 5507

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number [Empty grid]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Country Club Bank, NA

[Empty grid for Country Club Bank, NA]

Mailing Address

P.O. Box 410889 [Empty grid]

[Empty grid for Mailing Address line 2]

Kansas City MO 64141 [Empty grid]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

UMB Bank, NA

[Empty grid for UMB Bank, NA]

Mailing Address

1010 Grand [Empty grid]

[Empty grid for Mailing Address line 2]

Kansas City MO 64106 [Empty grid]

CITY ▲

STATE ▲

ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). Joint Fundraising Participant:

1.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
2.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
3.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>
4.	<input type="text"/>	FEC ID number	<input type="text" value="C"/>

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Sam Graves Victory Fund

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲  
 Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number – optional)

Full Name   
Mailing Address   
  
 CITY ▲ STATE ▲ ZIP CODE ▲  
TITLE OR POSITION ▼ Telephone Number --

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.   
Mailing Address   
  
 CITY ▲ STATE ▲ ZIP CODE ▲