Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Graves for Congress PO Box 201 ADDRESS (number and street) (Check if address is changed) Platte City 64079 MO CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS compliance@henryalan.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) gravesforcongress.com (Check if address is changed) DATE 2023 C00359034 FEC IDENTIFICATION NUMBER 3. X 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. Bradshaw, Jean Paul, , , Type or Print Name of Treasurer Bradshaw, Jean Paul, , , [Electronically Filed] 03 09 2023 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	Name of Candidate Graves, Graves, Samuel, Samuel, B.,B., ,, Jr.,Jr.	
	Candidate Party Affiliation REP 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:	
	(Mational, State or subordinate) committee of the Republican, e	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 Org	anization
	Membership Organization Trade Association Cooperation	/e
	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 committee. (i.e., nonconnected committee)	fund or party
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised (	02/2009)	Page <b>3</b>
V	Vrite or Type Committee Name		
	Graves for Cor	ngress	
6.	Name of Any Connected C Show-Me Political A	organization, Affiliated Committee, Joint Fundraising Rection Committee	Representative, or Leadership PAC Sponsor
	Mailing Address	2345 Grand Blvd	
		Ste 2400	
		Kansas City	MO 64108-2642 -
		CITY A	STATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Spon
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and positi	ion of the person in possession of committee
	Bradshaw,	Jean Paul, , ,	
	Full Name		
	Mailing Address	2345 Grand Boulevard	
		Suite 2400	
		Kansas City	MO 64108-2642 -
		CITY A	STATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Custodian of Records	Telephone	number 816 - 460 - 5507
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of assistant treasurer).	f the committee; and the name and address of
	Full Name Bradshaw,	Jean Paul, , ,	
	of Treasurer		
	Mailing Address	2345 Grand Boulevard	
		Suite 2400	
		Kansas City	MO 64108-2642 -
	Title or Position ▼	CITY A	STATE ▲ ZIP CODE ▲
	Treasurer		number 816 - 460 - 5507

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Full Name of Designated Agent		
Mailing Address		
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	<b>depositories:</b> List all banks or other depositories in which the committee deposits the sor maintains funds.	funds, holds accounts, rents
Name of Bank, De	pository, etc.	
L	Country Club Bank, NA	
Mailing Address	P.O. Box 410889	
	Kansas City	64141
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.	
Ĺ	UMB Bank, NA	
Mailing Address	1010 Grand	
	Kansas City MO	64106
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundrais	ing Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	10	de la la companya de	
Sam Graves Vic	d Organization, Affiliated Committee, Joint Funtory Fund	draising Representativ	e, or Leadership PAC Spons
Mailing Address	2345 Grand Blvd		
	Ste 2400	<u> </u>	
	Kansas City	MO I	64108-2642
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connect	ed Organization Affiliated Committee Joint	int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name		int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident		int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name		int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ify by name, address (phone number – optional)		
Connect  Designated Agent: Ident  Full Name	ify by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)		
Connect  Designated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or necessity.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Connect  Pesignated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxes or not be boxes. Capit Depository, etc.	ify by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which naintains funds.  al Bank	STATE A Telephone Number	ZIP CODE A

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

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5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3		FEC ID number	C
	4		FEC ID number	C
6.	<u>-</u>	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	502 6TH STREET		
		HUDSON	wi wi	54016
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name   Mailing Address	CITY A	STATE A	ZIP CODE <b>A</b>
	Full Name     Mailing Address  TITLE OR POSITION	CITY A  Tel  ries: List all banks or other depositories in which thintains funds.	ephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main the same of Bank, Depository, etc.	CITY A  Tel  ries: List all banks or other depositories in which thintains funds.	ephone Number	s funds, holds accounts, rents
9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY A  Tel  ries: List all banks or other depositories in which thintains funds.	ephone Number	s funds, holds accounts, rents