

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Graves for Congress

ADDRESS (number and street)

2345 Grand Boulevard - Suite 2400

Check if different than previously reported. (ACC)

Kansas City

MO

64108

2. FEC IDENTIFICATION NUMBER ▼

C C00359034

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MO

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

08

07

2012

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

08

07

2012

in the State of

5. Covering Period

01

01

2012

through

03

31

2012

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 Jean Paul Bradshaw

Signature of Treasurer Jean Paul Bradshaw

[Electronically Filed]

Date

04

06

2012

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Graves for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	119675.00	793704.01
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	119675.00	792704.01
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	33259.27	361961.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1236.80
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	33259.27	360724.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	403145.47	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	5522.41	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Graves for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11550.00	185547.00
(ii) Unitemized.....	125.00	7346.00
(iii) TOTAL of contributions from individuals ▶	11675.00	192893.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	108000.00	600811.01
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	119675.00	793704.01
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	1236.80
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	8.64	37.84
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	119683.64	794978.65

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33259.27	361961.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	29000.00	141200.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	62259.27	504161.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	345721.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	119683.64
25. SUBTOTAL (add Line 23 and Line 24).....	465404.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	62259.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	403145.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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 (Last, First, Middle Initial)  
**William P. Jackson**

Mailing Address P. O. Box 38

City Brunswick State MO Zip Code 65236

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

Name of Employer AgriServices of Brunswick Occupation General Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15730**

Amount of Each Receipt this Period  
1020.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**William P. Jackson**

Mailing Address P. O. Box 38

City Brunswick State MO Zip Code 65236

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

Name of Employer AgriServices of Brunswick Occupation General Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15731**

Amount of Each Receipt this Period  
980.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**James B. Cornelius**

Mailing Address 8853 NE Jackson Drive

City Hamilton State MO Zip Code 64644-9129

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2012

**Transaction ID : 20403.C15665**

Amount of Each Receipt this Period  
250.00

Receipt

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gregg Hartley**

Mailing Address 857 Cedar Drive

City State Zip Code  
Deale MD 20751

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

Name of Employer Occupation  
Cassidy & Associates Vice Chairman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15699**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael J. Beer**

Mailing Address 6943 Lerwick Court

City State Zip Code  
Alexandria VA 22315

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

Name of Employer Occupation  
Williams and Jensen Governmental Relations

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : 20406.C15734**

Amount of Each Receipt this Period  
 Receipt 1500.00

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

Mailing Address 21290 US HWY 59

City State Zip Code  
Tarkio MO 64491

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : 20403.C15685**

Amount of Each Receipt this Period  
 Receipt 300.00

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

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

2800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert J. Dotchin**

Mailing Address 412 North St. Asaph Street

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
The Advocacy Group Government Affairs

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : 20403.C15701**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Ann M. Sullivan**

Mailing Address 1408 Layman St.

City State Zip Code  
Mc Lean VA 22101

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

Name of Employer Occupation  
Madison Services Group, Inc. President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2012

**Transaction ID : 20403.C15683**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Gregory L. Tepas**

Mailing Address 26076 Twin Pond Road

City State Zip Code  
Barrington IL 60010

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

Name of Employer Occupation  
Emkay, Inc. CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 27 / 2012

**Transaction ID : 20403.C15638**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jennifer Olson**

Mailing Address 2306 Cameron Mills Road

City State Zip Code  
Fairfax VA 22032

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

Name of Employer Occupation  
Mercury Public Affairs Senior Vice-President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 08 / 2012

**Transaction ID : 20403.C15641**

Amount of Each Receipt this Period  
500.00

Receipt

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

Mailing Address 2610 Meadow Hall Drive

City State Zip Code  
Herndon VA 20171

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

Name of Employer Occupation  
Data Systems & Technology, Inc President/CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 21 / 2012

**Transaction ID : 20403.C15664**

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Stafford W. Ouderkirk**

Mailing Address 3913 Dutch Elm Court

City State Zip Code  
Woodbridge VA 22193

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

Name of Employer Occupation  
Teksouth Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 21 / 2012

**Transaction ID : 20403.C15663**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

1500.00



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

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

FOR LINE NUMBER: PAGE 9 OF 60  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen G. Charles**

Mailing Address 6745 Greentree Road

City State Zip Code  
Bethesda MD 20817-2206

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

Name of Employer Occupation  
immixGroup Co-Founder/EVP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 21 2012

**Transaction ID : 20403.C15646**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 10 G Street, NE  
Suite 710

City State Zip Code  
Washington DC 20002

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

Name of Employer Occupation  
Hales Global CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 21 2012

**Transaction ID : 20403.C15647**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 1145 Dominion Dr. E

City State Zip Code  
Mobile AL 36695

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

Name of Employer Occupation  
Hales Global Doctor of Psychiatry

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 21 2012

**Transaction ID : 20403.C15649**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 60
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Northpoint Development, LLC**

Mailing Address 6300 N. Revere, Suite 225

City: Kansas City State: MO Zip Code: 64151

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

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 02 / 2012

**Transaction ID : 20403.C15668**

Amount of Each Receipt this Period: 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Janey Price Nodeen**

Mailing Address 11600 Ten Penny Drive

City: Fairfax Station State: VA Zip Code: 22039-1110

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

Name of Employer: Burke Consortium Inc. Occupation: President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 03 / 30 / 2012

**Transaction ID : 20403.C15697**

Amount of Each Receipt this Period: 1000.00

Receipt

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

Mailing Address

City: State: Zip Code:

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

Name of Employer: Occupation:

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

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

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

2000.00

11550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Airlines PAC**

Mailing Address 1101 17th Street, NW - Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00107300**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : 20403.C15690**

Amount of Each Receipt this Period  
**1000.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Union Pacific Corp Fund for Eff Gov**

Mailing Address 600 Thirteenth Street, NW Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : 20403.C15709**

Amount of Each Receipt this Period  
**5000.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**NFIB Safe Trust PAC**

Mailing Address 1201 F. Street, NW, Ste 200

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00101105**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : 20403.C15703**

Amount of Each Receipt this Period  
**2500.00**

Receipt

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

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

**8500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T Inc. Federal PAC**

Mailing Address 208 S. Akard Street  
Suite 3521

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20403.C15720**

Amount of Each Receipt this Period  
3500.00

Receipt

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

Mailing Address 1200 Wilson Boulevard

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15671**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Society of American Florists PAC**

Mailing Address 1601 Duke Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00111302

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15655**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

5500.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 60

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Council of Engineering Cos. PAC**

Mailing Address 1015 15th Street, NW - Suite 802

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010868**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15669**

Amount of Each Receipt this Period  
 2000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Committee For Advancement of Cotton**

Mailing Address PO Box 2995

City Cordova State TN Zip Code 38088

FEC ID number of contributing federal political committee. **C C00023028**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15728**

Amount of Each Receipt this Period  
 1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Farm Credit Council PAC**

Mailing Address 50 F Street, NW - Suite 900

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2012

**Transaction ID : 20403.C15666**

Amount of Each Receipt this Period  
 1000.00

Receipt

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Restaurant Assn. PAC**

Mailing Address 1200 17th Street, NW

City Washington State DC Zip Code 20036-3097

FEC ID number of contributing federal political committee. **C C00003764**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : 20403.C15695**

Amount of Each Receipt this Period  
**2500.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Action Comm For Rural Electrification**

Mailing Address 4301 Wilson Blvd.

City Arlington State VA Zip Code 22203-1860

FEC ID number of contributing federal political committee. **C C00002972**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : 20406.C15724**

Amount of Each Receipt this Period  
**1000.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Verizon Communications Good Govt Club**

Mailing Address 1300 I St NW, 4th Floor

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : 20403.C15698**

Amount of Each Receipt this Period  
**1000.00**

Receipt

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

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

**4500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ameren Federal PAC**

Mailing Address 1331 Pennsylvania Ave. NW  
Suite 550 S

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00206136**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 21 / 2012**

**Transaction ID : 20403.C15644**

Amount of Each Receipt this Period  
**1000.00**

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Comcast Corporation PAC**

Mailing Address 1701 JFK Boulevard  
49th Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : 20403.C15713**

Amount of Each Receipt this Period  
**2000.00**

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Norfolk Southern Corp Good Govt Fund**

Mailing Address Three Commercial Place

City Norfolk State VA Zip Code 23510-2191

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : 20403.C15717**

Amount of Each Receipt this Period  
**5000.00**

Receipt

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

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

**8000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A. Minn-Dak Farmers Coop. (MDF PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 7525 Red River Road

City Wahpeton State ND Zip Code 58075

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : 20403.C15686**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B. Independent Community Bankers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1615 L Street, NW - Suite 900

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00032698

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15660**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Burger King Franchisee PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1701 Barrett Lakes Blvd. NW, Ste.

City Kennesaw State GA Zip Code 30144

FEC ID number of contributing federal political committee. **C** C00329425

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : 20403.C15688**

Amount of Each Receipt this Period  
 Receipt 2000.00

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Dental PAC**

Mailing Address 1111 14th Street, NW - Suite 1100

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15725**

Amount of Each Receipt this Period  
 Receipt  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**National Roofing Contractors Assn PAC**

Mailing Address 10255 West Higgins Road - No. 600

City Des Plaines	State IL	Zip Code 60018-5607
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15652**

Amount of Each Receipt this Period  
 Receipt  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**FAA Managers Association, Inc. PAC**

Mailing Address 4410 Massachusetts Ave, NW  
Suite 315

City Washington	State DC	Zip Code 20016
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FEC ID number of contributing federal political committee. **C** C00366070

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15673**

Amount of Each Receipt this Period  
 Receipt  
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 60  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FAA Managers Association, Inc. PAC**

Mailing Address 4410 Massachusetts Ave, NW  
Suite 315

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C C00366070**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15674**

Amount of Each Receipt this Period  
4000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Emerson Electric Co. Resp. Govt Fund**

Mailing Address 8000 W Florissant Ave  
Station 2310

City Saint Louis State MO Zip Code 63136

FEC ID number of contributing federal political committee. **C C00080515**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15672**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Natl Telecom Coop Assn. Educ. Comm.**

Mailing Address 4121 Wilson Blvd  
10th Floor

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C C00004473**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15676**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Natl Telecom Coop Assn. Educ. Comm.**

Mailing Address 4121 Wilson Blvd  
10th Floor

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15696**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**CSX Corp. Good Govt Fund - Federal**

Mailing Address 1331 Pennsylvania Ave NW  
Suite 560

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15714**

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**National Tank Truck Carriers PAC**

Mailing Address 950 N. Glebe Road  
Suite 520

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00188011

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15653**

Amount of Each Receipt this Period  
500.00

Receipt

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**OSI Restaurant Partners, LLC PAC**

Mailing Address 2202 N. Westshore Blvd. Fl. 5

City Tampa State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15704**

Amount of Each Receipt this Period  
500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**OSI Restaurant Partners, LLC PAC**

Mailing Address 2202 N. Westshore Blvd. Fl. 5

City Tampa State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15705**

Amount of Each Receipt this Period  
2000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Portland Cement Assn. PAC (PCA)**

Mailing Address 500 New Jersey Ave. N.W.,  
7th Floor

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00237065

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15718**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A. Koch Industries PAC (KochPAC)**

Full Name (Last, First, Middle Initial)  
Koch Industries PAC (KochPAC)

Mailing Address 600 14th St, NW  
Suite 800

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15693**

Amount of Each Receipt this Period  
2500.00

Receipt

**B. Assn. of American Railroads PAC**

Full Name (Last, First, Middle Initial)  
Assn. of American Railroads PAC

Mailing Address 425 Third St., SW Suite 1000

City Washington State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C C00280743**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15712**

Amount of Each Receipt this Period  
1000.00

Receipt

**C. Owner Operator Ind. Drivers Assn. PAC**

Full Name (Last, First, Middle Initial)  
Owner Operator Ind. Drivers Assn. PAC

Mailing Address P.O. Box 1000  
1 NW Ooida Drive

City Grain Valley State MO Zip Code 64029

FEC ID number of contributing federal political committee. **C C00236778**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15654**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A. Owner Operator Ind. Drivers Assn. PAC**

Full Name (Last, First, Middle Initial)  
Owner Operator Ind. Drivers Assn. PAC

Mailing Address P.O. Box 1000  
1 NW Ooida Drive

City Grain Valley State MO Zip Code 64029

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15706**

Amount of Each Receipt this Period  
1000.00

Receipt

**B. Intl Assn. of Fire Fighters PAC**

Full Name (Last, First, Middle Initial)  
Intl Assn. of Fire Fighters PAC

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15715**

Amount of Each Receipt this Period  
2500.00

Receipt

**C. Carpenters Legislative Improvement Comm**

Full Name (Last, First, Middle Initial)  
Carpenters Legislative Improvement Comm

Mailing Address 101 Constitution Ave NW  
10th Floor West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15645**

Amount of Each Receipt this Period  
2500.00

Receipt

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Family Mutual PAC**

Mailing Address 6000 American Parkway

City Madison State WI Zip Code 53783

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15711**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**National Community Pharmacists Assn. PAC**

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20403.C15721**

Amount of Each Receipt this Period  
1500.00

Receipt

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

Mailing Address PO Box 529

City Washington State DC Zip Code 20044

FEC ID number of contributing federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15692**

Amount of Each Receipt this Period  
5000.00

Receipt

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Rockwell Collins Good Gov. Committee**

Mailing Address 1300 Wilson Blvd, Ste. 200

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15679**

Amount of Each Receipt this Period  
1000.00

Receipt

**B. Full Name (Last, First, Middle Initial)**  
**Parsons Corporation PAC**

Mailing Address 100 West Walnut Street  
T-1110

City State Zip Code  
Pasadena CA 91124

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15733**

Amount of Each Receipt this Period  
1000.00

Receipt

**C. Full Name (Last, First, Middle Initial)**  
**ASA PAC - American Soybean Association**

Mailing Address 12125 Woodcrest Executive Drive  
Suite 100

City State Zip Code  
Saint Louis MO 63141

FEC ID number of contributing federal political committee. **C** C00408468

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15658**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Natl Assoc of Small Business**

Mailing Address 666 11th St NW Ste 750

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00109991**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15707**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**FERT PAC (Fertilizer Institute)**

Mailing Address 820 First St., NE, Ste. 430

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00085910**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15729**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Institute of Makers of Explosives PAC**

Mailing Address 1120 19th St.NW, Ste.310

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00135590**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15648**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

Receipt

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

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

\_\_\_\_\_ 3500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARAPAC - Agricultural Retail Assn.**

Mailing Address 1156 15th St, NW, Ste. 302

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00264770**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15689**

Amount of Each Receipt this Period  
1500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**TTX Company Employees PAC**

Mailing Address 101 N. Wacker Dr.

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C C00138974**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15680**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Natl Assoc of Chem Distributors (NACD)**

Mailing Address 1555 Wilson Blvd.  
Suite 700

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00379180**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15650**

Amount of Each Receipt this Period  
3500.00

Receipt

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A. Natl Assoc of Chem Distributors (NACD)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1555 Wilson Blvd.  
Suite 700

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00379180

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2012

**Transaction ID : 20403.C15651**

Amount of Each Receipt this Period  
2000.00

Receipt

**B. Natl Assoc of Surety Bond Producers PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1140 19th Street, NW  
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00300525

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : 20403.C15716**

Amount of Each Receipt this Period  
1000.00

Receipt

**C. Assoc. of Equipment Manufacturers (PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 1000 Vermont Ave. NW, Suite 450

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00442996

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2012

**Transaction ID : 20403.C15659**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MAPPS PAC**

Mailing Address 1856 Old Reston Ave., Ste. 205

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00233247

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2012

**Transaction ID : 20403.C15661**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Western Sugar Coop PAC**

Mailing Address 400 Great Western Ave.

City Lovell State WY Zip Code 82431

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : 20403.C15681**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**American Composites Manufacturers**

Mailing Address 1010 N. Glebe Road Suite 450

City Arlington State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00388157

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2012

**Transaction ID : 20403.C15657**

Amount of Each Receipt this Period  
1000.00

Receipt

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Securities Industry and Financial (SIFMA)**

Mailing Address 1101 New York Avenue, NW Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00431312

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : 20403.C15687**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address 1650 King St. Suite 602

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00338020

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15700**

Amount of Each Receipt this Period  
 Receipt 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Americas Fairs Carnival & Circus PAC**

Mailing Address P.O. Box 887

City Lorton State VA Zip Code 22199

FEC ID number of contributing federal political committee. **C** C00443887

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15727**

Amount of Each Receipt this Period  
 Receipt 500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Society of Association Executiv**

Mailing Address 1575 I Street, NW  
12th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00041566

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20406.C15726**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Society of Pension Prof & Actua**

Mailing Address 4245 N. Fairfax Drive  
Suite 750

City Arlington State VA Zip Code 22203-1620

FEC ID number of contributing federal political committee. **C** C00333104

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15691**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Atlas Air Worldwide Holdings, Inc. PAC**

Mailing Address 2000 Westchester Avenue

City Purchase State NY Zip Code 10577

FEC ID number of contributing federal political committee. **C** C00478099

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15670**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**METLIFE, Inc. Employees Pol Part Fund A**

Mailing Address 1095 Avenue of the Americas

City New York State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C C00040923**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15694**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Mechanical Contractors Assoc of America**

Mailing Address 1385 Piccard Drive

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C C00343590**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15662**

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address P.O. Box 83142  
Gaithersburg, MD 20883-3142

City Gaithersburg State MD Zip Code 20883

FEC ID number of contributing federal political committee. **C C00369660**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 21 / 2012

**Transaction ID : 20403.C15656**

Amount of Each Receipt this Period  
2000.00

Receipt

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hawker Beechcraft, Inc. PAC**

Mailing Address P.O. Box 85  
9709 E. Central

City State Zip Code  
Wichita KS 67201

FEC ID number of contributing federal political committee. **C C00434183**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15675**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address 1100 Wilson Boulevard, Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15678**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address 1100 Wilson Boulevard, Suite 1500

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : 20403.C15677**

Amount of Each Receipt this Period  
 Receipt 1000.00

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

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

3000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A. Nelson Mullins Riley & Scarborough PAC**

Full Name (Last, First, Middle Initial)  
Nelson Mullins Riley & Scarborough PAC

Mailing Address 1320 Main Street  
17th Floor

City Columbia State SC Zip Code 29201

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15702**

Amount of Each Receipt this Period  
 1000.00

Receipt

**B. Teva Pac**

Full Name (Last, First, Middle Initial)  
Teva Pac

Mailing Address 1090 Horsham Road  
P.O. Box 1090

City North Wales State PA Zip Code 19454

FEC ID number of contributing federal political committee. **C C00434811**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : 20403.C15708**

Amount of Each Receipt this Period  
 1000.00

Receipt

**C. CIT Group Inc. PAC**

Full Name (Last, First, Middle Initial)  
CIT Group Inc. PAC

Mailing Address 1 CIT Drive #2223-1

City Livingston State NJ Zip Code 07039

FEC ID number of contributing federal political committee. **C C00379420**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : 20403.C15719**

Amount of Each Receipt this Period  
 1000.00

Receipt

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

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

3000.00

108000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Gula Graham Group</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 700 12th St. NW			Amount of Each Disbursement this Period 752.51
City Washington	State DC	Zip Code 20006-	
Purpose of Disbursement Fundraising expenses		Category/ Type	<b>Transaction ID : 20403.E5551</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>FUNDRAISING EXPENSES</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UMB Visa</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1010 Grand Boulevard			Amount of Each Disbursement this Period 523.40
City Kansas City	State MO	Zip Code 64106-	
Purpose of Disbursement Credit Card: See Below		Category/ Type	<b>Transaction ID : 20403.E5556</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CREDIT CARD: SEE BELOW</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Caseys General Store #41</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2012
Mailing Address 912 Walnut Street			Amount of Each Disbursement this Period 26.33
City Tarkio	State MO	Zip Code 64491-	
Purpose of Disbursement Refreshments		Category/ Type	<b>Transaction ID : 20403.E5608</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM] MEMO: REFRESHMENTS</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1275.91
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Caseys General Store #41</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2012
Mailing Address 912 Walnut Street			Amount of Each Disbursement this Period 23.88
City Tarkio	State MO	Zip Code 64491-	Transaction ID : 20403.E5609
Purpose of Disbursement Travel Expense: Fuel		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: TRAVEL EXPENSE: FUEL
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shellys Back Room</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address 1331 F Street NW			Amount of Each Disbursement this Period 216.89
City Washington	State DC	Zip Code 20004-	Transaction ID : 20403.E5618
Purpose of Disbursement Constituent Dinner		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: CONSTITUENT DINNER
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mid States Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 2626 Oklahoma Avenue			Amount of Each Disbursement this Period 25.00
City Trenton	State MO	Zip Code 64683-	Transaction ID : 20403.E5554
Purpose of Disbursement Web Hosting		Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	WEB HOSTING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	25.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 60			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Endis Inc.</b>			Date of Disbursement MM / DD / YYYY 01 / 25 / 2012
Mailing Address 3002 East Sunshine Ave.			Amount of Each Disbursement this Period 275.00
City Springfield	State MO	Zip Code 65804-	
Purpose of Disbursement Website Subscription Fees		Category/ Type	<b>Transaction ID : 20403.E5565</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>WEBSITE SUBSCRIPTION FEES</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Axiom Strategies LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 12 / 2012
Mailing Address 1251 NW Briarcliff Parkway Suite 85			Amount of Each Disbursement this Period 7395.80
City Kansas City	State MO	Zip Code 64116-	
Purpose of Disbursement Campaign Management/Travel Expenses		Category/ Type	<b>Transaction ID : 20403.E5578</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CAMPAIGN MANAGEMENT/TRAVEL EXPENSES</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Country Club Bank</b>			Date of Disbursement MM / DD / YYYY 03 / 07 / 2012
Mailing Address PO Box 410889			Amount of Each Disbursement this Period 139.98
City Kansas City	State MO	Zip Code 64141-	
Purpose of Disbursement Bank Service Charge		Category/ Type	<b>Transaction ID : 20406.E5673</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>BANK SERVICE CHARGE</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7810.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 60			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mid States Services</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>12</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		12		2012
M M	/	D D	/	Y Y Y Y									
03		12		2012									
Mailing Address 2626 Oklahoma Avenue			Amount of Each Disbursement this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
City Trenton	State MO	Zip Code 64683-											
Purpose of Disbursement Web Hosting		Category/ Type	<b>Transaction ID : 20403.E5579</b>										
Candidate Name													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>WEB HOSTING</b>										
State: District:													

Full Name (Last, First, Middle Initial) <b>B. Aristotle International Inc.</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>20</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		20		2012
M M	/	D D	/	Y Y Y Y									
03		20		2012									
Mailing Address 2285 Peachtree Road - Suite 210			Amount of Each Disbursement this Period <table border="1"> <tr> <td>3750.00</td> </tr> </table>	3750.00									
3750.00													
City Atlanta	State GA	Zip Code 30309-											
Purpose of Disbursement Annual Renewal/Software Support		Category/ Type	<b>Transaction ID : 20403.E5589</b>										
Candidate Name													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>ANNUAL RENEWAL/SOFTWARE SUPPORT</b>										
State: District:													

Full Name (Last, First, Middle Initial) <b>C. UMB Visa</b>			Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>25</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		25		2012
M M	/	D D	/	Y Y Y Y									
01		25		2012									
Mailing Address 1010 Grand Boulevard			Amount of Each Disbursement this Period <table border="1"> <tr> <td>3776.97</td> </tr> </table>	3776.97									
3776.97													
City Kansas City	State MO	Zip Code 64106-											
Purpose of Disbursement Credit Card: See Below		Category/ Type	<b>Transaction ID : 20403.E5557</b>										
Candidate Name													
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CREDIT CARD: SEE BELOW</b>										
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>7551.97</td> </tr> </table>	7551.97
7551.97		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eiffel Tower Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address Paris Hotel 3655 S. Las Vegas Blvd.		Amount of Each Disbursement this Period 222.42
City Las Vegas	State NV	Zip Code 89109-
Purpose of Disbursement Dinner with Aviation Groups	Category/Type	
Candidate Name	Transaction ID : 20403.E5593	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: DINNER WITH AVIATION GROUPS
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hyvee Food &amp; Drug</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2011
Mailing Address 207 N.E. Englewood Road		Amount of Each Disbursement this Period 671.42
City Kansas City	State MO	Zip Code 64118-
Purpose of Disbursement Fundraising Reception	Category/Type	
Candidate Name	Transaction ID : 20403.E5595	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING RECEPTION
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wing Nuts</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 19206 Highway O		Amount of Each Disbursement this Period 412.03
City Tarkio	State MO	Zip Code 64491-
Purpose of Disbursement Travel Expense: Aviation Fuel	Category/Type	
Candidate Name	Transaction ID : 20403.E5596	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE: AVIATION FUEL
State: District:		

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chadwicks Restaurant - Georgetown</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 3205 K Street NW			Amount of Each Disbursement this Period 101.10
City Washington	State DC	Zip Code 20007-	
Purpose of Disbursement Fundraising Expense		Category/ Type	<b>Transaction ID : 20403.E5597</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 529 14th Street, NW			Amount of Each Disbursement this Period 92.42
City Washington	State DC	Zip Code 20045-	
Purpose of Disbursement Constituent Gifts		Category/ Type	<b>Transaction ID : 20403.E5598</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: CONSTITUENT GIFTS
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2011
Mailing Address 300 1st Street, SE			Amount of Each Disbursement this Period 1194.59
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement Fundraising Expenses		Category/ Type	<b>Transaction ID : 20403.E5600</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSES
State: District:			

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Senarts Oyster House</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2011
Mailing Address 520 8th Street SE			Amount of Each Disbursement this Period 182.80
City Washington	State DC	Zip Code 20003-	Transaction ID : 20403.E5601
Purpose of Disbursement Fundraising Expense		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sheraton Kansas City</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 770 W. 47th St.			Amount of Each Disbursement this Period 535.70
City Kansas City	State MO	Zip Code 64112-	Transaction ID : 20403.E5603
Purpose of Disbursement Lodging		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: LODGING
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>c. Country Club Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012
Mailing Address PO Box 410889			Amount of Each Disbursement this Period 134.47
City Kansas City	State MO	Zip Code 64141-	Transaction ID : 20406.E5686
Purpose of Disbursement Bank Service Charge		Category/ Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK SERVICE CHARGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	134.47
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Gula Graham Group</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 700 12th St. NW		Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20006-		Transaction ID : 20403.E5552
Purpose of Disbursement Fundraising & Consulting Fee	Category/Type	
Candidate Name		FUNDRAISING & CONSULTING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bales &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address 3720 NE Troon Drive		Amount of Each Disbursement this Period 200.00
City Lees Summit	State MO	
Zip Code 64064-		Transaction ID : 20403.E5571
Purpose of Disbursement Professional Fees	Category/Type	
Candidate Name		PROFESSIONAL FEES
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bales &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 3720 NE Troon Drive		Amount of Each Disbursement this Period 125.00
City Lees Summit	State MO	
Zip Code 64064-		Transaction ID : 20403.E5563
Purpose of Disbursement Payroll Processing Fee	Category/Type	
Candidate Name		PAYROLL PROCESSING FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Gula Graham Group</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 700 12th St. NW			Amount of Each Disbursement this Period 2000.00
City Washington	State DC	Zip Code 20006-	
Purpose of Disbursement Fundraising & Consulting Fee		Candidate Name	Transaction ID : 20403.E5550
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	FUNDRAISING & CONSULTING FEE
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Endis Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012
Mailing Address 3002 East Sunshine Ave.			Amount of Each Disbursement this Period 125.00
City Springfield	State MO	Zip Code 65804-	
Purpose of Disbursement Website Subscription Fee		Candidate Name	Transaction ID : 20403.E5568
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	WEBSITE SUBSCRIPTION FEE
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. Endis Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 3002 East Sunshine Ave.			Amount of Each Disbursement this Period 125.00
City Springfield	State MO	Zip Code 65804-	
Purpose of Disbursement Website Subscription Fee		Candidate Name	Transaction ID : 20403.E5570
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Category/ Type	WEBSITE SUBSCRIPTION FEE
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bales &amp; Associates, Inc.</b>			Date of Disbursement MM / DD / YYYY 01 / 09 / 2012	
Mailing Address 3720 NE Troon Drive			Amount of Each Disbursement this Period 75.00	
City Lees Summit	State MO	Zip Code 64064-	Transaction ID : 20403.E5567	
Purpose of Disbursement Payroll Processing Fee		Category/ Type	PAYROLL PROCESSING FEE	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. UMB Visa</b>			Date of Disbursement MM / DD / YYYY 02 / 20 / 2012	
Mailing Address 1010 Grand Boulevard			Amount of Each Disbursement this Period 2478.37	
City Kansas City	State MO	Zip Code 64106-	Transaction ID : 20403.E5574	
Purpose of Disbursement Credit Card: See Below		Category/ Type	CREDIT CARD: SEE BELOW	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Wing Nuts</b>			Date of Disbursement MM / DD / YYYY 01 / 10 / 2012	
Mailing Address 19206 Highway O			Amount of Each Disbursement this Period 420.29	
City Tarkio	State MO	Zip Code 64491-	Transaction ID : 20403.E5635	
Purpose of Disbursement Travel Expense: Aviation Fuel		Category/ Type	[MEMO ITEM] MEMO: TRAVEL EXPENSE: AVIATION FUEL	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2553.37
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2012
Mailing Address 300 1st Street, SE		Amount of Each Disbursement this Period 1516.19
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement Fundraising & Meeting Expenses	Transaction ID : 20403.E5637
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FUNDRAISING & MEETING EXPENSES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chadwicks Restaurant - Georgetown</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address 3205 K Street NW		Amount of Each Disbursement this Period 57.05
City Washington	State DC	
Zip Code 20007-	Purpose of Disbursement Fundraising Expense	Transaction ID : 20403.E5639
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: FUNDRAISING EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 529 14th Street, NW		Amount of Each Disbursement this Period 8.10
City Washington	State DC	
Zip Code 20045-	Purpose of Disbursement Gift for Constituent	Transaction ID : 20403.E5641
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: GIFT FOR CONSTITUENT
State: District:		

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. The Ritz Carlton-Washington DC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2012
Mailing Address 1150 22nd Street Northwest			Amount of Each Disbursement this Period 28.30
City Washington	State DC	Zip Code 20037-	
Purpose of Disbursement Meals		Category/ Type	<b>Transaction ID : 20403.E5645</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: MEALS
State: District:			

Full Name (Last, First, Middle Initial) <b>B. UMB Visa</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1010 Grand Boulevard			Amount of Each Disbursement this Period 1346.51
City Kansas City	State MO	Zip Code 64106-	
Purpose of Disbursement Credit Card: See Below		Category/ Type	<b>Transaction ID : 20403.E5558</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD: SEE BELOW
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Aladin Storage, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2012
Mailing Address 701 North 291 Highway			Amount of Each Disbursement this Period 220.00
City Liberty	State MO	Zip Code 64068-	
Purpose of Disbursement Storage Rental		Category/ Type	<b>Transaction ID : 20403.E5559</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: STORAGE RENTAL
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1346.51
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

**A. Federal Express Shipping**

Full Name (Last, First, Middle Initial)  
Mailing Address 2903 Sprinkle Avenue

City Memphis State TN Zip Code 38118-  
Purpose of Disbursement Shipping Charges  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 08 / 2011

Amount of Each Disbursement this Period  
59.00  
Transaction ID : 20403.E5560  
[MEMO ITEM]  
MEMO: SHIPPING CHARGES

**B. Sheraton Kansas City**

Full Name (Last, First, Middle Initial)  
Mailing Address 770 W. 47th St.

City Kansas City State MO Zip Code 64112-  
Purpose of Disbursement Lodging  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
01 / 02 / 2012

Amount of Each Disbursement this Period  
1067.51  
Transaction ID : 20403.E5561  
[MEMO ITEM]  
MEMO: LODGING

**c. Country Club Bank**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 410889

City Kansas City State MO Zip Code 64141-  
Purpose of Disbursement Credit Card: See Below  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 20 / 2012

Amount of Each Disbursement this Period  
131.01  
Transaction ID : 20403.E5588  
CREDIT CARD: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) ..... 131.01

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 60			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address P.O. Box 940012		Amount of Each Disbursement this Period 143.78
City Dallas	State TX	
Zip Code 75394-	Purpose of Disbursement Telephone Services	<b>Transaction ID : 20403.E5586</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICES
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Axiom Strategies LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount of Each Disbursement this Period 218.40
City Kansas City	State MO	
Zip Code 64116-	Purpose of Disbursement Staff Retreat	<b>Transaction ID : 20403.E5553</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	STAFF RETREAT
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bales &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 3720 NE Troon Drive		Amount of Each Disbursement this Period 75.00
City Lees Summit	State MO	
Zip Code 64064-	Purpose of Disbursement Payroll Processing Fee	<b>Transaction ID : 20406.E5672</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL PROCESSING FEE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	437.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Country Club Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address PO Box 410889		Amount of Each Disbursement this Period 130.92
City Kansas City	State MO	Zip Code 64141-
Purpose of Disbursement Credit Card: See Below		Transaction ID : 20403.E5587
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Country Club Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address PO Box 410889		Amount of Each Disbursement this Period 67.36
City Kansas City	State MO	Zip Code 64141-
Purpose of Disbursement Credit Card: See Below		Transaction ID : 20403.E5576
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bales &amp; Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012
Mailing Address 3720 NE Troon Drive		Amount of Each Disbursement this Period 75.00
City Lees Summit	State MO	Zip Code 64064-
Purpose of Disbursement Payroll Processing Fee		Transaction ID : 20406.E5687
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL PROCESSING FEE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	273.28
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. UMB Visa</b>			Date of Disbursement MM / DD / YYYY 02 / 20 / 2012		
Mailing Address 1010 Grand Boulevard			Amount of Each Disbursement this Period 287.73		
City Kansas City	State MO	Zip Code 64106-	Transaction ID : 20403.E5573		
Purpose of Disbursement Credit Card: See Below		Category/ Type			
Candidate Name		CREDIT CARD: SEE BELOW			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Aladin Storage, Inc.</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2012		
Mailing Address 701 North 291 Highway			Amount of Each Disbursement this Period 220.00		
City Liberty	State MO	Zip Code 64068-	Transaction ID : 20403.E5623		
Purpose of Disbursement Storage Rental		Category/ Type			
Candidate Name		[MEMO ITEM] MEMO: STORAGE RENTAL			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Federal Express Shipping</b>			Date of Disbursement MM / DD / YYYY 01 / 08 / 2012		
Mailing Address 2903 Sprankle Avenue			Amount of Each Disbursement this Period 67.73		
City Memphis	State TN	Zip Code 38118-	Transaction ID : 20403.E5625		
Purpose of Disbursement Shipping Charges		Category/ Type			
Candidate Name		[MEMO ITEM] MEMO: SHIPPING CHARGES			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	287.73
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Express Flight, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address PO Box 3262 - Station A		Amount of Each Disbursement this Period 3086.33
City Saint Joseph	State MO	Zip Code 64503-
Purpose of Disbursement Travel Expense - Charter Expense	Transaction ID : 20403.E5591	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TRAVEL EXPENSE - CHARTER EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. UMB Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 1010 Grand Boulevard		Amount of Each Disbursement this Period 252.44
City Kansas City	State MO	Zip Code 64106-
Purpose of Disbursement Credit Card: See Below	Transaction ID : 20403.E5584	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Aladin Storage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 701 North 291 Highway		Amount of Each Disbursement this Period 220.00
City Liberty	State MO	Zip Code 64068-
Purpose of Disbursement Storage Rental	Transaction ID : 20403.E5622	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] MEMO: STORAGE RENTAL
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3338.77
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Federal Express Shipping</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2012
Mailing Address 2903 Sprinkle Avenue		Amount of Each Disbursement this Period 32.44
City Memphis State TN Zip Code 38118- Purpose of Disbursement Shipping Charges Candidate Name	Category/Type	<b>Transaction ID : 20403.E5626</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		<b>[MEMO ITEM]</b> MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial) <b>B. Aristotle International Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2012
Mailing Address 2285 Peachtree Road - Suite 210		Amount of Each Disbursement this Period 75.00
City Atlanta State GA Zip Code 30309- Purpose of Disbursement Credit Card Processing Fee Candidate Name	Category/Type	<b>Transaction ID : 20406.E5674</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial) <b>c. Mid States Services</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2012
Mailing Address 2626 Oklahoma Avenue		Amount of Each Disbursement this Period 25.38
City Trenton State MO Zip Code 64683- Purpose of Disbursement Web Hosting Candidate Name	Category/Type	<b>Transaction ID : 20403.E5555</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) State: District:		WEB HOSTING

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.38
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. UMB Visa</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 1010 Grand Boulevard		Amount of Each Disbursement this Period 2075.13
City Kansas City	State MO	
Zip Code 64106-	Purpose of Disbursement Credit Card: See Below	<b>Transaction ID : 20403.E5585</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD: SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Ritz Carlton-Washington DC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address 1150 22nd Street Northwest		Amount of Each Disbursement this Period 49.34
City Washington	State DC	
Zip Code 20037-	Purpose of Disbursement Hotel Expense	<b>Transaction ID : 20403.E5648</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: HOTEL EXPENSE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chadwicks Restaurant - Georgetown</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address 3205 K Street NW		Amount of Each Disbursement this Period 150.40
City Washington	State DC	
Zip Code 20007-	Purpose of Disbursement Fundraising Expense	<b>Transaction ID : 20403.E5654</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> MEMO: FUNDRAISING EXPENSE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2075.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 02 / 17 / 2012
Mailing Address 300 1st Street, SE			Amount of Each Disbursement this Period 382.63
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement Meeting Expense		Category/ Type	<b>Transaction ID : 20403.E5656</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: MEETING EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>			Date of Disbursement MM / DD / YYYY 02 / 18 / 2012
Mailing Address 1030 Delta Boulevard			Amount of Each Disbursement this Period 848.40
City Atlanta	State GA	Zip Code 30320-	
Purpose of Disbursement Travel Expense: Airfare		Category/ Type	<b>Transaction ID : 20403.E5660</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE: AIRFARE
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Wing Nuts</b>			Date of Disbursement MM / DD / YYYY 02 / 26 / 2012
Mailing Address 19206 Highway O			Amount of Each Disbursement this Period 102.29
City Tarkio	State MO	Zip Code 64491-	
Purpose of Disbursement Travel Expense: Aviation Fuel		Category/ Type	<b>Transaction ID : 20406.E5677</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE: AVIATION FUEL
State: District:			

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 529 14th Street, NW			Amount of Each Disbursement this Period 11.02
City Washington	State DC	Zip Code 20045-	
Purpose of Disbursement Constituent Gift		Category/ Type	<b>Transaction ID : 20406.E5680</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: CONSTITUENT GIFT
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2012
Mailing Address 1030 Delta Boulevard			Amount of Each Disbursement this Period 14.50
City Atlanta	State GA	Zip Code 30320-	
Purpose of Disbursement Travel Expense		Category/ Type	<b>Transaction ID : 20406.E5685</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: TRAVEL EXPENSE
State: District:			

Full Name (Last, First, Middle Initial) <b>c. UMB Visa</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address 1010 Grand Boulevard			Amount of Each Disbursement this Period 136.80
City Kansas City	State MO	Zip Code 64106-	
Purpose of Disbursement Credit Card: See Below		Category/ Type	<b>Transaction ID : 20403.E5575</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD: SEE BELOW
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cameron Mutual Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address 214 McElwain Dr.		Amount of Each Disbursement this Period 405.00
City Cameron	State MO	
Zip Code 64429-	Purpose of Disbursement Insurance	<b>Transaction ID : 20403.E5572</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	INSURANCE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Aristotle International Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012
Mailing Address 2285 Peachtree Road - Suite 210		Amount of Each Disbursement this Period 25.00
City Atlanta	State GA	
Zip Code 30309-	Purpose of Disbursement Credit Card Processing Fee	<b>Transaction ID : 20403.E5582</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	CREDIT CARD PROCESSING FEE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address P.O. Box 940012		Amount of Each Disbursement this Period 143.78
City Dallas	State TX	
Zip Code 75394-	Purpose of Disbursement Telephone Services	<b>Transaction ID : 20403.E5577</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	TELEPHONE SERVICES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	573.78
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 60			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Country Club Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>06</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		06		2012
M M	/	D D	/	Y Y Y Y								
01		06		2012								
Mailing Address PO Box 410889		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Kansas City</td> <td>MO</td> <td>64141-</td> </tr> </table>		City	State	Zip Code	Kansas City	MO	64141-	<table border="1"> <tr> <td>147.87</td> </tr> </table>	147.87			
City	State	Zip Code										
Kansas City	MO	64141-										
147.87												
Purpose of Disbursement Bank Service Charge		<b>Transaction ID : 20403.E5566</b>										
Candidate Name		<b>BANK SERVICE CHARGE</b>										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Country Club Bank</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>25</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		25		2012
M M	/	D D	/	Y Y Y Y								
01		25		2012								
Mailing Address PO Box 410889		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Kansas City</td> <td>MO</td> <td>64141-</td> </tr> </table>		City	State	Zip Code	Kansas City	MO	64141-	<table border="1"> <tr> <td>21.23</td> </tr> </table>	21.23			
City	State	Zip Code										
Kansas City	MO	64141-										
21.23												
Purpose of Disbursement Credit Card: See Below		<b>Transaction ID : 20403.E5562</b>										
Candidate Name		<b>CREDIT CARD: SEE BELOW</b>										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. AT&amp;T Mobility</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>25</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		25		2012
M M	/	D D	/	Y Y Y Y								
01		25		2012								
Mailing Address P.O. Box 940012		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Dallas</td> <td>TX</td> <td>75394-</td> </tr> </table>		City	State	Zip Code	Dallas	TX	75394-	<table border="1"> <tr> <td>148.59</td> </tr> </table>	148.59			
City	State	Zip Code										
Dallas	TX	75394-										
148.59												
Purpose of Disbursement Telephone Services		<b>Transaction ID : 20403.E5564</b>										
Candidate Name		<b>TELEPHONE SERVICES</b>										
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	317.69
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 57 OF 60  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial)  
**A. Missouri Republican Party**

Mailing Address 204 E. Dunklin

City Jefferson City State MO Zip Code 65102-

Purpose of Disbursement Filing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 14 / 2012

Amount of Each Disbursement this Period  
100.00

Transaction ID : 20403.E5580

FILING FEE

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

Mailing Address 1010 Grand Boulevard

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement Credit Card: See Below

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
03 / 20 / 2012

Amount of Each Disbursement this Period  
154.51

Transaction ID : 20403.E5583

CREDIT CARD: SEE BELOW

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

254.51

33199.27

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 60
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Graves for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Republican Congressional Commit</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 320 First Street, S.E. (NRCC)		Amount of Each Disbursement this Period 29000.00 <b>Transaction ID : 20403.E5590</b>
City Washington State DC Zip Code 20003-	Purpose of Disbursement CONTRIBUTION TO FED. COMM.	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29000.00
<b>TOTAL</b> This Period (last page this line number only).....	29000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 59 OF 60
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Graves for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Boyles Motors Inc.</b>		Nature of Debt (Purpose): Vehicle Lease
Mailing Address 204 North Market Street		
City	State	Zip Code
Maryville	MO	64468-

Outstanding Balance Beginning This Period	<b>Transaction ID : LS60802.E42</b>	
<input type="text" value="500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KWRT-AM / KWRT-FM</b>		Nature of Debt (Purpose): Radio Advertising
Mailing Address 1600 Radio Hill Road		
City	State	Zip Code
Boonville	MO	65233-

Outstanding Balance Beginning This Period	<b>Transaction ID : LS60802.E45</b>	
<input type="text" value="857.65"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="857.65"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Willard Dowden</b>		Nature of Debt (Purpose): Rent for Nodaway Co. Republican Com
Mailing Address Route 1, Box 116		
City	State	Zip Code
Burlington Junctio	MO	64428-

Outstanding Balance Beginning This Period	<b>Transaction ID : LS60802.E46</b>	
<input type="text" value="200.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="200.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="1557.65"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 60
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Graves for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Missouri Right to Life PAC</b>	Nature of Debt (Purpose): Membership Labels
Mailing Address PO Box 651	
City State Zip Code Jefferson City MO 65102-	

Outstanding Balance Beginning This Period 1087.00	<b>Transaction ID : LS60802.E49</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1087.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The Lukens Company</b>	Nature of Debt (Purpose): PrintingMailPostageData
Mailing Address 2800 Shirlington Road - 9th Floor	
City State Zip Code Arlington VA 22202-	

Outstanding Balance Beginning This Period 1877.76	<b>Transaction ID : LS90415.E4278</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1877.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Stor Safe</b>	Nature of Debt (Purpose): Storage Rental
Mailing Address 1501 Burlington	
City State Zip Code Kansas City MO 64116-	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID : LS81203.E4051</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3964.76
2) <b>TOTALS</b> This Period (last page this line number only) .....	5522.41
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	5522.41