

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

CITY

STATE

ZIP CODE

STATE DISTRICT

C00359034

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

14

2010

through

11

22

2010

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

Electronically Filed by Jean Paul Bradshaw

Date

11

30

2010

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

FEC Form 3 (Revised 02/2003)

2 / 50

Write or Type Committee Name

Graves for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	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)).....	59500.00	1074319.56
(b) Total Contribution Refunds (from Line 20(d)).....	2600.00	6245.08
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	56900.00	1068074.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	132224.73	767057.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15913.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	132224.73	751144.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	59008.96	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	33726.41	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Graves for Congress

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>2</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> (date of general election)	M	M	1	1	D	D	0	2	Y	Y	Y	Y	2	0	1	0	COLUMN C Total for <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>3</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> (date after general election) through <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>2</td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	3	Y	Y	Y	Y	2	0	1	0	M	M	1	1	D	D	2	2	Y	Y	Y	Y	2	0	1	0
M	M																																																	
1	1																																																	
D	D																																																	
0	2																																																	
Y	Y	Y	Y																																															
2	0	1	0																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	3																																																	
Y	Y	Y	Y																																															
2	0	1	0																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	2																																																	
Y	Y	Y	Y																																															
2	0	1	0																																															
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)	18150.00	256945.12	0.00																																															
(ii) Unitemized	350.00	38904.10	0.00																																															
(iii) Total of contributions from individuals	18500.00	295849.22	0.00																																															
(b) Political Party Committees	500.00	1832.79	0.00																																															
(c) Other Political Committees	40500.00	776637.55	0.00																																															

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
59500.00	1074319.56	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	16486.68	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	15913.50	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.36	51.90	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
59500.36	1106771.64	0.00

POST ELECTION DETAILED SUMMARY PAGE

Write or Type Committe Name

Graves for Congress

Report the covering period

From:

10

14

2010

To:

11

22

2010

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
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17. OPERATING EXPENDITURES

132224.73

767057.88

53319.26

18. TRANSFER TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

19. LOAN PAYMENTS

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

2600.00

6245.08

0.00

(b) Political Party Committees

0.00

0.00

0.00

POST ELECTION DETAILED SUMMARY PAGE

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))		
2600.00	6245.08	0.00
21. OTHER DISBURSEMENTS		
87234.00	265734.00	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
222058.73	1039036.96	53319.26

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

56900.00	1068074.48	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

132224.73	751144.38	53319.26
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	221567.33
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	59500.36
25. SUBTOTAL(add Line 23 and Line 24)	281067.69
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	222058.73
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	59008.96

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 50
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 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) National Beer Wholesalers Assoc. PAC		Date of Receipt
	Mailing Address 1101 King Street - Suite 600		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22314-4494
	FEC ID number of contributing federal political committee.		C C00144766
Name of Employer		Occupation	Transaction ID: 01028.C14918 Amount of Each Receipt this Period <input type="text" value="2500.00"/> Receipt
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="7500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Leggett & Platt Inc. PAC		Date of Receipt
	Mailing Address #1 Leggett Road		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Carthage	MO	64836
	FEC ID number of contributing federal political committee.		C C00229435
Name of Employer		Occupation	Transaction ID: 01123.C14960 Amount of Each Receipt this Period <input type="text" value="2000.00"/> Receipt
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="7500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) NAPUS PAC for Postmasters		Date of Receipt
	Mailing Address 8 Herbert St		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alexandria	VA	22305-2600
	FEC ID number of contributing federal political committee.		C C00100404
Name of Employer		Occupation	Transaction ID: 01029.C14941 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Receipt
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="3500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 50
(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)
American Physical Therapy Assn. PAC

Mailing Address 1111 North Fairfax Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: 01028.C14921

Amount of Each Receipt this Period
3000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Anheuser-Busch Companies Inc. PAC

Mailing Address One Busch Place - Suite 202-5

City State Zip Code
Saint Louis MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01029.C14939

Amount of Each Receipt this Period
5000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Indoor Tanning Association, Inc. PAC

Mailing Address PO Box 4001

City State Zip Code
Jackson MI 49204

FEC ID number of contributing federal political committee. **C** C00362020

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: 01029.C14935

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **9000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 50
(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)
Southern Minnesota Beet Sugar Cooperativ

Mailing Address PO Box 500

City Renville State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: 01029.C14934
 Amount of Each Receipt this Period: 1000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
Eli Lilly and Company PAC

Mailing Address 555 12th Street, NW Suite 650

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: 01123.C14968
 Amount of Each Receipt this Period: 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
National Air Transportation PAC

Mailing Address 4226 King St.

City Alexandria State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C** C00340554

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: 01028.C14930
 Amount of Each Receipt this Period: 2000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► 3500.00

TOTAL This Period (last page this line number only) ►

**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 / 50
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Air Conditioning Contractors of America	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 2800 Shirlington Road - Suite 300	Transaction ID: 01123.C14958
	City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00100974	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Bryan Cave LLP Political Fund	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 1155 F Street N.W.	Transaction ID: 01123.C14952
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00332643	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 9000.00	

C.	Full Name (Last, First, Middle Initial) Doctors Company Federal PAC	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 185 Greenwood Road	Transaction ID: 01026.C14917
	City State Zip Code Napa CA 94558	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00359034	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 50
(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)
ATMOS Energy Corporation PAC

Mailing Address 5430 LBJ Freeway - Suite 160

City State Zip Code
Dallas TX 75240

FEC ID number of contributing federal political committee. **C** C00381954

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: 01029.C14938

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Hy-Vee PAC

Mailing Address 5820 Westown Parkway

City State Zip Code
West Des Moines IA 50266

FEC ID number of contributing federal political committee. **C** C00243659

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 1 0

Transaction ID: 01028.C14920

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 6764 Old McLean Village Dr

City State Zip Code
Mc Lean VA 22101

FEC ID number of contributing federal political committee. **C** C00332254

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0

Transaction ID: 01123.C14957

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 50
(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)
Allied Pilots Association PAC (APA)
Mailing Address 14600 Trinity Boulevard - Suite 50

City State Zip Code
Fort Worth TX 76155

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: 01123.C14955
 Amount of Each Receipt this Period
 5000.00
 Receipt

B. Full Name (Last, First, Middle Initial)
National Pro-Life Alliance PAC
Mailing Address 4521 Windsor Arms Court

City State Zip Code
Annandale VA 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 1 0
Transaction ID: 01028.C14922
 Amount of Each Receipt this Period
 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
Dean Operations, Inc. PAC
Mailing Address PO Box 419176

City State Zip Code
Kansas City MO 64141-6176

FEC ID number of contributing federal political committee. **C** C00084285

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0
Transaction ID: 01123.C14948
 Amount of Each Receipt this Period
 1000.00
 Receipt

SUBTOTAL of Receipts This Page (optional) ► **6500.00**

TOTAL This Period (last page this line number only) ►

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 13 / 50
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) ABX Air PAC	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 145 Hunter Drive	Transaction ID: 01028.C14926
	City State Zip Code Wilmington OH 45177	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C C00238311	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Oldcastle Materials Inc. PAC	Date of Receipt MM / DD / YYYY 10 / 27 / 2010
	Mailing Address 101 Constitution Avenue, NW Suite 600 West	Transaction ID: 01028.C14931
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00346353	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00

C.	Full Name (Last, First, Middle Initial) Harrahs Entertainment, Inc. PAC	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address One Harrahs Court	Transaction ID: 01123.C14953
	City State Zip Code Las Vegas NV 89119	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C C00239947	Receipt
	Name of Employer Occupation Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50
(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)
Enterprise Holdings, Inc. PAC

Mailing Address 600 Corporate Park Drive

City State Zip Code
Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 9 / 2 0 1 0

Transaction ID: 01029.C14942

Amount of Each Receipt this Period
3000.00

Receipt

B. Full Name (Last, First, Middle Initial)
New Asurion Corp Employees Fed PAC

Mailing Address 648 Grassmere Park Ste 300

City State Zip Code
Nashville TN 37211

FEC ID number of contributing federal political committee. **C** C00450916

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 1 0

Transaction ID: 01028.C14929

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 1101 New York Avenue, NW Suite 800

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 7 / 2 0 1 0

Transaction ID: 01028.C14932

Amount of Each Receipt this Period
1500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **5500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 50
(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)
BNIM Berkebile Nelson Immenschuh McDowel

Mailing Address 106 W 14th St. Ste 200

City State Zip Code
Kansas City MO 64105

FEC ID number of contributing federal political committee. **C** C00490805

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0

Transaction ID: 01123.C14945

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Asian American Hotel Owner PAC

Mailing Address 228 S. Washington St., Suite 115

City State Zip Code
Alexandria VA 22314-5404

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0

Transaction ID: 01123.C14961

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Goldman Sachs Group, Inc. PAC

Mailing Address 101 Constitution Ave., NW Suite 10

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0

Transaction ID: 01123.C14962

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ► 40500.00

**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 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Roy Pfautch	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 52 Portland Place	Transaction ID: 01026.C14916
	City State Zip Code Saint Louis MO 63108	Amount of Each Receipt this Period 1200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Civic Service, Inc. Occupation: Consultant Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Robert J. Hickok	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 3130 Country Bluff Drive	Transaction ID: 01123.C14949
	City State Zip Code Saint Charles MO 63301	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: N/A Occupation: Retired Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Holly E. Henson	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 2513 SW Still Meadows Ln.	Transaction ID: 01029.C14933
	City State Zip Code Blue Springs MO 64015-5261	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Heartland Tanning, Inc. Occupation: Executive Secretary Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4800.00	

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 17 / 50
(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)
Gary Taylor

Mailing Address 505 N. Ohio
P.O. Box 463

City State Zip Code
King City MO 64463

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: 01123.C14951

Amount of Each Receipt this Period
2400.00

Receipt

B. Full Name (Last, First, Middle Initial)
Laurie Sharpe

Mailing Address 500 E. 9th St.

City State Zip Code
Kansas City MO 64106

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	2	/	2	0	1	0

Transaction ID: 01022.C14912

Amount of Each Receipt this Period
4800.00

Receipt

C. Full Name (Last, First, Middle Initial)
Judith S. Sabbert-Muck

Mailing Address 4205 North Devonshire Drive

City State Zip Code
Saint Joseph MO 64506-4572

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

Name of Employer Guild of Heartland Hospital Occupation Executive Director

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: 01123.C14950

Amount of Each Receipt this Period
100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **7300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 50
(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)
Michael Cook

Mailing Address 26007 S. Southwood Road

City State Zip Code
Harrisonville MO 64701

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

Name of Employer
Global Agriculture Products
Occupation
Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: 01123.C14947

Amount of Each Receipt this Period
2400.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	18150.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 50
(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)
Harrison County Republican Central Comm

Mailing Address 701 S. 12th

City	State	Zip Code
Bethany	MO	64424

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: 01123.C14954

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

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 22 / 50

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Mercury Voice and Data <hr/> Mailing Address 102 N. Woodbine Rd. <hr/> City Saint Joseph State MO Zip Code 64506-3448 <hr/> Purpose of Disbursement Telephone Expense Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E5001 Date of Disbursement 11 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 65.61 <hr/> TELEPHONE EXPENSE
B.	Full Name (Last, First, Middle Initial) UMB Visa <hr/> Mailing Address 1010 Grand Boulevard <hr/> City Kansas City State MO Zip Code 64106- <hr/> Purpose of Disbursement Credit Card: See Below Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E4968 Date of Disbursement 10 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 1604.63 <hr/> CREDIT CARD: SEE BELOW
C.	Full Name (Last, First, Middle Initial) Aladin Storage, Inc. <hr/> Mailing Address 701 North 291 Highway <hr/> City Liberty State MO Zip Code 64068- <hr/> Purpose of Disbursement Storage Rental Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E4969 Date of Disbursement 10 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 280.00 <hr/> [MEMO ITEM] MEMO: STORAGE RENTAL

SUBTOTAL of Disbursements This Page (optional) ▶

1670.24

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

<p>A. Full Name (Last, First, Middle Initial) Federal Express Shipping</p> <p>Mailing Address 2903 Sprankle Avenue</p> <p>City Memphis State TN Zip Code 38118-</p> <p>Purpose of Disbursement Shipping Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01123.E4970</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">129.63</td> </tr> </table> <p>[MEMO ITEM] MEMO: SHIPPING CHARGES</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	7	/	2	0	1	0	129.63
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	7	/	2	0	1	0													
129.63																						
<p>B. Full Name (Last, First, Middle Initial) Kansas City Club</p> <p>Mailing Address 1228 Baltimore Ave</p> <p>City Kansas City State MO Zip Code 64105-</p> <p>Purpose of Disbursement Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01123.E4971</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">1195.00</td> </tr> </table> <p>[MEMO ITEM] MEMO: FUNDRAISER</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	7	/	2	0	1	0	1195.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	1	7	/	2	0	1	0													
1195.00																						
<p>C. Full Name (Last, First, Middle Initial) Missouri Gas Energy</p> <p>Mailing Address P.O. Box 219255</p> <p>City Kansas City State MO Zip Code 64121-9255</p> <p>Purpose of Disbursement Gas Bill for Headquarters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01123.E5007</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">35.09</td> </tr> </table> <p>GAS BILL FOR HEADQUARTERS</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	1	0	35.09
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	1	0													
35.09																						

SUBTOTAL of Disbursements This Page (optional) ▶

35.09

TOTAL This Period (last page this line number only) ▶

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**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Country Club Bank Mailing Address PO Box 410889 City Kansas City State MO Zip Code 64141- Purpose of Disbursement Credit Card: See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5013 Date of Disbursement 11 / 19 / 2010 Amount of Each Disbursement this Period 7133.88 CREDIT CARD: SEE BELOW	
B.	Full Name (Last, First, Middle Initial) Embassy Suites Mailing Address 7640 NW Tiffany Springs City Kansas City State MO Zip Code 64153- Purpose of Disbursement Election Night Watch Party Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5021 Date of Disbursement 11 / 03 / 2010 Amount of Each Disbursement this Period 6418.75 [MEMO ITEM] MEMO: ELECTION NIGHT WATCH PARTY EXPENSE	
C.	Full Name (Last, First, Middle Initial) Wal-Mart Super Center Mailing Address 4201 N Belt HWY City Saint Joseph State MO Zip Code 64506- Purpose of Disbursement Supplies for Fund Raising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5034 Date of Disbursement 10 / 24 / 2010 Amount of Each Disbursement this Period 58.08 [MEMO ITEM] MEMO: SUPPLIES FOR FUND RAISING	

SUBTOTAL of Disbursements This Page (optional) ▶	7133.88
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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Endis Inc. <hr/> Mailing Address 3002 East Sunshine Ave. <hr/> City Springfield State MO Zip Code 65804- <hr/> Purpose of Disbursement Internet Design and Set-Up Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E4997 Date of Disbursement 11 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 275.00 <hr/> INTERNET DESIGN AND SET-UP
B.	Full Name (Last, First, Middle Initial) Bales & Associates, Inc. <hr/> Mailing Address 3720 NE Troon Drive <hr/> City Lees Summit State MO Zip Code 64064- <hr/> Purpose of Disbursement Payroll Processing Fee Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E4965 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 90.00 <hr/> PAYROLL PROCESSING FEE
C.	Full Name (Last, First, Middle Initial) Endis Inc. <hr/> Mailing Address 3002 East Sunshine Ave. <hr/> City Springfield State MO Zip Code 65804- <hr/> Purpose of Disbursement Internet Design and Set-up Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E4981 Date of Disbursement 10 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 1002.42 <hr/> INTERNET DESIGN AND SET-UP

SUBTOTAL of Disbursements This Page (optional) ▶

1367.42

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 26 / 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Lathrop & Gage LLP

Mailing Address 2345 Grand Boulevard - Suite 2400

City State Zip Code
Kansas City MO 64108-2684

Purpose of Disbursement
Professional Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01123.E5008
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	1	0

Amount of Each Disbursement this Period

9698.00

PROFESSIONAL FEES

B.

Full Name (Last, First, Middle Initial)
Country Club Bank

Mailing Address PO Box 410889

City State Zip Code
Kansas City MO 64141-

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01123.E4982
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Amount of Each Disbursement this Period

1214.89

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)
A&M Printing

Mailing Address 6818 NW Tower Dr

City State Zip Code
Kansas City MO 64151-

Purpose of Disbursement
Printing Costs

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 01123.E4983
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	1	0

Amount of Each Disbursement this Period

492.66

[MEMO ITEM]
MEMO: PRINTING COSTS

SUBTOTAL of Disbursements This Page (optional)

10912.89

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

<p>A. Full Name (Last, First, Middle Initial) Wal-Mart Super Center</p> <p>Mailing Address 4201 N Belt HWY</p> <p>City Saint Joseph State MO Zip Code 64506-</p> <p>Purpose of Disbursement Office Supplies for Fundraising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01123.E4993</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="250.41"/></p> <p>[MEMO ITEM] MEMO: OFFICE SUPPLIES FOR FUNDRAISING</p>
<p>B. Full Name (Last, First, Middle Initial) Country Club Bank</p> <p>Mailing Address PO Box 410889</p> <p>City Kansas City State MO Zip Code 64141-</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01123.E4967</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="79.94"/></p> <p>BANK SERVICE CHARGE</p>
<p>C. Full Name (Last, First, Middle Initial) Kansas City Power & Light Company</p> <p>Mailing Address P.O. Box 418679</p> <p>City Kansas City State MO Zip Code 64141-</p> <p>Purpose of Disbursement Electric Bill for Headquarters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01123.E4996</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="116.08"/></p> <p>ELECTRIC BILL FOR HEADQUARTERS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Colin Hoffman

Transaction ID: 01123.E4964
Date of Disbursement

Mailing Address 3408 Chris Hessler Road

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

City State Zip Code
Saint Joseph MO 64506-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Salary

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

SALARY

State: District:

B.

Full Name (Last, First, Middle Initial)
Colin Hoffman

Transaction ID: 01124.E5083
Date of Disbursement

Mailing Address 3408 Chris Hessler Road

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	1	0

City State Zip Code
Saint Joseph MO 64506-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Salary

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

SALARY

State: District:

C.

Full Name (Last, First, Middle Initial)
Danny Davison

Transaction ID: 01123.E4963
Date of Disbursement

Mailing Address 203 S. Noyes Blvd.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

City State Zip Code
Saint Joseph MO 64501-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Salary

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

SALARY

State: District:

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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**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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) UMB Visa <hr/> Mailing Address 1010 Grand Boulevard <hr/> City Kansas City State MO Zip Code 64106- <hr/> Purpose of Disbursement Credit Card: See Below Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5017 Date of Disbursement 11 / 19 / 2010 <hr/> Amount of Each Disbursement this Period 261.02 <hr/> CREDIT CARD: SEE BELOW
B.	Full Name (Last, First, Middle Initial) Riverside Red X <hr/> Mailing Address 2401 West Platte Road <hr/> City Kansas City State MO Zip Code 64150- <hr/> Purpose of Disbursement Fundraising Supplies Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5080 Date of Disbursement 11 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 174.81 <hr/> [MEMO ITEM] MEMO: FUNDRAISING SUPPLIES
C.	Full Name (Last, First, Middle Initial) Chad M Higdon <hr/> Mailing Address 4007 Greywood Ln. <hr/> City Saint Joseph State MO Zip Code 64505- <hr/> Purpose of Disbursement Salary Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E4962 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 4000.00 <hr/> SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

4261.02

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 30 / 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Aristotle International Inc. <hr/> Mailing Address 2285 Peachtree Road - Suite 210 <hr/> City Atlanta State GA Zip Code 30309- <hr/> Purpose of Disbursement Credit Card Processing Fee Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E4961 Date of Disbursement 10 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 11.25 <hr/> CREDIT CARD PROCESSING FEE
B.	Full Name (Last, First, Middle Initial) Country Club Bank <hr/> Mailing Address PO Box 410889 <hr/> City Kansas City State MO Zip Code 64141- <hr/> Purpose of Disbursement Payroll Processing Fee Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5085 Date of Disbursement 11 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 364.38 <hr/> PAYROLL PROCESSING FEE
C.	Full Name (Last, First, Middle Initial) Chad M Higdon <hr/> Mailing Address 4007 Greywood Ln. <hr/> City Saint Joseph State MO Zip Code 64505- <hr/> Purpose of Disbursement Salary Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5082 Date of Disbursement 11 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

2375.63

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
The Gula Graham Group

Mailing Address 700 12th St. NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement Fundraising Expense
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01124.E5012
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Amount of Each Disbursement this Period

9375.00

FUNDRAISING EXPENSE

B.

Full Name (Last, First, Middle Initial)
Country Club Bank

Mailing Address PO Box 410889

City Kansas City State MO Zip Code 64141-

Purpose of Disbursement Payroll Processing Expense
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01123.E4966
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	0

Amount of Each Disbursement this Period

557.35

PAYROLL PROCESSING EXPENSE

C.

Full Name (Last, First, Middle Initial)
St. Joseph Cablevision

Mailing Address 102 N. Woodbine Rd.

City Saint Joseph State MO Zip Code 64506-

Purpose of Disbursement Internet Service
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01123.E4994
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Amount of Each Disbursement this Period

130.89

INTERNET SERVICE

SUBTOTAL of Disbursements This Page (optional)

10063.24

TOTAL This Period (last page this line number only)

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**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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Kansas City Power & Light Company

Transaction ID: 01123.E5006

Mailing Address P.O. Box 418679

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

City State Zip Code
Kansas City MO 64141-

Amount of Each Disbursement this Period

80.49

Purpose of Disbursement
Electric Bill for Headquarters

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

ELECTRIC BILL FOR HEADQUARTERS

State: District:

B.

Full Name (Last, First, Middle Initial)
UMB Visa

Transaction ID: 01124.E5014

Mailing Address 1010 Grand Boulevard

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

City State Zip Code
Kansas City MO 64106-

Amount of Each Disbursement this Period

2874.91

Purpose of Disbursement
Credit Card: See Below

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CREDIT CARD: SEE BELOW

State: District:

C.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Transaction ID: 01124.E5036

Mailing Address 300 1st Street, SE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

City State Zip Code
Washington DC 20003-

Amount of Each Disbursement this Period

397.26

Purpose of Disbursement
Fundraising event

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: FUNDRAISING EVENT

State: District:

SUBTOTAL of Disbursements This Page (optional)

2955.40

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

<p>A. Full Name (Last, First, Middle Initial) Continental Airlines</p> <p>Mailing Address 1600 Smith Street</p> <p>City Houston State TX Zip Code 77002-</p> <p>Purpose of Disbursement Airfare-travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5037</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 232.30</p> <p>[MEMO ITEM] MEMO: AIRFARE-TRAVEL EXPENSE</p>
<p>B. Full Name (Last, First, Middle Initial) Delta Airlines</p> <p>Mailing Address 1030 Delta Boulevard</p> <p>City Atlanta State GA Zip Code 30320-</p> <p>Purpose of Disbursement Airfare-refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5039</p> <p>Date of Disbursement 10 / 21 / 2010</p> <p>Amount of Each Disbursement this Period -348.70</p> <p>[MEMO ITEM] MEMO: AIRFARE-REFUND</p>
<p>C. Full Name (Last, First, Middle Initial) Hertz Rent A Car</p> <p>Mailing Address Airport</p> <p>City Houston State TX Zip Code 77032-</p> <p>Purpose of Disbursement Car Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5043</p> <p>Date of Disbursement 10 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 561.42</p> <p>[MEMO ITEM] MEMO: CAR RENTAL</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Hilton Hotel - Austin Mailing Address 500 East 4th Street City Austin State TX Zip Code 78701- Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5044 Date of Disbursement 10 / 21 / 2010 Amount of Each Disbursement this Period 466.97 [MEMO ITEM] MEMO: LODGING
B.	Full Name (Last, First, Middle Initial) Hotels.com Mailing Address 0440 N. Central Expressway Suite 400 City Dallas State TX Zip Code 75231- Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5045 Date of Disbursement 10 / 13 / 2010 Amount of Each Disbursement this Period 458.06 [MEMO ITEM] MEMO: LODGING
C.	Full Name (Last, First, Middle Initial) United Airlines Mailing Address PO Box 197 City Chillicothe State MO Zip Code 64601- Purpose of Disbursement Airfare-refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5053 Date of Disbursement 10 / 11 / 2010 Amount of Each Disbursement this Period -158.70 [MEMO ITEM] MEMO: AIRFARE-REFUND

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

<p>A. Full Name (Last, First, Middle Initial) Wing Nuts</p> <p>Mailing Address 19206 Highway O</p> <p>City Tarkio State MO Zip Code 64491-</p> <p>Purpose of Disbursement Travel Expense: Aviation Fuel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5054 Date of Disbursement 10 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 284.85</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE: AVIATION FUEL</p>
<p>B. Full Name (Last, First, Middle Initial) Flores for Congress</p> <p>Mailing Address 2012 Lake Air</p> <p>City Waco State TX Zip Code 76710-</p> <p>Purpose of Disbursement In Kind Contribution to Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5055 Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1304.33</p> <p>[MEMO ITEM] MEMO: IN KIND CONTRIBUTION TO COMMITTEE</p>
<p>C. Full Name (Last, First, Middle Initial) Travel Tyne</p> <p>Mailing Address 1904 Clay Street</p> <p>City Chillicothe State MO Zip Code 64601-</p> <p>Purpose of Disbursement Travel expense: agent fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5056 Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>[MEMO ITEM] MEMO: TRAVEL EXPENSE: AGENT FEE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
Bales & Associates, Inc.

Transaction ID: 01124.E5084
Date of Disbursement

Mailing Address 3720 NE Troon Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	2		2	0	1	0

City Lees Summit State MO Zip Code 64064-

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Processing Fee

90.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PAYROLL PROCESSING FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
Missouri Gas Energy

Transaction ID: 01123.E4995
Date of Disbursement

Mailing Address P.O. Box 219255

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

City Kansas City State MO Zip Code 64121-9255

Amount of Each Disbursement this Period

Purpose of Disbursement
Gas Bill for Headquarters

45.76

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

GAS BILL FOR HEADQUARTERS

State: District:

C.

Full Name (Last, First, Middle Initial)
UMB Visa

Transaction ID: 01124.E5016
Date of Disbursement

Mailing Address 1010 Grand Boulevard

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

City Kansas City State MO Zip Code 64106-

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card: See Below

559.96

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CREDIT CARD: SEE BELOW

State: District:

SUBTOTAL of Disbursements This Page (optional)

695.72

TOTAL This Period (last page this line number only)

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**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

<p>A. Full Name (Last, First, Middle Initial) Aladin Storage, Inc.</p> <p>Mailing Address 701 North 291 Highway</p> <p>City Liberty State MO Zip Code 64068-</p> <p>Purpose of Disbursement Storage Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5076 Date of Disbursement 11 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 280.00</p> <p>[MEMO ITEM] MEMO: STORAGE RENTAL</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express Shipping</p> <p>Mailing Address 2903 Sprinkle Avenue</p> <p>City Memphis State TN Zip Code 38118-</p> <p>Purpose of Disbursement Shipping Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5077 Date of Disbursement 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 279.96</p> <p>[MEMO ITEM] MEMO: SHIPPING CHARGES</p>
<p>C. Full Name (Last, First, Middle Initial) UMB Visa</p> <p>Mailing Address 1010 Grand Boulevard</p> <p>City Kansas City State MO Zip Code 64106-</p> <p>Purpose of Disbursement Credit Card: See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 01124.E5015 Date of Disbursement 10 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 6077.39</p> <p>CREDIT CARD: SEE BELOW</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6077.39

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Travel Tyme	Transaction ID: 01124.E5057 Date of Disbursement
	Mailing Address 1904 Clay Street	<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Chillicothe State MO Zip Code 64601-	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Expense: Agent Fee	<input type="text" value="275.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: TRAVEL EXPENSE: AGENT FEE

B.	Full Name (Last, First, Middle Initial) 801 Chophouse	Transaction ID: 01124.E5058 Date of Disbursement
	Mailing Address 71 East 14th Street	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kansas City State MO Zip Code 64106-	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Event	<input type="text" value="1418.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: FUNDRAISING EVENT

C.	Full Name (Last, First, Middle Initial) Clydes of Gallery Place	Transaction ID: 01124.E5061 Date of Disbursement
	Mailing Address 707 7th Street, NW	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20001-	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Event	<input type="text" value="110.03"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: FUNDRAISING EVENT

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 50

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address 1600 Smith Street <hr/> City Houston State TX Zip Code 77002- <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5062 Date of Disbursement 10 / 03 / 2010	Amount of Each Disbursement this Period 219.90
			[MEMO ITEM] MEMO: AIRFARE
B.	Full Name (Last, First, Middle Initial) Delta Airlines <hr/> Mailing Address 1030 Delta Boulevard <hr/> City Atlanta State GA Zip Code 30320- <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5064 Date of Disbursement 10 / 13 / 2010	Amount of Each Disbursement this Period 558.20
			[MEMO ITEM] MEMO: AIRFARE
C.	Full Name (Last, First, Middle Initial) Midwest Express Airline <hr/> Mailing Address 6744 Howell Avenue <hr/> City Oak Creek State WI Zip Code 53154- <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5069 Date of Disbursement 10 / 13 / 2010	Amount of Each Disbursement this Period 462.18
			[MEMO ITEM] MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address PO Box 197 <hr/> City Chillicothe State MO Zip Code 64601- <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5073 Date of Disbursement 10 / 10 / 2010 <hr/> Amount of Each Disbursement this Period 394.90 <hr/> [MEMO ITEM] MEMO: AIRFARE
B.	Full Name (Last, First, Middle Initial) Wing Nuts <hr/> Mailing Address 19206 Highway O <hr/> City Tarkio State MO Zip Code 64491- <hr/> Purpose of Disbursement Travel Exp: Aviation Fuel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5074 Date of Disbursement 10 / 02 / 2010 <hr/> Amount of Each Disbursement this Period 476.54 <hr/> [MEMO ITEM] MEMO: TRAVEL EXP: AVIATION FUEL
C.	Full Name (Last, First, Middle Initial) Cory Gardner for Congress <hr/> Mailing Address P. O. Box 2408 <hr/> City Loveland State CO Zip Code 80539- <hr/> Purpose of Disbursement In Kind Contribution to Committee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5075 Date of Disbursement 10 / 03 / 2010 <hr/> Amount of Each Disbursement this Period 956.85 <hr/> [MEMO ITEM] MEMO: IN KIND CONTRIBUTION TO COMMITTEE

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.	Full Name (Last, First, Middle Initial) Danny Davison <hr/> Mailing Address 203 S. Noyes Blvd. <hr/> City Saint Joseph State MO Zip Code 64501- <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01124.E5081 Date of Disbursement 11 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 250.00 <hr/> SALARY
B.	Full Name (Last, First, Middle Initial) Axiom Strategies LLC <hr/> Mailing Address 1251 NW Briarcliff Parkway Suite 85 <hr/> City Kansas City State MO Zip Code 64116- <hr/> Purpose of Disbursement TravelPostagePrintingFund Raisin Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E5005 Date of Disbursement 10 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 34162.73 <hr/> TRAVELPOSTAGEPRINTINGFUND RAISIN
C.	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P O Box 8229 <hr/> City Aurora State IL Zip Code 60572- <hr/> Purpose of Disbursement Telephone Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01123.E5000 Date of Disbursement 11 / 04 / 2010 <hr/> Amount of Each Disbursement this Period 132.45 <hr/> TELEPHONE EXPENSE

SUBTOTAL of Disbursements This Page (optional) ► **34545.18**

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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A.

Full Name (Last, First, Middle Initial)
The Gula Graham Group

Mailing Address 700 12th St. NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement Fundraising Expense
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01124.E5011
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	0

Amount of Each Disbursement this Period

18100.00

FUNDRAISING EXPENSE

B.

Full Name (Last, First, Middle Initial)
The Gula Graham Group

Mailing Address 700 12th St. NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement Fundraising Expense
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01123.E4998
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

1366.99

FUNDRAISING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Mid States Services

Mailing Address 2626 Oklahoma Avenue

City Trenton State MO Zip Code 64683-

Purpose of Disbursement Web Hosting
Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 01123.E4999
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Amount of Each Disbursement this Period

25.00

WEB HOSTING

SUBTOTAL of Disbursements This Page (optional)

19491.99

TOTAL This Period (last page this line number only)

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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)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Graves for Congress

A. Full Name (Last, First, Middle Initial) Axiom Strategies LLC	Mailing Address 1251 NW Briarcliff Parkway Suite 85	Transaction ID: 01123.E5004 Date of Disbursement 10 / 29 / 2010
	City Kansas City State MO Zip Code 64116-	Amount of Each Disbursement this Period 13976.14
Purpose of Disbursement Campaign/Management Debt	Category/ Type	CAMPAIGN/MANAGEMENT DEBT
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. Full Name (Last, First, Middle Initial) Missouri Press Service	Mailing Address 802 Locust	Transaction ID: 01123.E4976 Date of Disbursement 10 / 22 / 2010
	City Columbia State MO Zip Code 65201-	Amount of Each Disbursement this Period 14301.00
Purpose of Disbursement Print Ads	Category/ Type	PRINT ADS
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:		

SUBTOTAL of Disbursements This Page (optional) ▶

28277.14

TOTAL This Period (last page this line number only) ▶

132058.25

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Graves for Congress

<p>A. Full Name (Last, First, Middle Initial) Vicky Hartzler for Congress</p> <p>Mailing Address 2511 A Industrial Drive</p> <p>City Jefferson City State MO Zip Code 65109-</p> <p>Purpose of Disbursement CAMPAIGN CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 01123.E4979</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) National Republican Congressional Commit</p> <p>Mailing Address 320 First Street, S.E. (NRCC)</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CONTRIBUTION TO FEDERAL COMMITTEE</p> <p>Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 01123.E4980</p> <p>Date of Disbursement 10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 35234.00</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Congressional Commit</p> <p>Mailing Address 320 First Street, S.E. (NRCC)</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement CONTRIBUTION TO FEDERAL COMMITTEE</p> <p>Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 01123.E4972</p> <p>Date of Disbursement 10 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 50000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

86234.00

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 45 / 50

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	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

A.	Full Name (Last, First, Middle Initial) Yoder for Congress		Transaction ID: 01123.E4973	
	Mailing Address 8300 College Blvd.		Date of Disbursement 10 / 18 / 2010	
	City Overland Park	State KS	Zip Code 66210-	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CAMPAIGN CONTRIBUTION		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

87234.00

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 46 / 50

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	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

A.	Full Name (Last, First, Middle Initial) Holly E. Henson	Transaction ID: 01029.E4960 Date of Disbursement 10 / 29 / 2010
	Mailing Address 2513 SW Still Meadows Ln.	Amount of Each Disbursement this Period 200.00
	City Blue Springs State MO Zip Code 64015-5261	
	Purpose of Disbursement Refund of Contribution Refund of excess Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Laurie Sharpe	Transaction ID: 01022.E4945 Date of Disbursement 10 / 22 / 2010
	Mailing Address 500 E. 9th St.	Amount of Each Disbursement this Period 2400.00
	City Kansas City State MO Zip Code 64106-	
	Purpose of Disbursement Refund of Contribution Refund of Excess Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

2600.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Graves for Congress

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

Outstanding Balance Beginning This Period 500.00		Transaction ID: LS60802.E42	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 500.00	

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

Outstanding Balance Beginning This Period 857.65		Transaction ID: LS60802.E45	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 857.65	

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

Outstanding Balance Beginning This Period 200.00		Transaction ID: LS60802.E46	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00	

1) SUBTOTALS This Period This Page (optional).....	▶	1557.65
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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

(Use separate schedule(s) for each numbered line) PAGE 48 / 50
 FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
 Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Missouri Right to Life PAC	Nature of Debt (Purpose): Membership Labels						
Mailing Address PO Box 651							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Jefferson City</td> <td>MO</td> <td>65102-</td> </tr> </table>	City	State	ZIP Code	Jefferson City	MO	65102-	
City	State	ZIP Code					
Jefferson City	MO	65102-					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="1087.00"/>	Transaction ID: LS60802.E49						
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Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="1087.00"/>					

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lathrop & Gage LLP	Nature of Debt (Purpose): Professional Fees						
Mailing Address 2345 Grand Boulevard - Suite 2400							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Kansas City</td> <td>MO</td> <td>64108-2684</td> </tr> </table>	City	State	ZIP Code	Kansas City	MO	64108-2684	
City	State	ZIP Code					
Kansas City	MO	64108-2684					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="9698.00"/>	Transaction ID: LS01123.E5008						
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Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="9698.00"/>	<input style="width: 100%;" type="text" value="0.00"/>					

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lathrop & Gage LLP	Nature of Debt (Purpose): Professional Fees/GVC						
Mailing Address 2345 Grand Boulevard - Suite 2400							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Kansas City</td> <td>MO</td> <td>64108-2684</td> </tr> </table>	City	State	ZIP Code	Kansas City	MO	64108-2684	
City	State	ZIP Code					
Kansas City	MO	64108-2684					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="3204.00"/>	Transaction ID: LS90415.E4279						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="3204.00"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="3204.00"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="3204.00"/>					

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="4291.00"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Graves for Congress

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

Outstanding Balance Beginning This Period <input type="text" value="1877.76"/>		Transaction ID: LS90415.E4278	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1877.76"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Axiom Strategies LLC			Nature of Debt (Purpose): Campaign/Management Debt
Mailing Address 1251 NW Briarcliff Parkway Suite 85			
City	State	ZIP Code	
Kansas City	MO	64116-	

Outstanding Balance Beginning This Period <input type="text" value="13976.14"/>		Transaction ID: LS01123.E5004	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="13976.14"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>		Transaction ID: LS81203.E4051	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2877.76"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 50 / 50
	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 Patek & Associagtes LLC			Nature of Debt (Purpose): Fund Raising Campaign Mgt- & Expense
Mailing Address P. O. Box 1933			
City Jefferson City	State MO	ZIP Code 65102-	

Outstanding Balance Beginning This Period		Transaction ID: LS01020.E4944	
25000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	25000.00	

1) SUBTOTALS This Period This Page (optional).....	25000.00
2) TOTALS This Period (last page this line number only).....	33726.41
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	33726.41