

**Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election**

Dellert Hosemann
SECRETARY OF STATE
PIKE COUNTY, MISS.
MAY 06 2015
BY *RM* ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate ROGER A. GRAVES
 Address 1090 Rollingwood Dr, Summit County Pike
 Telephone (Work) 601-783-2581 (Home) 601-247-1044 ^{cell} (Fax) 601-783-6322
 Contact Name ROGER GRAVES Email Address Rogergr@co.pike.ms.us
 Office Sought CIRCUIT CLERK Political Party REPUBLICAN

Check here if above is different from previous report

TYPE OF REPORT

- May 8, 2015 Periodic Report** (January 1, 2015, through April 30, 2015)Mandatory
- June 10, 2015 Periodic Report** (May 1, 2015, through May 31, 2015)Mandatory
- July 10, 2015 Periodic Report** (June 1, 2015, through June 30, 2015)Mandatory
- July 28, 2015 Pre-Election Report** (July 1, 2015, through July 25, 2015)Mandatory
All Primary Candidates and Political Committees
- August 18, 2015 Pre-Election Report** (July 26, 2015, through August 15, 2015)Runoff Candidates Only
All Primary Candidates and Political Committees in a Runoff Election
- October 9, 2015 Periodic Report** (July 1, 2015, through September 30, 2015)Mandatory
- October 27, 2015 Pre-Election Report**Mandatory
*(Primary Election Winners report October 1, 2015, through October 24, 2015)
(Independent Candidates report January 1, 2015 through October 24, 2015)*
All Candidates and Political Committees
- November 17, 2015 Pre-Runoff Report** (October 25, 2015, through November 14, 2015)Runoff Candidates Only
All Candidates and Political Committees in a Runoff Election
- January 8, 2015 Periodic Report** (October 1, 2015, through December 31, 2015)Mandatory
- Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The Secretary of State must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+	Non-Itemized		This Period		Calendar year-to-date
Total amount of contributions \$		+	\$ 715.00	\$	715.00	\$	715.00
Total amount of disbursements \$	400.00	+	15.00	\$	415.00	\$	415.00
Total amount of cash on hand				\$	300.00		

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

Roger A. Graves
Signature of Candidate

5-6-15
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
- 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
- 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee

Reporting period through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name	<input type="text"/>	\$ <input type="text"/>
Mailing Address	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="text"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name	<input type="text"/>	\$ <input type="text"/>
Mailing Address	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="text"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name	<input type="text"/>	\$ <input type="text"/>
Mailing Address	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="text"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) <input type="text"/>		
Full name	<input type="text"/>	\$ <input type="text"/>
Mailing Address	<input type="text"/>	\$ <input type="text"/>
City, State, Zip Code	<input type="text"/>	\$ <input type="text"/>
Name of Employer (Required)	<input type="text"/>	\$ <input type="text"/>
Occupation (Required)	Aggregate year-to-date	\$ <input type="text"/>

Name of Candidate or Committee ROGER A. GRAVES
 Reporting period 01-01-2015 through 04-30-2015

ITEMIZED DISBURSEMENTS

A. Full name ENTERPRISE JOURNAL	Date (Mo., Day, Year) 4/6/15	Amount of each disbursement this period \$ 400.00
Mailing Address 112 OLIVER EMMERICH DR.		
City, State, Zip Code McCOMB, MS 39648	___/___/___	\$
Purpose of Disbursement (Optional) POLITICAL CALENDAR	Aggregate Year-to-date	\$ 400.00
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$