2015 ELECTION CYCLE

FILED
Delbert Hosemann
SECRETARY OF STATE
PIKE COUNTY, MISS.
MAY 06 2015
ROGER A. GRAVES
CIRCUIT CLERK
BY

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

Name of Candidate ROGER A. GRAVES

Address 1090 ROLLINGWOOD DR, SUMMIT County PIKE

Telephone (Work) 601-783-2581 (Home) 601-248-1044 Cell (Fax) 601-783-6322

Contact Name ROGER GRAVES Email Address rogerg@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) *All Candidates and Political Committees*
(Independent Candidates report January 1, 2015 through October 24, 2015)

____ 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.

Signature of Candidate [signature] Date 5-6-15

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: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	$
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	$
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$

C. Source ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	$
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	___/___/___	$
Mailing Address	___/___/___	$
City, State, Zip Code	___/___/___	$
Name of Employer (Required)	___/___/___	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee ROGER A. GRAVES

Reporting period 01-01-2015 through 04-30-2015

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
ENTERPRISE JOURNAL	4/6/15	$ 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	$