

Delbert Hosemann  
**SECRETARY OF STATE**  
 PIKE COUNTY, MISS.  
 OCT 02 2015  
 ROGER A. GRAVES  
 CIRCUIT CLERK

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

Name of Candidate Roger A. Graves  
 Address 1090 Rollingwood Dr, Summit, MS 39666 County Pike  
 Telephone (Work) 601-783-2581 (Home) 601-248-1044 (cell) (Fax) 601-783-6322  
 Contact Name Roger A. 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)*  
*(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, 2016 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	\$ 3,950.00	+ \$ 300.00	\$ 4,250.00	\$ 5,065.00
Total amount of disbursements	\$ 1,541.08	+ \$ 380.00	\$ 1,921.08	\$ 2,336.08
<b>Total amount of cash on hand</b>			<b>\$ 2728.92</b>	

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

10-2-15  
 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) 578-2545
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 Roger A. GravesReporting period 07-01-15 through 09-30-15

## 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) _____			
Full name <u>Mike and Noriko Faust</u>		<u>08</u> / <u>05</u> / <u>15</u>	\$ <u>500.00</u>
Mailing Address <u>200 3rd st</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>McComb, MS 39648</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self Employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Accountant</u>		Aggregate year-to-date	\$ <u>500.00</u>
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) _____			
Full name <u>Barry Smith</u>		<u>08</u> / <u>10</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>4059 Centerville Rd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Magnolia, MS 39652</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Southern Pipe</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Management</u>		Aggregate year-to-date	\$ <u>300.00</u>
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) _____			
Full name <u>Ronnie Whittington</u>		<u>08</u> / <u>12</u> / <u>15</u>	\$ <u>600.00</u>
Mailing Address <u>229 Maint St</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>McComb, MS 39648</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self Employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>600.00</u>
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) _____			
Full name <u>Hal Holloway</u>		<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>7083 Enterprise Rd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Summit, MS 39666</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Alford, Holloway, Smith</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Accountant</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Roger A. GravesReporting period 07-01-15 through 09-30-15

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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) _____			
Full name <u>Tim Stamps</u>		<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>1098 Schmidt Rd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>McCom, MS 39648</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Fred's Pharmacy</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Pharmacist</u>		Aggregate year-to-date	\$ <u>250.00</u>
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) _____			
Full name <u>Mark Wallace</u>		<u>09</u> / <u>15</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>6521 County Line Rd</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Summit, MS 39666</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Self Employed</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Wallace Lumber Co.</u>		Aggregate year-to-date	\$ <u>300.00</u>
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) _____			
Full name <u>Pat Brumfield</u>		<u>09</u> / <u>17</u> / <u>15</u>	\$ <u>250.00</u>
Mailing Address <u>501 Pearl River Ave</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>McComb, MS 39648</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Brumfield Oil Co.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>250.00</u>
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) _____			
Full name <u>Gerald Austin</u>		<u>09</u> / <u>17</u> / <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>3134 Hwy 570W</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
City, State, Zip Code <u>Summit, MS 39666</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Name of Employer (Required) <u>Austin Electric</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$ <u>  </u>
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Roger A. Graves

Reporting period 07-01-15 through 09-30-15

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> Lance Varnado	09 / 17 / 15	\$ 500.00
<b>Mailing Address</b> 407 Apache Dr	/ /	\$
<b>City, State, Zip Code</b> McComb, MS 39648	/ /	\$
<b>Name of Employer (Required)</b> State Farm Insurance	/ /	\$
<b>Occupation (Required)</b> Agent	<b>Aggregate year-to-date</b>	\$ 500.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> _____	/ /	\$
<b>Mailing Address</b> _____	/ /	\$
<b>City, State, Zip Code</b> _____	/ /	\$
<b>Name of Employer (Required)</b> _____	/ /	\$
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> _____	/ /	\$
<b>Mailing Address</b> _____	/ /	\$
<b>City, State, Zip Code</b> _____	/ /	\$
<b>Name of Employer (Required)</b> _____	/ /	\$
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
<b>Full name</b> _____	/ /	\$
<b>Mailing Address</b> _____	/ /	\$
<b>City, State, Zip Code</b> _____	/ /	\$
<b>Name of Employer (Required)</b> _____	/ /	\$
<b>Occupation (Required)</b> _____	<b>Aggregate year-to-date</b>	\$

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## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Southwest Broadcasting	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 206 N. Front St.	<u>08</u> / <u>13</u> / <u>15</u>	\$ 300.00
<b>City, State, Zip Code</b> McComb, MS 39648	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Political Calendar	<b>Aggregate</b> <b>Year-to-date</b>	\$ 300.00
<b>B. Full name</b> Victor Lowery	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1090 Hwy 51 & 98	<u>09</u> / <u>18</u> / <u>15</u>	\$ 500.00
<b>City, State, Zip Code</b> McComb, MS 39649	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Signs	<b>Aggregate</b> <b>Year-to-date</b>	\$ 500.00
<b>C. Full name</b> Enterprise Journal	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 2009	<u>  </u> / <u>  </u> / <u>  </u>	\$ 421.20
<b>City, State, Zip Code</b> McComb, MS 39649	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Ads and Cards	<b>Aggregate</b> <b>Year-to-date</b>	\$ 421.20
<b>D. Full name</b> Brookhaven Graphics	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 1535 W. Industrial Pk Rd NW	<u>09</u> / <u>30</u> / <u>15</u>	\$ 319.88
<b>City, State, Zip Code</b> Brookhaven, MS 39601	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> T-Shirts	<b>Aggregate</b> <b>Year-to-date</b>	\$ 319.88
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>City, State, Zip Code</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$