

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2015 Election

FILED
PIKE COUNTY, MISS.
OCT 28 2015
BY *RAG*
ROGER A. GRAVES
CIRCUIT CLERK

Name of Candidate Roger A. Graves
Address 1090 Rollingwood Dr., Summit, MS 39666 County Pike
Telephone (Work) 601-783-2581 (Home) 601-248-1044 (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)
(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	\$ 300.00	+ \$ 380.00	\$ 680.00	\$ 5,745.00
Total amount of disbursements	\$ 653.84	+ \$ 2,020.75	\$ 2,674.59	\$ 5,010.67
Total amount of cash on hand			\$ 734.33	

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

10/28/2015
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 Roger A. Graves

Reporting period 10-01-15 through 10-24-15

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
Full name <u>Jason Jones</u>	<u>10</u> / <u>01</u> / <u>15</u>	\$ <u>300.00</u>
Mailing Address <u>905 Park Ave</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>McComb, MS</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>Self Employed</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>Funeral Director</u>	Aggregate year-to-date	\$ _____
B. 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
Full name _____	____ / ____ / ____	\$ _____
Mailing Address _____	____ / ____ / ____	\$ _____
City, State, Zip Code _____	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
C. 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
Full name _____	____ / ____ / ____	\$ _____
Mailing Address _____	____ / ____ / ____	\$ _____
City, State, Zip Code _____	____ / ____ / ____	\$ _____
Name of Employer (Required) _____	____ / ____ / ____	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____
D. 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
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. GravesReporting period 10-01-15 through 10-24-15

ITEMIZED DISBURSEMENTS

A. Full name Enterprise Journal	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 112 Oliver Emmerich Drive	10 / 01 / 15	\$ 205.00
City, State, Zip Code McComb, MS 39648	10 / 19 / 15	\$ 750.00
Purpose of Disbursement (Optional) ads	Aggregate Year-to-date	\$ 1,376.20
B. Full name Southwest Broadcasting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 206 N. Front St.	10 / 09 / 15	\$ 250.00
City, State, Zip Code McComb, MS 39648	__ / __ / __	\$
Purpose of Disbursement (Optional) radio spots	Aggregate Year-to-date	\$ 550.00
C. Full name Telesouth Communications	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 07 / 15	\$ 325.00
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name McComb Printing Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 805	10 / 01 / 15	\$ 240.75
City, State, Zip Code McComb, MS 39648	__ / __ / __	\$
Purpose of Disbursement (Optional) Balloons	Aggregate Year-to-date	\$
E. Full name Victor Lowery	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1090 Hwy 51 & 98	10 / 19 / 15	\$ 250.00
City, State, Zip Code McComb, MS 39648	__ / __ / __	\$
Purpose of Disbursement (Optional) Signs	Aggregate Year-to-date	\$ 750.00
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	\$