

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

**FILED**  
PIKE COUNTY, MISS.  
OCT 28 2015  
BY *Rogers*  
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

<b>A. 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> 112 Oliver Emmerich Drive	<u>10</u> / <u>01</u> / <u>15</u>	\$ 205.00
<b>City, State, Zip Code</b> McComb, MS 39648	<u>10</u> / <u>19</u> / <u>15</u>	\$ 750.00
<b>Purpose of Disbursement (Optional)</b> ads	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,376.20
<b>B. 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>10</u> / <u>09</u> / <u>15</u>	\$ 250.00
<b>City, State, Zip Code</b> McComb, MS 39648	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> radio spots	<b>Aggregate</b> <b>Year-to-date</b>	\$ 550.00
<b>C. Full name</b> Telesouth Communications	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	<u>10</u> / <u>07</u> / <u>15</u>	\$ 325.00
<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>D. Full name</b> McComb Printing Co	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P.O. Box 805	<u>10</u> / <u>01</u> / <u>15</u>	\$ 240.75
<b>City, State, Zip Code</b> McComb, MS 39648	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Balloons	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. 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>10</u> / <u>19</u> / <u>15</u>	\$ 250.00
<b>City, State, Zip Code</b> McComb, MS 39648	<u>  </u> / <u>  </u> / <u>  </u>	\$
<b>Purpose of Disbursement (Optional)</b> Signs	<b>Aggregate</b> <b>Year-to-date</b>	\$ 750.00
<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>	\$