

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

| | | | |
|---|---|--|-------------------|
| 1. DATE OF REPORT <u>11/15/17</u> | 2.a. NAME OF CANDIDATE OR COMMITTEE <u>Jo Ann Graves for Mayor</u> | | |
| 2.b. IF COMMITTEE NAME OF CANDIDATE <u>Jo Ann Graves</u> | 3. ELECTION DATE <u>11/4/2014</u> | | |
| 4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>197 Woodlawn Dr, Ballwin, In 37066 615-587-0199</u> | | | |
| 4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone | | | |
| 5. OFFICE SOUGHT (include district number, if applicable) <u>Mayor</u> | | 6. NAME OF POLITICAL TREASURER (may be candidate) <u>Bill Graves</u> | |
| 7. CATEGORY OR REPORT (check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input checked="" type="checkbox"/> YEAR-END SUPPLEMENTAL | | | |
| 8.a. BEGINNING DATE OF REPORTING PERIOD <u>7/1/16</u> | | 8.b. ENDING DATE OF REPORTING PERIOD <u>1/15/17</u> | |
| 9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. | | | |
| 10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. | | | |
| <u>Jo Ann Graves</u> <u>11/15/17</u> signature of candidate date | | <u>Bill Graves</u> <u>1/15/17</u> signature of political treasurer date | |
| <u>Royce Probs</u> <u>1-15-2017</u> signature of witness date | | <u>Royce Probs</u> <u>1-15-17</u> signature of witness date | |
| 12. SUMMARY | | | |
| a. BALANCE ON HAND LAST REPORT | | | \$ <u>1176.62</u> |
| b. TOTAL RECEIPTS THIS PERIOD | | | \$ _____ |
| A.M. P.M. | | | |
| c. TOTAL DISBURSEMENTS THIS PERIOD | | | \$ <u>1176.62</u> |
| d. BALANCE ON HAND (SUMMARY 12d. minus 12c.) | | | \$ <u>0</u> |
| ELECTION COMMISSION | | | |
| e. TOTAL LOANS OUTSTANDING | | | \$ <u>0</u> |
| f. TOTAL OBLIGATIONS OUTSTANDING | | | \$ <u>0</u> |



SUMMARY PAGE - CANDIDATE

| | |
|--|--|
| 13. NAME OF CANDIDATE OR COMMITTEE (In Full) <i>As Announced for Mayor 2014</i> | 14. REPORT COVERING THE PERIOD FROM: <i>7/1/16</i> TO: <i>1/15/17</i> |
|--|--|

RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
- b. Itemized Contributions (over \$100 from each source this period) \$ _____
- c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ _____

16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ _____

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

| | | |
|-----------------|----|----------------|
| <i>Salaries</i> | \$ | <i>1176.62</i> |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Total of Expenditures (\$100 or less each payee) \$ _____

b. Itemized Expenditures (Over \$100 each payee this period) \$ *1176.62*

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ *1176.62*

20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ *1176.62*

22. IN-KIND CONTRIBUTIONS

- a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____
- b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____
- c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____

23. OBLIGATIONS

- a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____
- b. Itemized Obligations Outstanding (Over \$100 each) \$ _____
- c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.) \$ _____



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

| | | | | | |
|--|--|----------------------------|---|-----------------|-----------------------|
| 1. NAME OF CANDIDATE OR COMMITTEE <i>Jo Ann Shavers for Mayor 2011</i> | | | 2. REPORT COVERING THE PERIOD FROM: <i>7/1/16</i> TO: <i>1/15/17</i> | | |
| 3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) | | | Amount | | |
| 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period) | | | | | |
| First Name | | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | Address | | City | State Zip Code |
| <i>Salvus</i> | | <i>552 Huntsville Pike</i> | | <i>Mallatin</i> | <i>Al 37066</i> |
| | | <i>Charitable Donation</i> | | <i>1176.62</i> | |
| First Name | | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | Address | | City | State Zip Code |
| | | | | | |
| First Name | | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | Address | | City | State Zip Code |
| | | | | | |
| First Name | | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | Address | | City | State Zip Code |
| | | | | | |
| First Name | | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | Address | | City | State Zip Code |
| | | | | | |
| First Name | | Middle Name | Purpose of Expenditure | | Amount of Expenditure |
| Last Name/Business Name | | Address | | City | State Zip Code |
| | | | | | |
| 5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.) | | | | | |