

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

For use by Members, officers, and employees

FORM A

Page 1 of 8

HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2009 MAY 13 AM 11:19

(Office Use Only)

Samuel B. "Sam" Graves, Jr.
(Full Name)

(202) 225-7041
(Daytime Telephone)

Filer ☒ Member of the U.S. House of Representative
State: MO District: 6th

☐ Officer Or Employee
Employing Office:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If yes, complete and attach Schedule V.			

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Tarkio, Missouri R-1 School District	Teachers Salary of spouse, Lesley, J. Graves	Not Applicable

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 3 of 8

BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.		at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
JT	Sam Graves Farms: Clark Township & Tarkio Township, Atchison County, MO	\$500,001 - \$1,000,000	Farm Income	\$15,001 - \$50,000	
JT	Rydex Mutual Funds/OTC Index Fund	\$1,001 - \$15,000	None	NONE	
JT	Janus Research Fund	\$1,001 - \$15,000	None	NONE	
JT	Oracle Corporation	\$1 - \$1,000	None	NONE	
JT	Cisco Corporation	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
JT	E-Trade Checking Account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Samuel B. "Sam" Graves, Jr.

Page 4 of 8

SP	Golden Triangle Energy Cooperative (Craig, MO)	\$1,001 - \$15,000	DIVIDENDS	\$5,001 - \$15,000	
JT	Farm Equipment & Machinery	\$15,001 - \$50,000	None	NONE	
JT	US Bank (2 Checking Accounts)	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	State of Missouri Retirement System	None	None	NONE	
JT	Home Depot	None	DIVIDENDS	\$1 - \$200	S
SP	Show Me Ethanol LLC (Ethanol Plant in Carroll County, Missouri)	\$1,001 - \$15,000	None	NONE	
JT	Nokia Corporation	None	DIVIDENDS	\$1 - \$200	S
JT	Time Warner, Inc.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Janus Contrarian Fund	\$1,001 - \$15,000	DIVIDENDS/ CAPITAL GAINS	\$201 - \$1,000	
JT	Janus Midcap Value Fund	\$1,001 - \$15,000	DIVIDENDS/ CAPITAL GAINS	\$201 - \$1,000	
SP	Biofuels LLC (Biodiesel Plant in Mexico, MO)	\$15,001 - \$50,000	None	\$1,001 - \$2,500	
JT	Congressional Federal Credit Union	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Qualcomm	\$1 - \$1,000	INTEREST	\$1 - \$200	

SCHEDULE IV - TRANSACTIONS

Name Samuel B. "Sam" Graves, Jr.

Page 5 of 8

Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
JT	Home Depot	S	11-9-07	\$1,001 - \$15,000
JT	Nokia Corporation	S	11-9-07	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name Samuel B. "Sam" Graves, Jr.

Page 6 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Farmers State Bank, Tarkio, MO	Mortgage on Farm 1 (115 acres)	\$15,001 - \$50,000
JT	Farmers State Bank, Tarkio, MO	Mortgage on Farm 2 (240 acres)	\$50,001 - \$100,000
JT	Farmers State Bank, Tarkio, MO	Mortgage on Farm	\$15,001 - \$50,000

SCHEDULE VIII - POSITIONS

Name Samuel B. "Sam" Graves, Jr.

Page 7 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Owner	Sam Graves Farms

SCHEDULE IX - AGREEMENTS

Name Samuel B. "Sam" Graves, Jr.

Page 8 of 8

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2000	State of Missouri Employment Retirement System	State of Missouri Employee Retirement Program as a member of the Missouri General Assembly