



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C253283

1. DATE OF REPORT 5/9/2025	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Ron Graves 4 Fourth Ward	
3. COMMITTEE MAILING ADDRESS 3805 Bent Oak Dr CITY / STATE / ZIP Columbia MO 65203	4. COMMITTEE TELEPHONE NUMBER (573) 673-8880
5. TREASURER'S NAME Matthew Robe Matt	
6. TREASURER'S MAILING ADDRESS 203 Haywood Court CITY / STATE / ZIP Columbia MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 881-1483 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Vanessa Robe	
9. DEPUTY TREASURER'S MAILING ADDRESS 203 Haywood Ct Columbia MO 65203 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 819-5875 WORK:
11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2025 THROUGH 5/9/2025	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Ronald A Graves 3805 Bent Oak Drive Columbia MO 65203 (573) 673-8880 Council Person City of Columbia <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> Non-Partisan	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input checked="" type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED May 9 2025 4:38PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED May 9 2025 4:38PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Ron Graves 4 Fourth Ward	5/9/2025	

Receipts		A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported			\$ 30,882.04		
2. All Monetary Contributions Received This Period		\$ 310.85			
3. All Loans Received This Period		+ 0.00			
4. Miscellaneous Receipts This Period		+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 310.85			
6. In-kind Contributions Received This Period		+ 0.00			
7. Total All Receipts This Period (Sum 5A + 6A)		\$ 310.85			
8. Total All Receipts This Election (Sum 1B + 7A)			\$ 31,192.89		
Expenditures		A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported			\$ 14,798.70		
10. Expenditures made by cash or check this period		\$ 6,018.61			
11. In-Kind Expenditures made this period		+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)		+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 6,018.61			
14. Total Expenditures This Election (Sum 9B + 13A)			\$ 20,817.31		
Contributions Made		A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported			\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00	↔ Cash/Check		
	B	0.00	↔ Credit Card		
17. All In-Kind Contributions Made This Period		+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)		\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)			\$ 0.00		
Other Disbursements		A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 4,000.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)		+ 3,945.69			
22. Any Miscellaneous Disbursement Not Reported Elsewhere		+ 6,375.58			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)		\$ 14,321.27			
				Money On Hand	
				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 20,029.03
				25. Monetary Receipts this Period (From Item 5 - this page)	+ 310.85
				26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 20,339.88 b) Disbursements By Cash \$ 0.00	- 20,339.88
				27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 0.00
				Indebtedness	
				28. Outstanding Indebtedness at the beginning of this period	\$ 7,945.69
				29. Loans Received This Period	+ 0.00
				30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
				B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
				31. Payments Made on Loans This Period	- 4,000.00
				32. Debt Forgiven on Loans This Period	- 0.00
				33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 3,945.69
				34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Ron Graves 4 Fourth Ward		2. REPORT DATE 5/9/2025	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Jonathan States CITY/STATE: 3065 W Arrowhead Lake Dr COLUMBIA MO 65203 EMPLOYER: Little Dixie Construction -- Business Development <input type="checkbox"/> COMMITTEE:		----- AGGREGATE TO DATE 4/4/2025 ----- \$ 207.23	\$ 207.23 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Litherland CITY/STATE: 3745 E Turtle Hatch Rd SPRINGFIELD MO 65809 EMPLOYER: Property Management <input type="checkbox"/> COMMITTEE:		4/8/2025 ----- \$ 103.62	\$ 103.62 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY/STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 310.85	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 310.85	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 310.85	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 0.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED		16. DATE RECEIVED	
15. NAME AND ADDRESS OF LENDER		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 310.85	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 310.85	



MISSOURI ETHICS COMMISSION
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☐ LOAN RECEIVED

☒ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

Ron Graves 4 Fourth Ward

REPORT DATE

5/9/2025

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

3. LOAN I.D. NUMBER (IF ANY)

4. DATE OF LOAN

5. AMOUNT OF LOAN

\$

6. ANNUAL RATE OF INTEREST

%

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT
OR CREDIT

5/3/2025

Ron Graves
3805 Bent Oak Dr
Columbia MO 65203

4,000.00

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$ 4,000.00

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$ 4,000.00

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
Instructions on Reverse Side

Office Use Only

1. Name of Committee Ron Graves 4 Fourth Ward		2. Report Date 5/9/2025	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)		4. Amount Paid or Incurred This Period	
3. Category of Expenditure Service Fee		28.30	
Website		86.80	
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)		\$ 115.10	
6. Subtotal: Non-Itemized Expenditures Any Attached Pages		+ 0.00	
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)		\$ 115.10	
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)	
8. Name and Address of Recipient		9. Date	11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address: View Supplemental Form(s)			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)		\$ 0.00	
13. Subtotal: Any Attached Pages		+ 5,903.51	
14. Total: Itemized Expenditures This Period (Sum 12 + 13)		\$ 5,903.51	
15. Total: Monetary Expenditures This Period (Sum 7 + 14)		\$ 6,018.61	
16. Amount of Line 15 Above which was Paid Out This Period		\$ 6,018.61	
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards		\$ 0.00	
18. If Committee Made Any In-Kind Expenditures This Period, List Amount		\$ 0.00	
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)		\$ 4,000.00	
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			\$
Name:			<input type="checkbox"/> Monetary
Address:			<input type="checkbox"/> In-Kind
City / State:			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)		\$ 0.00	
24. Subtotal: Any Attached Pages		\$ 0.00	
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount		\$	
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)		\$ 0.00	
28. Total: In-Kind Contributions Made This Period, List Amount		\$ 0.00	



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE Ron Graves 4 Fourth Ward		REPORT DATE 5/9/2025	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Facebook ADDRESS: 1 Meta Way CITY/STATE: Menlo Park CA 94025	4/11/2025	Online Marketing \$	\$ PAID 1,588.43 <input type="checkbox"/> INCURRED
NAME: Winkler Media Solutions ADDRESS: 4104 Citation Dr CITY/STATE: Columbia MO 65202	4/21/2025	Online Marketing \$	\$ PAID 600.00 <input type="checkbox"/> INCURRED
NAME: Witt Print Shop ADDRESS: 1901 Vandiver Dr CITY/STATE: Columbia MO 65202	4/14/2025	Mailing \$	\$ PAID 265.08 <input type="checkbox"/> INCURRED
NAME: Wrenn Orey ADDRESS: 5757 E Blythe Rd CITY/STATE: Ashland MO 65010	5/3/2025	Campaign Worker \$ 75.00	\$ PAID 75.00 <input type="checkbox"/> INCURRED
NAME: Evan Tollenaar ADDRESS: 3700 Buckhaven Ct CITY/STATE: Columbia MO 65203	5/3/2025	Campaign Worker \$ 100.00	\$ PAID 100.00 <input type="checkbox"/> INCURRED
NAME: Will Graves ADDRESS: 3805 Bent Oak Dr CITY/STATE: Columbia MO 65203	5/3/2025	Campaign Worker \$ 400.00	\$ PAID 400.00 <input type="checkbox"/> INCURRED
NAME: Nate Pfenenger ADDRESS: 1600 Castle Rock Ct CITY/STATE: Columbia MO 65203	5/3/2025	Campaign Worker \$ 75.00	\$ PAID 75.00 <input type="checkbox"/> INCURRED
NAME: Grand Cru ADDRESS: 2600 S Providence Rd CITY/STATE: Columbia MO 65203	4/8/2025	Election Day Watch Party \$	\$ PAID 2,800.00 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	\$ PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C253283

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Debt Payment:

Balance due to FastSigns for Yard Signs

Amount: 1000.00

Debt Payment:

Payment to Witt Print Shop for Mailing

Amount: 2945.69

Miscellaneous Disbursement:

Contribution Reimbursement to Matt Robe

Amount: 2000.00



Missouri Ethics Commission
ADDENDUM STATEMENT

M.E.C. ID NO. C253283

INSTRUCTIONS ON REVERSE SIDE

PURPOSE: Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report.

Miscellaneous Disbursement:

Donation to Missouri District 4 Little League

Amount: 1375.58

Miscellaneous Disbursement:

Donation to Pacific Reefs & People Initiative

Amount: 3000.00



Missouri Ethics Commission
COMMITTEE TERMINATION STATEMENT

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

M.E.C. ID NO. C253283

1. FULL NAME OF COMMITTEE Ron Graves 4 Fourth Ward		2. DATE OF REPORT 5/9/2025	3. DATE OF DISSOLUTION 5/9/2025
4. TREASURER'S NAME AND ADDRESS NAME: Matthew Robe Matt ADDRESS: 203 Haywood Court CITY / STATE / ZIP: Columbia MO 65203		5. NAME, ADDRESS AND PHONE OF PERSON RESPONSIBLE FOR MAINTAINING RECORDS NAME: Ron Graves ADDRESS: 3805 Bent Oak Dr CITY / STATE / ZIP: Columbia MO 65203 TELEPHONE NO: 573-673-8880	
6. DISTRIBUTION OF SURPLUS FUNDS <input checked="" type="checkbox"/> CHECK IF NO SURPLUS REMAINED UPON TERMINATION			
A. NAME AND ADDRESS OF RECIPIENT		B. DATE OF TRANSFER	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
7. DISPOSAL OF OUTSTANDING DEBTS <input checked="" type="checkbox"/> CHECK IF COMMITTEE HAD NO DEBTS UPON TERMINATION			
A. NAME OF CREDITOR		B. DESCRIBE DISPOSAL OF DEBT	C. AMOUNT
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
NAME: ADDRESS: CITY / STATE / ZIP:			\$
8. TREASURER VERIFICATION OF DISSOLUTION: I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET. ELECTRONICALLY SIGNED _____ TREASURER'S SIGNATURE		9. CANDIDATE VERIFICATION OF DISSOLUTION: (CANDIDATE COMMITTEE ONLY) I CERTIFY THAT THE ABOVE NAMED COMMITTEE WAS DISSOLVED ON THE DATE INDICATED, AND THAT ALL REQUIREMENTS FOR TERMINATION UNDER SECTIONS 130.021.8 AND 130.046.7 RSMo HAVE BEEN MET. ELECTRONICALLY SIGNED _____ CANDIDATE'S SIGNATURE	