



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Ralph Abraham for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 16 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	127611.72	426315.15
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	127611.72	426315.15
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	172488.70	532233.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	172488.70	532233.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	94087.30	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	200000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Ralph Abraham for Congress

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	101752.67	368507.90
(ii) Unitemized.....	4481.00	26481.37
(iii) TOTAL of contributions from individuals ▶	106233.67	394989.27
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18750.00	20000.00
(d) The Candidate.....	2628.05	11325.88
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	127611.72	426315.15
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	6.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	127611.72	626321.15

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	172488.70	532233.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	172488.70	532233.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	138964.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	127611.72
25. SUBTOTAL (add Line 23 and Line 24).....	266576.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	172488.70
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94087.30

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WINTER QUARTERS HUNTING AND FISHING CLUB**

Mailing Address 105 Ponderosa Lane

City Saint Joseph State LA Zip Code 71366-4409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : A261284D25EA9423E814**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTINE SMITH ALLEN**

Mailing Address 87 Highway 856

City Rayville State LA Zip Code 71269-4512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BRACO Construction Building Construction

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : AA983A242936948238C2**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joe Anderson**

Mailing Address 2221 Llangeler Dr

City Ruston State LA Zip Code 71270-2476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nudel & Gussman Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : AC6E3B028FA6042F789F**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kent Anderson**

Mailing Address 2707 Pargoud Blvd

City State Zip Code  
Monroe LA 71201-2332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid South Extrusion Buisness Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 05 / 2014

**Transaction ID : A1D8EBA47D9AD4C1BA29**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Susie Ater**

Mailing Address 693 Highway 569

City State Zip Code  
Ferriday LA 71334-4447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : A1CCB89FEB99E46AC94A**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**John E Atkins**

Mailing Address 333 Texas Street, Ste 2300

City State Zip Code  
Shreveport LA 71101-3680

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ATCO Investment Co Investment Management

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2014

**Transaction ID : A3209EB336417423CB0C**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Emmett G Barham**

Mailing Address **PO Box 2536**

City **Monroe** State **LA** Zip Code **71207-2536**

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
**Information Requested**

Occupation Information Requested  
**Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A0A799D8AE05C4140A5D**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Todd Beene**

Mailing Address **PO Box 1562**

City **Tallulah** State **LA** Zip Code **71284-1562**

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
**Beene Pharmacy**

Occupation Information Requested  
**Pharmacist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 25 / 2014**

**Transaction ID : AF2B9AF0DA28A40DD9DD**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Blaine Mcdermott Borders**

Mailing Address **244 Saint Andrews Rd**

City **Calhoun** State **LA** Zip Code **71225-7931**

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested  
**Self**

Occupation Information Requested  
**Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date  
**1025.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 15 / 2014**

**Transaction ID : A533B026C4B6A4C2D958**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1275.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bryan Leonard Bossier**

Mailing Address **PO Box 379**

City **Woodworth** State **LA** Zip Code **71485-0379**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Diamond B Construction** Occupation **CEO**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date  
**2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 14 / 2014**

**Transaction ID : A80AC81DEDD844049DC**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Don Briggs**

Mailing Address **1331 Lakeridge Drive**

City **Baton Rouge** State **LA** Zip Code **70802-4326**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Louisiana Oil & Gas Association** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**553.30**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : AD9BDD6997DAA44EDBA9**

Amount of Each Receipt this Period  
**553.30**

In-kind:catering

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Douglas Coleman Brown**

Mailing Address **2801 Pargoud Blvd**

City **Monroe** State **LA** Zip Code **71201-2334**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date  
**3600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : A1F24FA9365444D61AFE**

Amount of Each Receipt this Period  
**2600.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5753.30**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Mark Nathan Brown**

Mailing Address 988 Oswalt Rd

City State Zip Code  
 Lake Providence LA 71254-5311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A4A2B1CD39BBC499C80B**

Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Bullock**

Mailing Address 247 Pelican Rd

City State Zip Code  
 Downsville LA 71234-4337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 JPS Company Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014

**Transaction ID : AE4A895BDCAE443B2878**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**William S Bundrick MD**

Mailing Address 2449 Hospital Dr, Ste 200

City State Zip Code  
 Bossier City LA 71111-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Willis-Knighton Health System Orthopedic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : ADE6583320E664DE98F8**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ben P Burnside Jr.**

Mailing Address PO Box 681

City State Zip Code  
Newellton LA 71357-0681

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : AF38F78650F444B8B9B3**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Judith M Camp**

Mailing Address 139 Bodet Rd

City State Zip Code  
Covington LA 70433-6256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A3C36267F06F4466C965**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Monte K Chapman**

Mailing Address 1 Hermitage Trce

City State Zip Code  
Monroe LA 71203-8705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : AF6322893C3A8435CBFB**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. R Blake Chatelain**

Mailing Address 1704 Emberly Oaks Ct

City: Alexandria State: LA Zip Code: 71301-2754

FEC ID number of contributing federal political committee: **C**

Name of Employer: Red River Bank Occupation: President and Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date: 1500.00

Date of Receipt: 11 / 10 / 2014

Transaction ID : AA1542FF64B4841E295E

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Imran Iftikhar Chaudry**

Mailing Address 1289 Finks Hideaway Rd

City: Monroe State: LA Zip Code: 71203-2801

FEC ID number of contributing federal political committee: **C**

Name of Employer: Monroe Cardiovascular Associates Occupation: Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 01 / 2014

Transaction ID : A6BB44521B07B436A9E4

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Kelly Wayne Clark Jr.**

Mailing Address 432 Beatty Rd

City: Ruston State: LA Zip Code: 71270-8358

FEC ID number of contributing federal political committee: **C**

Name of Employer: Self Occupation: K Squared Farms

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 20 / 2014

Transaction ID : A09C80BB6B2D74A0A876

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. SUSAN C COCHRAN**

Mailing Address 236 Cochran Rd

City Rayville State LA Zip Code 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : A7111F71BA1FD419ABDF**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kevin Coleman**

Mailing Address PO Box 603

City Coushatta State LA Zip Code 71019-0603

FEC ID number of contributing federal political committee. **C**

Name of Employer Kevin Coleman Aerosports Demographics Occupation Pilot/Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A8FC64353C8DC4D259BE**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. Renee Coleman**

Mailing Address 10088 Saint Bernard Dr

City Shreveport State LA Zip Code 71106-8544

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A6CF24391C5F84885AAB**

Amount of Each Receipt this Period  
**2600.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. Rhonda Coleman**

Mailing Address 5560 Highway 784

City Coushatta State LA Zip Code 71019-5140

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Administration

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : A06F3EDD1CDDC40318C9**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Wyche Coleman Jr.**

Mailing Address 5560 Highway 784

City Coushatta State LA Zip Code 71019-5140

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : AB6C173CE1AC3464C990**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Wyche T Coleman III**

Mailing Address 10088 Saint Bernard Dr

City Shreveport State LA Zip Code 71106-8544

FEC ID number of contributing federal political committee. **C**

Name of Employer Willis Knighton Health System Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : ADA657D0C9FF74C79838**

Amount of Each Receipt this Period  
2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffrey J Combetta**

Mailing Address 125 Saint Charles Cir

City State Zip Code  
Monroe LA 71203-8920

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : A29A749B501FB4790A94**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DONALD WAYNE CORNWELL**

Mailing Address 382 Wade Rd

City State Zip Code  
Rayville LA 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : AC7B315797C934E39B47**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Sally W Cox**

Mailing Address PO Box 247

City State Zip Code  
Oak Grove LA 71263-0247

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : A83FAA5B900C44C83BCB**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Lawrence J Danna**

Mailing Address 108 Contempo Ave

City West Monroe State LA Zip Code 71291-5312

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : ACE02EA4F711E4461B7D**

Amount of Each Receipt this Period  
 1000.00

2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jay C Dopson**

Mailing Address 2603 River Oaks Dr

City Monroe State LA Zip Code 71201-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : AFFA6E9C32B564F6FB14**

Amount of Each Receipt this Period  
 250.00

250.00

**C.** Full Name (Last, First, Middle Initial)  
**Don G Easterwood Jr.**

Mailing Address 401 Edwards St, Ste 1205

City Shreveport State LA Zip Code 71101-5505

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Oil & Gas

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : AB904F0F399054881AD4**

Amount of Each Receipt this Period  
 1000.00

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. EDWARD H EILAND Jr.**

Mailing Address **PO Box 511**

City **Delhi** State **LA** Zip Code **71232**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired Dentist** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A0B3EE660A0364D9087E**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Wilson Flournoy**

Mailing Address **1609 E Georgia Ave**

City **Ruston** State **LA** Zip Code **71270-4066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 11 / 2014**

**Transaction ID : A5608A5C5717A4C56846**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Michael Futrell**

Mailing Address **10875 Belle Cour Way**

City **Shreveport** State **LA** Zip Code **71106-7771**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **Medical Doctor**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A69C92206287743129DE**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Amy M Givler**

Mailing Address 405 Park Ave

City State Zip Code  
Monroe LA 71201-4025

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : A5ECD3BCE9ABE4BA2B44**

Amount of Each Receipt this Period  
 1000.00

1450.00

**B.** Full Name (Last, First, Middle Initial)  
**Amy M Givler**

Mailing Address 405 Park Ave

City State Zip Code  
Monroe LA 71201-4025

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : A764BE486B3B5423E9C6**

Amount of Each Receipt this Period  
 200.00

450.00

**C.** Full Name (Last, First, Middle Initial)  
**Danny Ross Graham**

Mailing Address PO Box 400

City State Zip Code  
Ruston LA 71273-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln Builders Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : ABE7A629A33C448A9BE2**

Amount of Each Receipt this Period  
 2600.00

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronny Graham**

Mailing Address 179 Brookside Rd

City Choudrant State LA Zip Code 71227-4840

FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln Builders Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A92118D4C0DD64CA78E2**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Warren J Green**

Mailing Address 1306 Riverside Dr

City Monroe State LA Zip Code 71201-5216

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A941E5D79F76648D4B7B**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Jimmy John Guillory**

Mailing Address PO Box 114

City Plaquemine State LA Zip Code 71362-0114

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Health & Hearing Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2014

**Transaction ID : A90CF383CD5934F8981C**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Aruna Gullapalli**

Mailing Address 3617 Cole Landing Dr

City State Zip Code  
Monroe LA 71201-2061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 06 / 2014

**Transaction ID : A641D1306A5D6425E98F**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew L Halbrook**

Mailing Address 706 Tarreyton Dr

City State Zip Code  
Ruston LA 71270-2737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Edward Jones Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : AD6F342921EDA419A831**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Gregory Hamer**

Mailing Address PO Drawer 3608

City State Zip Code  
Morgan City LA 70381-3608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
B&G Food Enterprises,LLC Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : AAE6DBDC2836D4412A36**

Amount of Each Receipt this Period  
 2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. Jason Meredith Hardie**

Mailing Address 514 J L Taylor Rd

City State Zip Code  
Baskin LA 71219-9239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self/USDA Conservationist

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 04 / 2014

**Transaction ID : A70BB0EDB0BD84E78843**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Ryan Carter Harrison**

Mailing Address 3101 Cuba Blvd

City State Zip Code  
Monroe LA 71201-2050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Francis Medical Ctr ER Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 10 / 2014

**Transaction ID : A463309657D374D0F8BF**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mike Harvey**

Mailing Address 113 Country Club Rd

City State Zip Code  
Monroe LA 71201-2501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Globus Medical Medical Sales

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 05 / 2014

**Transaction ID : AC3C40E3C608F4B048A0**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. DORA LOUISE MORTIMER HEATH**

Mailing Address PO Box 178

City State Zip Code  
Rayville LA 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : A7F2BE4C0059E4D51B38**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Hill**

Mailing Address 123 Hill Dr

City State Zip Code  
Tallulah LA 71282-5866

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Self Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : ACB393110A1634C6BAD4**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Johnnie Frazier Hogan**

Mailing Address 210 E Maryland Ave

City State Zip Code  
Ruston LA 71270-3416

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : AC81D6A5ECC754B76A1F**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan Horvath**

Mailing Address 1003 Bonnabel Ct

City State Zip Code  
Shreveport LA 71106-7120

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : AF14E29D517D4440B812**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Huckaby**

Mailing Address 170 Loblolly Ln

City State Zip Code  
Choudrant LA 71227-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : AA12DDEDE880A4F0C842**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Joseph Jacobs Jr.**

Mailing Address 4150 Old Sterlington Rd

City State Zip Code  
Monroe LA 71203-2670

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Self Gas Masters

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : A4923080581CA4439AD0**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lesley Simpson James**

Mailing Address 501 S Chautauqua Rd

City Ruston State LA Zip Code 71270-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : A431BDC9F88D84BA791F**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Robert G Jarrell. Jr.**

Mailing Address 2102 Redwood Dr

City Monroe State LA Zip Code 71201-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : ADBE3626F994D4D55A54**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Jones**

Mailing Address 711 McElwee Loop

City Delhi State LA Zip Code 71232-7331

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : AEB13C94DD9E64D4DBE0**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jo A Kelly**

Mailing Address 5221 Commons Cir

City Vicksburg State MS Zip Code 39180-5865

FEC ID number of contributing federal political committee. **C**

Name of Employer Drake's Landing, Inc. Occupation Pilot

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 05 / 2014**

**Transaction ID : A855081CC8E704BBCB70**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Anne B Kilpatrick**

Mailing Address 2802 Lovers Lane

City Ruston State LA Zip Code 71270-2251

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : ADC7A1D3E909A4B0182A**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Carole Kilpatrick**

Mailing Address 2902 River Oaks Dr

City Monroe State LA Zip Code 71201-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 10 / 2014**

**Transaction ID : ADACD55F1174E46BFBD1**

Amount of Each Receipt this Period  
**600.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1050.00**



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mrs. BETTY HATCH LANDRUM**

Mailing Address 910 Fragala St

City State Zip Code  
Rayville LA 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
**600.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 10 / 2014**

**Transaction ID : A0CD58D15B4B64D3C828**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Raymond J Lasseigne**

Mailing Address 341 Autumn Ridge Dr

City State Zip Code  
Bossier City LA 71111-8152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TMR Exploration, Inc Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A0747322B624344CB852**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**J Lee Leonard MD**

Mailing Address 1448 S College Rd

City State Zip Code  
Lafayette LA 70503-2920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 14 / 2014**

**Transaction ID : AA8E920C870304E89935**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CAROL ELAINE LOBRANO**

Mailing Address 2395 Highway 15

City Rayville State LA Zip Code 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
243.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : A213ADFEE277C4140AC0**

Amount of Each Receipt this Period  
243.00

In-kind:shirts

**B.** Full Name (Last, First, Middle Initial)  
**CAROL ELAINE LOBRANO**

Mailing Address 2395 Highway 15

City Rayville State LA Zip Code 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2243.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : A3FB5B73D79074AC9B55**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CAROL ELAINE LOBRANO**

Mailing Address 2395 Highway 15

City Rayville State LA Zip Code 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
2374.37

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 05 / 2014

**Transaction ID : ACD34716C68F04EF1BF5**

Amount of Each Receipt this Period  
131.37

In-kind:decorations

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2374.37

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wyatt Lobrano**

Mailing Address 2395 Hwy 15

City Rayville State LA Zip Code 71269-5705

FEC ID number of contributing federal political committee. **C**

Name of Employer Fifth Judicial District of Louisiana Occupation District Attorney Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : AC5E1BD85BA034614BE5**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary Wayne Lowder**

Mailing Address 1166 Leckie Rd

City Eros State LA Zip Code 71238-8375

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2014

**Transaction ID : AC533FC9A9D184E99836**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Constance Madden**

Mailing Address PO Box 856

City Minden State LA Zip Code 71058

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : AE4C636E3146442489B7**

Amount of Each Receipt this Period  
2400.00

Reattribution To  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Scott Madden**

Mailing Address PO Box 856

City Minden State LA Zip Code 71058-0856

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : AC60A2BDF3621466CB13**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**David Scott Madden**

Mailing Address PO Box 856

City Minden State LA Zip Code 71058-0856

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A870F8D54660E4E57A34**

Amount of Each Receipt this Period  
-2400.00

Reattribution From  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Judith Madden**

Mailing Address 4907 Windermere Blvd

City Alexandria State LA Zip Code 71303-2459

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
None Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : A4518A03FF6364DA2993**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clay Keener Mcconnell**

Mailing Address 380 Tremont Dr

City Ruston State LA Zip Code 71270-6821

FEC ID number of contributing federal political committee. **C**

Name of Employer LaSalle Corrections Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : AEBE3E0D398F347CA877**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Michelle McDaniel**

Mailing Address 350 Sunny Days Lane

City Columbia State LA Zip Code 71418-4301

FEC ID number of contributing federal political committee. **C**

Name of Employer Mac's Fresh Market Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 15 / 2014

**Transaction ID : A7D9D2D1CAFB7445CBA0**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Reggy McDaniel**

Mailing Address 350 Sunny Days Lane

City Columbia State LA Zip Code 71418-4301

FEC ID number of contributing federal political committee. **C**

Name of Employer Mac's Fresh Market Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 15 / 2014

**Transaction ID : A53CC2902029846B0A85**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William E McDonald**

Mailing Address **PO Box 945**

City **Newellton** State **LA** Zip Code **71357-0945**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Locust Ridge Gas Co., LLC** Occupation **Buisness Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
**11 / 13 / 2014**

**Transaction ID : AE5C1DD7FB6904DA0AAD**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Don M Mcgehee**

Mailing Address **2214 Highway 3061**

City **Ruston** State **LA** Zip Code **71270-9623**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **CPA**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**10 / 20 / 2014**

**Transaction ID : A2A0866616A3C41C2847**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Calvin McKenzie**

Mailing Address **PO Box 1919**

City **West Monroe** State **LA** Zip Code **71294-1919**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **McKenzie & Associates Electrical**

Receipt For: 2014  
 Primary  General  
 Other (specify) **Runoff2014**

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
**11 / 12 / 2014**

**Transaction ID : A589E0159793B4CC3A4C**

Amount of Each Receipt this Period  
**1500.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**2750.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Laverne Mercer**

Mailing Address PO Box 211

City Mangham State LA Zip Code 71259-0211

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A1C77A245D47E4D768D5**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey M Messinger**

Mailing Address 118 Greenside Dr

City Monroe State LA Zip Code 71203-8955

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : A24E14BDAD1EA400F870**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**James Walter Moore Jr.**

Mailing Address 3006 River Oaks Dr

City Monroe State LA Zip Code 71201-2030

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Moore Oil Company Inc

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A39EE1000B7144657AB7**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lynn Moore**

Mailing Address 3006 River Oaks Dr

City Monroe	State LA	Zip Code 71201-2030
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A962384D63AEF413DB1B**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Cherry P Morris**

Mailing Address 185 Joe White Rd

City Monroe	State LA	Zip Code 71203-2913
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Homemaker
--------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : AD320B5E7BE0B49F7877**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Huey P Morris**

Mailing Address 8662 Highway 127 S

City Jena	State LA	Zip Code 71342-5654
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Morris, Inc.	Occupation Real Estate Broker
----------------------------------	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : A1ADA482926D44F40843**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Randall Morris**

Mailing Address 185 Joe White Rd

City State Zip Code  
Monroe LA 71203-2913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Hospital Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : AE48EB26F236140A692A**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Janice Oneal Murphy**

Mailing Address 116 Yellow Pine Dr

City State Zip Code  
Ruston LA 71270-6827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : AA3ABD2CF18DD4B2685D**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES MARK NOBLE III**

Mailing Address 2785 Highway 132

City State Zip Code  
Rayville LA 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 31 / 2014

**Transaction ID : AD621D27332044357B9C**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Larry Wayne Norris**

Mailing Address 755 Highway 594

City State Zip Code  
Monroe LA 71203-8006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
West Monroe PD Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 05 / 2014

**Transaction ID : AF8FA50B3B55C4DF2B26**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Cyd Sheree Page**

Mailing Address 1449 Frenchmans Bend Rd

City State Zip Code  
Monroe LA 71203-8792

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Voorhies & Labbe' Law Firm Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : AFC7A4905E8BC403C927**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**George Kenneth Parkman**

Mailing Address 174 Woodvale Dr

City State Zip Code  
Dubach LA 71235-3266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 06 / 2014

**Transaction ID : A24FDC43B2C7E4F48B1A**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**George Kenneth Parkman**

Mailing Address 174 Woodvale Dr

City State Zip Code  
Dubach LA 71235-3266

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A5234BC09A78F457BAA9**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. Kaye U Perritt**

Mailing Address 708 Scales Rd

City State Zip Code  
Rayville LA 71269-6527

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Self Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A547332557E274919916**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Wayne Perritt**

Mailing Address PO Box 190

City State Zip Code  
Winnsboro LA 71295-0190

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : AA43308692B754D7A84C**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Lamont Phillips**

Mailing Address 1400 Ashland St

City Ruston State LA Zip Code 71270-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer National Jewelry Co Occupation Business Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : A132E97BA27AF480B83D**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mrs. MARY BOUGHTON PRUITT**

Mailing Address 1925 Highway 132

City Mangham State LA Zip Code 71259

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 06 / 2014

**Transaction ID : AB547E342A9D44B17A72**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Tracy Pruitt**

Mailing Address 148 Chapman White Rd

City Rayville State LA Zip Code 71269-4571

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A03025249A17E4878B21**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan A Richardson**

Mailing Address 611 Avoyelles St

City State Zip Code  
Monroe LA 71201-2403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Joe Jacobs Gas Masters

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : AA5570C8FB97B4591B0E**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Daphne M Robinson**

Mailing Address 1906 Marigold St

City State Zip Code  
Alexandria LA 71301-3934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 06 / 2014**

**Transaction ID : AED0E6C36A1DE418B9D0**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**R Skip Russell**

Mailing Address 105 East Reynolds Drive

City State Zip Code  
Ruston LA 71270-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : A87AB2E5C87EE424DB7E**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**850.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Darrel Dee Ryland**

Mailing Address PO Box 1469

City Marksville State LA Zip Code 71351-1469

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : A4E857D8A23EB4775BCB**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Bradley Sams**

Mailing Address 1001 North Halstead Road

City Ocean Springs State MS Zip Code 39564-3121

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : A512C17C256E84726B41**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. RUSSELL KENNETH SHOEMAKER**

Mailing Address PO Box 1043

City Rayville State LA Zip Code 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : AAD7215E06144413CA99**

Amount of Each Receipt this Period  
250.00

edonation

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mr. RUSSELL KENNETH SHOEMAKER**

Mailing Address PO Box 1043

City State Zip Code  
Rayville LA 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014

**Transaction ID : A5F63CE3E74A84367BE2**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Charles E Smith**

Mailing Address 1923 Park Ave

City State Zip Code  
Monroe LA 71201-3405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Orthodontics

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 21 / 2014

**Transaction ID : ADF02E50309E24DDB928**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Donald R Smith MD**

Mailing Address 3540 RUE DU LAC

City State Zip Code  
Shreveport LA 71107-7657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LSUHSC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : AA2D9848D7D474C06874**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

950.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Donald R Smith MD**

Mailing Address 3540 RUE DU LAC

City State Zip Code  
Shreveport LA 71107-7657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
LSUHSC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : A72800FD1752146C79E3**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**William Sreeton Sparks**

Mailing Address 2712 Birchwood Dr

City State Zip Code  
Monroe LA 71201-2339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sparks Nissan Kia Auto Dealer

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2014

**Transaction ID : A076414BE86B3417993C**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Benjamin M Stage**

Mailing Address 2509 Broadmoor Blvd

City State Zip Code  
Monroe LA 71201-2987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : A0D75BA91B5C84478BA8**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Everett Stagg**

Mailing Address 232 Saint Andrews Rd

City Calhoun State LA Zip Code 71225-7931

FEC ID number of contributing federal political committee. **C**

Name of Employer Coast Professional Inc Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : AE611D3643ACD47AE967**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**TIMMIE RAY THAMES**

Mailing Address 985 Mengle Rd

City Rayville State LA Zip Code 71269

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : A9C3CEF7F8AC748C39F7**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert B Todd**

Mailing Address PO Box 71

City Tallulah State LA Zip Code 71284-0071

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : A2593E022766949A2831**

Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 86  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Washburn**

Mailing Address 2167 Ridge Dr

City Pinetop State AZ Zip Code 85935-7260

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Orthopedic Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2014

**Transaction ID : A5E0AC14192EC431283D**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin Watson**

Mailing Address P.O. Box 780

City Saint Joseph State LA Zip Code 71366-0780

FEC ID number of contributing federal political committee. **C**

Name of Employer Cross Keys Bank Occupation Banker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A8A5DEA17D18241CEB0A**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Mr. Diron White**

Mailing Address 386 Brown Rd

City Mangham State LA Zip Code 71259-5147

FEC ID number of contributing federal political committee. **C**

Name of Employer Nisource Occupation HSE Coordinator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A55179822AAE4419EBE1**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Wilkinson**

Mailing Address 715 Hunter

City State Zip Code  
Houston TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Retired Business Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2014

**Transaction ID : A9F215BFAE5DF43CE87F**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER MICHAEL WILSON**

Mailing Address 2501 Highway 561

City State Zip Code  
Columbia LA 71418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Encana Production Operator

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 05 / 2014

**Transaction ID : A97FC4E0FFE304FCD96F**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Hatfield Woods**

Mailing Address 1046 Winterberry LN

City State Zip Code  
Shreveport LA 71106-8551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 12 / 2014

**Transaction ID : A2C83C9A82A704BF68DA**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 86
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jensen Young**

Mailing Address 1250 Dorchester

City Alexandria State LA Zip Code 71303-3086

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Message Occupation Marketing Director

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2014

**Transaction ID : A393C521CE69A4384B65**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

250.00

101752.67

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
BUILD Political Action Committee of the National Association of Home Builders (BUILD PAC)

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : A9F491844DE32471C922**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY, JR FOR CONGRESS

Mailing Address PO BOX 80126

City Lafayette State LA Zip Code 70598

FEC ID number of contributing federal political committee. **C** C00394866

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : A82E8D80076C4453FA6C**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Committee to Elect Judi Null

Mailing Address 530 N Chautauqua Road

City Ruston State LA Zip Code 71270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A16CCB0CA20F8460F977**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Eye of the Tiger PAC**

Mailing Address PO BOX 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A904E5E30331449B3922**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jay Guillot Campaign Fund**

Mailing Address P.O. Box 580

City Ruston State LA Zip Code 71273

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : AD3AB9DC32CB3485AA8B**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Louisiana Values PAC**

Mailing Address PO Box 325

City Minden State LA Zip Code 71058

FEC ID number of contributing federal political committee. **C** C00466904

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : AF441B05133084CD49D7**

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SCALISE FOR CONGRESS**

Mailing Address 2900 CLEARVIEW PKWY, STE 206

City State Zip Code  
 Metairie LA 70006

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : A2A65D0DF691A4154804**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**The Freedom Project PAC**

Mailing Address 320 First Street SE

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : ACCD2DE6245C5430AB49**

Amount of Each Receipt this Period  
 5000.00

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

7000.00

18750.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **211325.88**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A2FC3637A3A6446C0BB3**

Amount of Each Receipt this Period  
**48.72**

In-kind:fuel

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210563.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : A7259714202AD4F7DB46**

Amount of Each Receipt this Period  
**31.34**

In-kind:mailing expenses

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210292.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A949EA540D0A64EB3BBB**

Amount of Each Receipt this Period  
**27.20**

In-kind:postage

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**107.26**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **210890.45**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A7F432585447A45F0B94**

Amount of Each Receipt this Period  
**123.20**

In-kind:Volunteer Lunch

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210767.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : A02665244CDAF4D5A8AC**

Amount of Each Receipt this Period  
**31.32**

In-kind:fuel

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210292.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : AF733B506E56C43819A7**

Amount of Each Receipt this Period  
**70.53**

In-kind:lodging-travel

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**225.05**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210118.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A66946E8BCA94B1FBB2**

Amount of Each Receipt this Period  
 151.92

In-kind:Fuel

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **209966.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : A26C6791FA1D3479792B**

Amount of Each Receipt this Period  
 48.00

In-kind:fuel

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210693.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : A1CB58308CD1E405CA5D**

Amount of Each Receipt this Period  
 114.99

In-kind:lodging-travel

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

314.91

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **209304.98**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : ADD8605E8E9EB4CF0B1C**

Amount of Each Receipt this Period  
 14.37

In-kind:sign material

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **211325.88**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 13 / 2014

**Transaction ID : AC039C24B160E44A8B7B**

Amount of Each Receipt this Period  
 131.04

In-kind:Fuel

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210532.50**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : ABB38BD1E7D024A9A826**

Amount of Each Receipt this Period  
 55.39

In-kind:fuel

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**209507.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : A1EEF2378A4354462BE6**

Amount of Each Receipt this Period  
**202.27**

In-kind:lodging-travel

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210146.58**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : ACA83ACF661AA4FA1B8A**

Amount of Each Receipt this Period  
**28.33**

In-kind:McAlister's Deli

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**210336.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : A185C594C3B0145D4831**

Amount of Each Receipt this Period  
**43.20**

In-kind:fuel

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**273.80**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **210959.52**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 08 / 2014**

**Transaction ID : A714442D8B7AD4B15B57**

Amount of Each Receipt this Period  
**69.07**

In-kind:fuel

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **209304.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : AB0AD83769C8F4FCE8B7**

Amount of Each Receipt this Period  
**424.88**

In-kind:travel - hotel

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **209966.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : A52FEC8CC7F23451D993**

Amount of Each Receipt this Period  
**96.23**

In-kind:Travel

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**590.18**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **211325.88**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 13 / 2014**

**Transaction ID : A9A8FA9D200284374B09**

Amount of Each Receipt this Period  
**139.56**

In-kind:Fuel

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **209304.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : A3AAF32F1C66540E6A0F**

Amount of Each Receipt this Period  
**167.90**

In-kind:Fuel

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210735.93**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : A56E65217AC244B1DBB6**

Amount of Each Receipt this Period  
**42.53**

In-kind:fuel

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>349.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210532.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : AA46633BF3E8B488FB0E**

Amount of Each Receipt this Period  
 141.11

In-kind:Lodging-travel

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **209822.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A5AB9C9DC158049B9A56**

Amount of Each Receipt this Period  
 158.12

In-kind:Fuel

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210292.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : A17E1AF5B669A4C2EA99**

Amount of Each Receipt this Period  
 48.49

In-kind:Travel

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

347.72

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date **211006.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 11 / 2014**

**Transaction ID : A51076058384F45B0986**

Amount of Each Receipt this Period  
**47.04**

In-kind:Fuel

**B.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **209663.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 19 / 2014**

**Transaction ID : AFFAC3B7F2B954AA9917**

Amount of Each Receipt this Period  
**156.73**

In-kind:vehicle rental

**C.** Full Name (Last, First, Middle Initial)  
**Dr. RALPH LEE ABRAHAM Jr.**

Mailing Address P.O. Box 271

City Archibald State LA Zip Code 71218-0271

FEC ID number of contributing federal political committee. **C H4LA05221**

Name of Employer Affinity Health Group Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **210693.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 28 / 2014**

**Transaction ID : A716156556E614C5AA92**

Amount of Each Receipt this Period  
**14.57**

In-kind:fuel

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**218.34**

**2628.05**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 86
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Zoe Meeks CPA**

Mailing Address 217 Benedette Street

City Rayville State LA Zip Code 71269-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
837.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : A2C62F024D3B043C7A1D**

Amount of Each Receipt this Period  
 337.50

MEMO EXEMPT Accounting Services

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Zoe Meeks CPA**

Mailing Address 217 Benedette Street

City Rayville State LA Zip Code 71269-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A5D9FBC4308C64403A3B**

Amount of Each Receipt this Period  
 300.00

MEMO EXEMPT Accounting Services

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
**Zoe Meeks CPA**

Mailing Address 217 Benedette Street

City Rayville State LA Zip Code 71269-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Runoff2014

Election Cycle-to-Date  
975.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : A17BAA9D9021F4DAF865**

Amount of Each Receipt this Period  
 137.50

MEMO EXEMPT Accounting Services

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

0.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. AIS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 105 Pine St		Amount of Each Disbursement this Period 349.07 <b>Transaction ID : BC5DF4EE0C4FA47858B2</b>
City Monroe	State LA	
Zip Code 71201-6221	Purpose of Disbursement copier	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. AIS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 105 Pine St		Amount of Each Disbursement this Period 91.94 <b>Transaction ID : B6386D39D9A4A4FF09D0</b>
City Monroe	State LA	
Zip Code 71201-6221	Purpose of Disbursement copier count	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input checked="" type="checkbox"/> Other (specify) Runoff2014	

Full Name (Last, First, Middle Initial) <b>c. Aristotle International, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 205 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 2275.00 <b>Transaction ID : B1732B95D496E468EA70</b>
City Washington	State DC	
Zip Code 20003-1164	Purpose of Disbursement compliance software	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2716.01
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2014</b>
Mailing Address <b>2770 Louisville Ave</b>		Amount of Each Disbursement this Period <b>326.65</b>
City <b>Monroe</b> State <b>LA</b> Zip Code <b>71201-6129</b>	Purpose of Disbursement phone	<b>001</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : **BA3C3AF052CF04D6DB1F**

Full Name (Last, First, Middle Initial) <b>B. Campaign Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>117 North Saint Asaph Street</b>		Amount of Each Disbursement this Period <b>341.60</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-3109</b>	Purpose of Disbursement online fees	<b>003</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : **BE2DF65CD465242CD82E**

Full Name (Last, First, Middle Initial) <b>c. Campaign Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>117 North Saint Asaph Street</b>		Amount of Each Disbursement this Period <b>150.00</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314-3109</b>	Purpose of Disbursement Web Hosting	<b>001</b> Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Transaction ID : **B2FA6EB0A275645E693C**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>818.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Consulting Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 200 S Oakridge Dr Ste 101		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : B4E71456AAC4B4AD287B</b>
City Hudson Oaks	State TX	
Purpose of Disbursement political consulting		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Consulting Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 200 S Oakridge Dr Ste 101		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : B511D5F0F912C42AA930</b>
City Hudson Oaks	State TX	
Purpose of Disbursement political consulting		Category/ Type 004
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Daniel Kirk</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 118 Bodet Lane		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : B8300C8B7590D4C54AD1</b>
City Covington	State LA	
Purpose of Disbursement political consulting		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Delta Air Lines</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 445.38 <b>Transaction ID : BCA93F13D584F4FE7A86</b>
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement travel expenses Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Drakes Landing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 269		Amount of Each Disbursement this Period 435.34 <b>Transaction ID : B1E76775CB64B4EEBB05</b>
City Archibald State LA Zip Code 71218-0269	Purpose of Disbursement Air Fuel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 755.66 <b>Transaction ID : B635DB0A755434C2CBC0</b> <b>[MEMO ITEM]</b>
City Menlo Park State CA Zip Code 94025-1456	Purpose of Disbursement Advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	880.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 818.87
City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Disbursement Advertising	Category/ Type 004	
Candidate Name	Transaction ID : <b>BC9B720E8E396483EA95</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 744.09
City Menlo Park	State CA	Zip Code 94025-1456
Purpose of Disbursement Advertising	Category/ Type 004	
Candidate Name	Transaction ID : <b>B707084A83E284EDD8CB</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. JMC Enterprises of Louisiana</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1025 Chippenham Drive		Amount of Each Disbursement this Period 2800.00
City Baton Rouge	State LA	Zip Code 70808-5620
Purpose of Disbursement political consulting - polling	Category/ Type 005	
Candidate Name	Transaction ID : <b>B45CD9B366F3B47CAA8D</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. JMC Enterprises of Louisiana</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1025 Chippenham Drive		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : BF18FE60096304968B6C</b>
City Baton Rouge	State LA	
Zip Code 70808-5620	Purpose of Disbursement political consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. LA Sportsmen's Alliance</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 722 Osiris St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : B0CAAC6AFDF5A49AF92D</b>
City Alexandria	State LA	
Zip Code 71303-2220	Purpose of Disbursement sponsorship	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Left/Right Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 200 S Vieanna St		Amount of Each Disbursement this Period 1442.44 <b>Transaction ID : B9E0A473066194FC785D</b>
City Ruston	State LA	
Zip Code 71270-4443	Purpose of Disbursement printing	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1992.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Left/Right Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>200 S Vieanna St</b>		Amount of Each Disbursement this Period <b>2775.50</b> <b>Transaction ID : B282975B99AC64E36ADE</b>
City <b>Ruston</b> State <b>LA</b> Zip Code <b>71270-4443</b>	Purpose of Disbursement <b>political consulting &amp; printing</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Louisiana Department of Labor</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address <b>PO Box 270</b>		Amount of Each Disbursement this Period <b>1424.00</b> <b>Transaction ID : BCB62B242A3474691933</b>
City <b>Baton Rouge</b> State <b>LA</b> Zip Code <b>70821-0270</b>	Purpose of Disbursement <b>employee withholding - 3rd Q</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Louisiana Workforce Commission</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>1001 N. 23rd Street</b>		Amount of Each Disbursement this Period <b>438.05</b> <b>Transaction ID : B63A80795C70D488F969</b>
City <b>Baton Rouge</b> State <b>LA</b> Zip Code <b>70802-3338</b>	Purpose of Disbursement <b>unemployment tax</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff2014</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4637.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

**A. Low+Tritt**

Full Name (Last, First, Middle Initial)

Mailing Address 9724 Kingston Pike, Ste 305A

City Knoxville State TN Zip Code 37922-6910

Purpose of Disbursement push cards

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) Runoff2014

State: District:

Date of Disbursement 11 / 07 / 2014

Amount of Each Disbursement this Period 234.00

Transaction ID : BDE7EC303E92F49049AF

Category/Type 003

**B. Maxwell Hardware & Lumber Co., Inc**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 547

City Delhi State LA Zip Code 71232-0547

Purpose of Disbursement Sign-Hardware

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 28 / 2014

Amount of Each Disbursement this Period 23.59

Transaction ID : B66974F473E1D45FBA48

Category/Type 004

**c. Memory Walkers**

Full Name (Last, First, Middle Initial)

Mailing Address 411 Boat Ramp Rd

City Franklinton State LA Zip Code 70438-3625

Purpose of Disbursement signage at event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement 10 / 20 / 2014

Amount of Each Disbursement this Period 500.00

Transaction ID : B401EBBAF79EB413BA5A

Category/Type 004

**SUBTOTAL** of Disbursements This Page (optional)..... 757.59

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mike Healey Productions, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>1651 Louisville Ave, Ste 134</b>		Amount of Each Disbursement this Period <b>1872.55</b> <b>Transaction ID : B933F69B32E504393B0E</b>
City <b>Monroe</b> State <b>LA</b> Zip Code <b>71201-6040</b>	Purpose of Disbursement <b>media consulting</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mike Healey Productions, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address <b>1651 Louisville Ave, Ste 134</b>		Amount of Each Disbursement this Period <b>1848.15</b> <b>Transaction ID : B4DC6A00352FA4052AB6</b>
City <b>Monroe</b> State <b>LA</b> Zip Code <b>71201-6040</b>	Purpose of Disbursement <b>Production</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mike Healey Productions, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 11 / 2014</b>
Mailing Address <b>1651 Louisville Ave, Ste 134</b>		Amount of Each Disbursement this Period <b>1080.00</b> <b>Transaction ID : B1FAE5F78DB874E8EB79</b>
City <b>Monroe</b> State <b>LA</b> Zip Code <b>71201-6040</b>	Purpose of Disbursement <b>Screen production</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff2014</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4800.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Newbirth Creative</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address <b>149 Boeuf River Church Road</b>		Amount of Each Disbursement this Period <b>416.85</b> Transaction ID : <b>B59D9E18F18B64D8D8CE</b>
City <b>Winnsboro</b> State <b>LA</b> Zip Code <b>71295-7403</b>	Purpose of Disbursement <b>printing</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Office Depot</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>2301 Louisville Ave</b>		Amount of Each Disbursement this Period <b>78.28</b> Transaction ID : <b>B5740C988CE674386928</b>
City <b>Monroe</b> State <b>LA</b> Zip Code <b>71201-6126</b>	Purpose of Disbursement <b>office expense</b> Category/Type <b>007</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff2014</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ruston Daily Leader</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address <b>212 West Park Ave</b>		Amount of Each Disbursement this Period <b>317.00</b> Transaction ID : <b>BEABD9F97628840BF879</b>
City <b>Ruston</b> State <b>LA</b> Zip Code <b>71270-4314</b>	Purpose of Disbursement <b>Ad</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>812.13</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 86	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1825 Avenue of America		Amount of Each Disbursement this Period 1189.17 <b>Transaction ID : BAE4116C283BE4B15B18</b>
City Monroe	State LA	
Zip Code 71201-4529	Purpose of Disbursement Printing Invites	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) Runoff2014	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Price Agency</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 805 Jackson Street		Amount of Each Disbursement this Period 12000.00 <b>Transaction ID : B3E6EF4E5F3AA4541A6E</b>
City Winnsboro	State LA	
Zip Code 71295-2103	Purpose of Disbursement media consulting & media buy	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Price Agency</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 805 Jackson Street		Amount of Each Disbursement this Period 50000.00 <b>Transaction ID : B2901E59FD6E04D1E8C3</b>
City Winnsboro	State LA	
Zip Code 71295-2103	Purpose of Disbursement media consulting & media buy	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63189.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Price Agency</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address <b>805 Jackson Street</b>		Amount of Each Disbursement this Period <b>9600.00</b> <b>Transaction ID : BCB12DD9CB56646B3813</b>
City <b>Winnsboro</b> State <b>LA</b> Zip Code <b>71295-2103</b>	Purpose of Disbursement <b>Radio Buy</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Price Agency</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address <b>805 Jackson Street</b>		Amount of Each Disbursement this Period <b>10145.00</b> <b>Transaction ID : B79EC0874001E48D2974</b>
City <b>Winnsboro</b> State <b>LA</b> Zip Code <b>71295-2103</b>	Purpose of Disbursement <b>Media Consulting</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Price Agency</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>805 Jackson Street</b>		Amount of Each Disbursement this Period <b>5194.00</b> <b>Transaction ID : B2B5B1A5EF40C40839A3</b>
City <b>Winnsboro</b> State <b>LA</b> Zip Code <b>71295-2103</b>	Purpose of Disbursement <b>Media</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>24939.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Thomas Graphics, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 142226			Amount of Each Disbursement this Period 20294.81
City Austin	State TX	Zip Code 78714-2226	<b>Transaction ID : B06FDDC9EDAFE43ADB6C</b>
Purpose of Disbursement Printing Expenses for Advertising		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Trey Gibson</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 5166 Tallow Ln			Amount of Each Disbursement this Period 300.00
City Bossier City	State LA	Zip Code 71111-7815	<b>Transaction ID : B1AF243ECF3154DD48DC</b>
Purpose of Disbursement consulting		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 3744 Louisiana 15			Amount of Each Disbursement this Period 49.14
City Archibald	State LA	Zip Code 71218	<b>Transaction ID : BD002F4D198954D6690B</b>
Purpose of Disbursement Postage		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20643.95
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 72 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 28 / 2014</b>
Mailing Address <b>3744 Louisiana 15</b>		Amount of Each Disbursement this Period <b>65.31</b> <b>Transaction ID : B0B5DBC7A99884B2485C</b>
City <b>Archibald</b> State <b>LA</b> Zip Code <b>71218</b>	Purpose of Disbursement <b>Postage</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2014</b>
Mailing Address <b>3744 Louisiana 15</b>		Amount of Each Disbursement this Period <b>6.80</b> <b>Transaction ID : BCF0ED76DF2F84775AB1</b>
City <b>Archibald</b> State <b>LA</b> Zip Code <b>71218</b>	Purpose of Disbursement <b>Postage</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff2014</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Department of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>1500 Pennsylvania Avenue, NW</b>		Amount of Each Disbursement this Period <b>5679.00</b> <b>Transaction ID : BEF56AAC9D82F45C4998</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20229-0003</b>	Purpose of Disbursement <b>Payroll Tax</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5751.11</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Department of Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2014
Mailing Address 1500 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 6830.20 <b>Transaction ID : B99F31A7CB3B04CE2AFF</b>
City Washington State DC Zip Code 20229-0003	Purpose of Disbursement Payroll Tax Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period 48.72 <b>Transaction ID : B2FC3637A3A6446C0BB3</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:fuel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period 31.34 <b>Transaction ID : B7259714202AD4F7DB46</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:mailing expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6910.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>27.20</b> Transaction ID : <b>B949EA540D0A64EB3BBB</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>123.20</b> Transaction ID : <b>B7F432585447A45F0B94</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:Volunteer Lunch	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>31.32</b> Transaction ID : <b>B02665244CDAF4D5A8AC</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>181.72</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>70.53</b> Transaction ID : <b>BF733B506E56C43819A7</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:lodging-travel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>151.92</b> Transaction ID : <b>B66946E8BCA94B1FBB2</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:Fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>48.00</b> Transaction ID : <b>B26C6791FA1D3479792B</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:fuel	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>270.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014		
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 114.99		
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : B1CB58308CD1E405CA5D		
Purpose of Disbursement In-kind:lodging-travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 14.37		
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : BDD8605E8E9EB4CF0B1C		
Purpose of Disbursement In-kind:sign material		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014		
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 131.04		
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : BC039C24B160E44A8B7B		
Purpose of Disbursement In-kind:Fuel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	260.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014		
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 55.39		
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : <b>BBB38BD1E7D024A9A826</b>		
Purpose of Disbursement In-kind: fuel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014		
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 202.27		
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : <b>B1EEF2378A4354462BE6</b>		
Purpose of Disbursement In-kind: lodging-travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014		
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 28.33		
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : <b>BCA83ACF661AA4FA1B8A</b>		
Purpose of Disbursement In-kind: McAlister's Deli		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	285.99
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>43.20</b> Transaction ID : <b>B185C594C3B0145D4831</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind: fuel Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>69.07</b> Transaction ID : <b>B714442D8B7AD4B15B57</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind: fuel Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>424.88</b> Transaction ID : <b>BB0AD83769C8F4FCE8B7</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind: travel - hotel Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>537.15</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>96.23</b> Transaction ID : <b>B52FEC8CC7F23451D993</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 13 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>139.56</b> Transaction ID : <b>B9A8FA9D200284374B09</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:Fuel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) Runoff2014 <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>167.90</b> Transaction ID : <b>B3AAF32F1C66540E6A0F</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:Fuel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>403.69</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 42.53	
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : <b>B56E65217AC244B1DBB6</b>	
Purpose of Disbursement In-kind: fuel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 141.11	
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : <b>BA46633BF3E8B488FB0E</b>	
Purpose of Disbursement In-kind: Lodging-travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 158.12	
City Archibald	State LA	Zip Code 71218-0271	Transaction ID : <b>B5AB9C9DC158049B9A56</b>	
Purpose of Disbursement In-kind: Fuel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	341.76
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>48.49</b> Transaction ID : <b>B17E1AF5B669A4C2EA99</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:Travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 11 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>47.04</b> Transaction ID : <b>B51076058384F45B0986</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:Fuel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff2014	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Dr. RALPH LEE ABRAHAM Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2014</b>
Mailing Address P.O. Box 271		Amount of Each Disbursement this Period <b>156.73</b> Transaction ID : <b>BFFAC3B7F2B954AA9917</b>
City Archibald State LA Zip Code 71218-0271	Purpose of Disbursement In-kind:vehicle rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>252.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 86			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Dr. RALPH LEE ABRAHAM Jr.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address P.O. Box 271			Amount of Each Disbursement this Period 14.57 <b>Transaction ID : B716156556E614C5AA92</b>
City Archibald	State LA	Zip Code 71218-0271	
Purpose of Disbursement In-kind: fuel	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Mr. Don Briggs</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1331 Lakeridge Drive			Amount of Each Disbursement this Period 553.30 <b>Transaction ID : BD9BDD6997DAA44EDBA9</b>
City Baton Rouge	State LA	Zip Code 70802-4326	
Purpose of Disbursement In-kind: catering	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Mrs. Jodee Niswanger Bruyninckx</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 3318 Deborah Dr			Amount of Each Disbursement this Period 5526.75 <b>Transaction ID : B150AB92AFD66458689D</b>
City Monroe	State LA	Zip Code 71201-2151	
Purpose of Disbursement payroll	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6094.62
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 86			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. LUKE J LETLOW</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>	
Mailing Address <b>PO Box 192</b>			Amount of Each Disbursement this Period <b>8573.75</b>	
City <b>Start</b>	State <b>LA</b>	Zip Code <b>71279</b>	Transaction ID : <b>BC819AAEAE4124FC08BB</b>	
Purpose of Disbursement <b>Payroll</b>		Category/ Type <b>001</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Mr. LUKE J LETLOW</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>	
Mailing Address <b>PO Box 192</b>			Amount of Each Disbursement this Period <b>755.66</b>	
City <b>Start</b>	State <b>LA</b>	Zip Code <b>71279</b>	Transaction ID : <b>B9E9D62D02BED448091C</b>	
Purpose of Disbursement <b>Reimbursement - Social Media</b>		Category/ Type <b>004</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Mr. LUKE J LETLOW</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 22 / 2014</b>	
Mailing Address <b>PO Box 192</b>			Amount of Each Disbursement this Period <b>818.87</b>	
City <b>Start</b>	State <b>LA</b>	Zip Code <b>71279</b>	Transaction ID : <b>BC2A317E0C35A4E93B8F</b>	
Purpose of Disbursement <b>Reimbursement - Social Media</b>		Category/ Type <b>004</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>10148.28</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mr. LUKE J LETLOW</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2014</b>
Mailing Address <b>PO Box 192</b>		Amount of Each Disbursement this Period <b>744.09</b> <b>Transaction ID : B7976FA260BA8455FB54</b>
City <b>Start</b>	State <b>LA</b> Zip Code <b>71279</b>	
Purpose of Disbursement <b>Reimbursement - Social Media</b>	Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff2014</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAROL ELAINE LOBRANO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2014</b>
Mailing Address <b>2395 Highway 15</b>		Amount of Each Disbursement this Period <b>243.00</b> <b>Transaction ID : B213ADFEE277C4140AC0</b>
City <b>Rayville</b>	State <b>LA</b> Zip Code <b>71269</b>	
Purpose of Disbursement <b>In-kind:shirts</b>	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAROL ELAINE LOBRANO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 05 / 2014</b>
Mailing Address <b>2395 Highway 15</b>		Amount of Each Disbursement this Period <b>131.37</b> <b>Transaction ID : BCD34716C68F04EF1BF5</b>
City <b>Rayville</b>	State <b>LA</b> Zip Code <b>71269</b>	
Purpose of Disbursement <b>In-kind:decorations</b>	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Runoff2014</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1118.46</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 86	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ralph Abraham for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ms. Kenda J Reed</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 106 Racove Dr		Amount of Each Disbursement this Period <b>2374.49</b> Transaction ID : <b>BF856458D15C3495088D</b>
City West Monroe State LA Zip Code 71291-7349	Purpose of Disbursement payroll Candidate Name Category/Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2374.49</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>171418.15</b>

**SCHEDULE C (FEC Form 3)  
LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Ralph Abraham for Congress** Transaction ID : **C5015F0F315F442FBB91**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Dr. RALPH LEE ABRAHAM Jr.</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 271		

City	State	ZIP Code
Archibald	LA	71218-0271

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	0.00	200000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
09 / 25 / 2014	09 / 25 / 2015	0.04 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	200000.00
<b>TOTALS</b> This Period (last page in this line only).....	200000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**