

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 11 OCT 23 AM 10:51 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 WAYNE ABLES FOR SENATE

ADDRESS (number and street) 1026 WALTER DR BREAUX BRIDGE LA 70517- Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 00568790 3. IS THIS REPORT NEW (N) OR AMENDED (A) LA 08 CITY STATE ZIP CODE STATE DISTRICT

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) X General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 04 2014 in the State of LA

(c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 07 25 2014 through 09 25 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer MURIEL WAYNE ABLES Signature of Treasurer Muriel Ables Date 09 29 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use Only FEC FORM 3 (Revised 02/2003)

1402114204

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

WAYNE ABLES FOR SENATE

Report Covering the Period: From:

07 25 2014

To:

09 25 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	9,911.35	
(b) Total Contribution Refunds (from Line 20(d)) ...		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	9,911.35	
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ...		
(b) Total Offsets to Operating Expenditures (from Line 14) ...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...		
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) ...</b>		
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>		

**For further information contact:**

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

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

020814140000

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

WAYNE ABLES FOR SENATE

Report Covering the Period: From:

MM / DD / YYYY  
07 / 25 / 2014

To:

MM / DD / YYYY  
09 / 25 / 2014

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)...	0	0
(ii) Unitemized.....	0	0
(ii) TOTAL of contributions from individuals ..	0	0
(b) Political Party Committees...	0	0
(c) Other Political Committees (such as PACs)...	0	0
(d) The Candidate .....	9,911.35	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	9,911.35	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...	0	0
(b) All Other Loans...	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	9,911.35	

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**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	9,911.35	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ..		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...		
(b) Political Party Committees...		
(c) Other Political Committees (such as PACs)...		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...		
21. OTHER DISBURSEMENTS ...		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9,911.35	

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	9,911.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	9,911.35
25. SUBTOTAL (add Line 23 and Line 24)...	9,911.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	9,911.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	0.00

14021192822

**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 1 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. ONLINE CANDIDATE STORE</b>		Date of Disbursement M M D D Y Y Y Y <b>07 25 2014</b>
Mailing Address <b>P.O. BOX 402</b>		Amount of Each Disbursement this Period <b>,598.00</b>
City <b>MONTGOMERTY</b>	State <b>NY</b>	
Zip Code <b>12549</b>		MEMO: <b>ON LINE WEB SITE</b>
Purpose of Disbursement <b>ON LINE WEB SITE (ORDER# 1272)</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>B. SYMANTIC CORPORATION</b>		Date of Disbursement M M D D Y Y Y Y <b>08 06 2014</b>
Mailing Address <b>350 ELLIS STREET</b>		Amount of Each Disbursement this Period <b>,6134</b>
City <b>MOUNTAIN VIEW</b>	State <b>CA</b>	
Zip Code <b>94043</b>		MEMO: <b>NP1119085312</b>
Purpose of Disbursement <b>NORTON 360 ANTI-VIRUS PROGRAM</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>C. APPLE PIE REPAIR</b>		Date of Disbursement M M D D Y Y Y Y <b>08 21 2014</b>
Mailing Address <b>4519 B JOHNSTON ST.</b>		Amount of Each Disbursement this Period <b>,251.63</b>
City <b>LAFAYETTE</b>	State <b>LA</b>	
Zip Code <b>70503</b>		MEMO: <b>RES # 677562125</b>
Purpose of Disbursement <b>RESTORE COMPUTER / iPHONE</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>,910.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, , .</b>

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**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 2 OF 9			
	<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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. SECRETARY OF STATE</b>		Date of Disbursement M M D D Y Y <b>08 21 2014</b>
Mailing Address <b>P.O. BOX 94125</b>		Amount of Each Disbursement this Period  <b>, 900.00</b>
City <b>BATON ROUGE</b>	State <b>LA</b>	
Zip Code <b>70804-9125</b>		
Purpose of Disbursement <b>QUALIFYING FEE (RECEIPT 832633)</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>B. WELCOME CENTER - REPUBLIC PARKING</b>		Date of Disbursement M M D D Y Y <b>08 22 2014</b>
Mailing Address <b>617 NORTH 3RD</b>		Amount of Each Disbursement this Period  <b>, 2.00</b>
City <b>BATON ROUGE</b>	State <b>LA</b>	
Zip Code <b>70804</b>		
Purpose of Disbursement <b>PARKING - DRIVE TO LA ETHICS OFFICE</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M D D Y Y <b>08 23 2014</b>
Mailing Address <b>3515 LOUISIANA AVE</b>		Amount of Each Disbursement this Period  <b>, 88.17</b>
City <b>LAFAYETTE</b>	State <b>LA</b>	
Zip Code <b>70501</b>		
Purpose of Disbursement <b>OFFICE SUPPLIES</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>, 990.17</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, .</b>

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**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 <b>3</b> OF <b>9</b>	
	<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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. RIVERCITY NEWS</b>		Date of Disbursement <b>09 12 2014</b>
Mailing Address <b>2413 BETHAL RD.</b>		Amount of Each Disbursement this Period  <b>, 291.00</b> <i>MEMO TRANSACTION # 58007840V90902217 CHASE 5108</i>
City <b>LOGANSPOUT</b>	State <b>LA</b>	
Purpose of Disbursement <b>NEWS PAPER AD</b>	Category/Type	
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>B. MITCHELL MARTIN</b>		Date of Disbursement <b>09 12 2014</b>
Mailing Address <b>3515 LOUISIANA AVE</b>		Amount of Each Disbursement this Period  <b>, 115.02</b> <i>MEMO: CHASE 5108</i>
City <b>LAFAYETTE</b>	State <b>LA</b>	
Purpose of Disbursement <b>PHOTOS</b>	Category/Type	
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>09</b>	

Full Name (Last, First, Middle Initial) <b>C. FED EX OFFICE</b>		Date of Disbursement <b>09 12 2014</b>
Mailing Address <b>3809 AMBASSADOR CAFFERY PKWY</b>		Amount of Each Disbursement this Period  <b>, 215.95</b> <i>MEMO 0015206 CHASE 5108</i>
City <b>LAFAYETTE</b>	State <b>LA</b>	
Purpose of Disbursement <b>BROCHERE</b>	Category/Type	
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>, 621.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, , .</b>

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**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)			
	<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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. WALGREENS</b>		Date of Disbursement M M D D Y Y Y Y <b>08 25 2015</b>
Mailing Address <b>140 REES ST.</b>		Amount of Each Disbursement this Period  <b>, , 4.99</b>
City <b>BREUX BRIDGE</b>	State <b>LA</b>	
Zip Code <b>70517</b>		
Purpose of Disbursement <b>COPY PAPER</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b> District: <b>08</b>		

Full Name (Last, First, Middle Initial) <b>B. ACADEMY</b>		Date of Disbursement M M D D Y Y Y Y <b>09 12 2014</b>
Mailing Address <b>3215 LOUISIANA AVE</b>		Amount of Each Disbursement this Period  <b>, , 21.79</b>
City <b>LAFAYETTE</b>	State <b>LA</b>	
Zip Code <b>7050</b>		
Purpose of Disbursement <b>PROMOTIONAL TEE SHIRTS</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b> District: <b>08</b>		

Full Name (Last, First, Middle Initial) <b>C. OFFICE DEPOT</b>		Date of Disbursement M M D D Y Y Y Y <b>09 12 2014</b>
Mailing Address <b>3215 LOUISIANA AVE #57102</b>		Amount of Each Disbursement this Period  <b>, , 61.02</b>
City <b>LAFAYETTE</b>	State <b>LA</b>	
Zip Code <b>70501</b>		
Purpose of Disbursement <b>PRINTER INK</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b> District: <b>08</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>, , 87.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>, , .</b>

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**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 5 OF 9	
	<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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. WENDY GUIDRY</b>		Date of Disbursement <b>08 03 2014</b>	
Mailing Address		Amount of Each Disbursement this Period  <b>, , 20.00</b>	
City <b>HENDERSON</b>	State <b>LA</b>		Zip Code <b>70517</b>
Purpose of Disbursement <b>NOTARY FOR QUALIFYING</b>			Category/ Type
Candidate Name <b>MURIEL WAYNE ABLES</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>LA</b> District: <b>08</b>			

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement <b>08 21 2014</b>	
Mailing Address <b>3215 LOUISIANA AVE</b>		Amount of Each Disbursement this Period  <b>, 40.00</b>	
City <b>LAFAYETTE</b>	State <b>LA</b>		Zip Code <b>70501</b>
Purpose of Disbursement <b>TELEPHONE FOR COMMITTEE</b>			Category/ Type
Candidate Name <b>MURIEL WAYNE ABLES</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>LA</b> District: <b>08</b>		<b>MEMO: PHONE 337-342-5029</b>	

Full Name (Last, First, Middle Initial) <b>C. FED EX OFFICE</b>		Date of Disbursement <b>08 23 2014</b>	
Mailing Address <b>3808 AMBASSADOR CAFFERY PKWY</b>		Amount of Each Disbursement this Period  <b>, 496.87</b>	
City <b>LAFAYETTE</b>	State <b>LA</b>		Zip Code <b>70503</b>
Purpose of Disbursement <b>BROCHERE CREATION</b>			Category/ Type
Candidate Name <b>MURIEL WAYNE ABLES</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>LA</b> District: <b>08</b>		<b>MEMO: 8/23 5422-#135 1520 #350 2835 #11.87</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>, 556.87</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, , .</b>

14021142827

**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)			
	<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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. OFFICE DEPOT</b>		Date of Disbursement M M D D Y Y Y Y <b>09 11 2014</b>
Mailing Address <b>3515 LOUISIANA AVE</b>		Amount of Each Disbursement this Period  <b>23.29</b>  MEMO: TRN \$5.22 641 TRN 4678, 4281, 4503 \$18.07
City <b>LAFAYETTE</b>	State <b>LA</b>	
Zip Code <b>70501</b>	Purpose of Disbursement <b>COPIES BROCHERE/SUPPLIES</b>	
Candidate Name <b>MURIEL WAYNE ABLES</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>B. J.C. PENNY</b>		Date of Disbursement M M D D Y Y Y Y <b>09 12 2014</b>
Mailing Address <b>3125 LOUISIANA AVE STORE 2961-1</b>		Amount of Each Disbursement this Period  <b>373.64</b>  MEMO \$146.06 \$74.00 \$92.62 \$60.96
City <b>LAFAYETTE</b>	State <b>LA</b>	
Zip Code <b>70501</b>	Purpose of Disbursement <b>PROMOTIONAL CLOTHS - PHOTOS</b>	
Candidate Name <b>MURIEL WAYNE ABLES</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

Full Name (Last, First, Middle Initial) <b>C. GATOR GRAPHICS T-SHIRTS</b>		Date of Disbursement M M D D Y Y Y Y <b>09 12 2014</b>
Mailing Address <b>500 E. BRIDGE ST.</b>		Amount of Each Disbursement this Period  <b>115.02</b>  MEMO: Receipt 425971
City <b>BREAVX BRIDGE LA.</b>	State <b>LA</b>	
Zip Code <b>70517</b>	Purpose of Disbursement <b>PROMOTIONAL GRAPHICS ON TEE SHIRTS</b>	
Candidate Name <b>MURIEL WAYNE ABLES</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b>	District: <b>08</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>506.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14021142828

**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 <b>7</b> OF <b>9</b>			
	<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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. U.S. POST OFFICE</b>		Date of Disbursement <b>09 12 2014</b>
Mailing Address <b>REEVS STREET</b>		Amount of Each Disbursement this Period <b>, , 3.79</b>
City <b>BREAUX BRIDGE</b>	State <b>LA</b>	
Zip Code <b>70517</b>		Category/ Type
Purpose of Disbursement <b>CERTIFIED MAIL - OFFICE PUBLIC R</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b> District: <b>08</b>		

Full Name (Last, First, Middle Initial) <b>B. BLANCHARDS OFFICE SUPPLIES</b>		Date of Disbursement <b>09 11 2014</b>
Mailing Address <b>427 E MILLS AVE</b>		Amount of Each Disbursement this Period <b>, 22.56</b>
City <b>BREAUX BRIDGE</b>	State <b>LA</b>	
Zip Code <b>70517</b>		Category/ Type
Purpose of Disbursement <b>OFFICE SUPPLIES</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b> District: <b>08</b>		

Full Name (Last, First, Middle Initial) <b>C. EXXON</b>		Date of Disbursement <b>09 22 2014</b>
Mailing Address <b>2987 GRAND POINT HWY</b>		Amount of Each Disbursement this Period <b>, 224.92</b>
City <b>BREAUX BRIDGE, LA</b>	State <b>LA</b>	
Zip Code <b>70517</b>		Category/ Type
Purpose of Disbursement <b>REGULAR FUEL</b>		
Candidate Name <b>MURIEL WAYNE ABLES</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>LA</b> District: <b>08</b>		

mejo.  
8/21/14 QUALIFYING BRQ \$37.98  
8/22/14 ETHICS - LASALLE \$39.08  
8/23/14 FEDEX \$30.17  
8/29/14 ETHICS/N.O. \$32.73  
8/31/14 PICTURES \$30.20  
9/22/14 RADIO \$17.92

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>, 251.27</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, ,</b>

20141119142323

**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)

<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)  
**WAYNE ABLES FOR SENATE**

**A. CLEAR CHANNEL**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 22 2014

Mailing Address: 5555 HILTON AVE

City: BATON ROUGE State: LA Zip Code: 70804

Purpose of Disbursement: RADIO ADS

Candidate Name: MURIEL WAYNE ABLES

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: LA District: 08

Amount of Each Disbursement this Period: 3,550.00

MEMO:  
BATON ROUGE #1345  
DR-SETUP \$500  
NEW ORLEANS \$1,705

**B. RED LOBSTER**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 22 2014

Mailing Address: 6051 BLUE BONNET BLVD

City: BATON ROUGE State: LA Zip Code: 70804

Purpose of Disbursement: LUNCH

Candidate Name: MURIEL WAYNE ABLES

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: LA District: 08

Amount of Each Disbursement this Period: 30.57

**C. TOWN SQUARE MEDIA**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 24 2014

Mailing Address: 1749 BERTRAND

City: LAFAYETTE State: LA Zip Code: 70506

Purpose of Disbursement: RADIO ADS

Candidate Name: MURIEL WAYNE ABLES

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: LA District: 08

Amount of Each Disbursement this Period: 1,490.00

**SUBTOTAL** of Disbursements This Page (optional)..... 5,070.57

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

19021142830

**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 <b>9</b> OF <b>9</b>
	<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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial) <b>A. TOWN SQUARE MEDIA</b>		Date of Disbursement M M D D Y Y Y Y <b>09 25 2014</b>	
Mailing Address <b>6341 WESTPORT AVE</b>		Amount of Each Disbursement this Period  <b>, 915.00</b>	
City <b>SHREVEPORT</b>	State <b>LA</b>		Zip Code <b>71129</b>
Purpose of Disbursement <b>RADIO ADs</b>			
Candidate Name <b>MURIEL WAYNE ABLES</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: <b>LA</b>	District: <b>08</b>		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M	
Mailing Address		Amount of Each Disbursement this Period  ,	
City	State		Zip Code
Purpose of Disbursement			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M D	
Mailing Address		Amount of Each Disbursement this Period  ,	
City	State		Zip Code
Purpose of Disbursement			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>, 915.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>, 9,911.35</b>

15012121001

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE      OF  FOR LINE NUMBER: (check only one) <table style="float: right; margin-left: 20px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">13a</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding-left: 5px;">13b</td> </tr> </table>		13a		13b
	13a				
	13b				

NAME OF COMMITTEE (In Full)  
**WAYNE AGLES FOR SENATE**

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City	State      ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			%	<input type="checkbox"/> Yes <input 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:

SUBTOTALS This Period This Page (optional).....	\$
TOTALS This Period (last page in this line) ...	\$
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

15031192842

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <b>WAYNE ABLES FOR SENATE</b>	FEC IDENTIFICATION NUMBER <b>C</b>
--	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:  
 Amount of this Draw: \$

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \$

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? \$

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: M M / D D / Y Y Y Y  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y
---	-----------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

14021142819

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**WAYNE ABLES FOR SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ...		
2) TOTALS This Period (last page this line number only) ...		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		

14021192824

**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	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		M M M / Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	\$ . \$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		M M M / Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	\$ . \$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		M M M / Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	\$ . \$
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	\$ . \$
TOTAL This Period (last page this line number only).....	\$ . \$ <b>0.00</b>

**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 OF	
	<input 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)  
**WAYNE ABLES FOR SENATE**

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		, ,
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		, ,
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		, ,
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	, ,	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	, ,	.

14021142333

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full) <b>WAYNE ABLES FOR SENATE</b>	Report Covering Period: From: <span style="font-family: monospace;">M M D D Y Y Y Y</span> <b>07 25 2014</b>	To: <span style="font-family: monospace;">M M D D Y Y Y Y</span> <b>09 25 2014</b>
---	--	---

	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A		
B	Column Total Last Page Only.....	

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A		9,911.35	9911.35			
B						

	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 15 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A				9911.35	9911.35	
B						

	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A						
B						

	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A				9911.35	0	0
B						

	(aa) Line No. 10 Debts & Obligation Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	9911.35	9911.35			
B						

14021142837

FROM:

WAYNE ABLES

1026 WALTER DR.

BREWIX BRIDGE, LA

70517

TO:

SECRETARY OF STATE

OFFICE OF PUBLIC AFFAIRS

P.O. BOX 259

ALEXANDRIA, VA

22304

BY AIR MAIL

RECEIVED  
U.S. SENATE

NOV 14 1988

U.S. POSTAGE  
PAID  
PERMIT NO. 114  
ALEXANDRIA, VA  
00037189-03

1000  
22301  
\$5.98



7013 1090 0000 4573 7858

Scanned  
At 1/11

Utility Mailer  
10 1/2" x 16"

Ready Post

85878112001

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark **10/8/14**

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

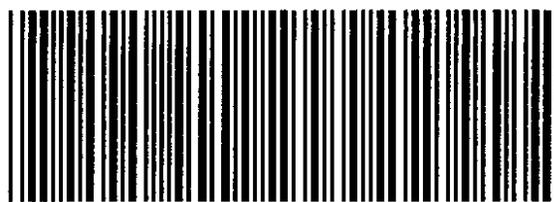
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

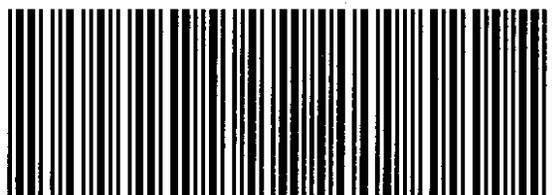
OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **MN** DATE PREPARED **10/23/14**

SECRETION



SEN PATCH



SEN PATCH

14021142840