

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

SECRETARY OF THE SENATE 14 NOV 17 AM 9:53

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)

1020 WALTER DR.

Check if different than previously reported. (ACC)

BREAUX BRIDGE

LA

70517

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00568790

3. IS THIS REPORT

X

NEW (N) OR

AMENDED (A)

LA

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM/DD/YYYY

in the State of

(c) 30-Day POST-Election Report for the:

X

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

LA

5. Covering Period

09/26/2014

through

11/24/2014

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 Wayne Ables

Date

11/06/2014

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)

14021221972

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

WAYNE ABLES FOR SENATE

Report Covering the Period: From:

09 / 26 / 2014

To:

11 / 03 / 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)) ..	2,713.84	1,2625.19
(b) Total Contribution Refunds (from Line 20(d)) ..		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	2,713.84	1,2625.19
7. Net Operating Expenditures		
(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))...	2,713.84	1,2625.19
8. Cash on Hand at Close of Reporting Period (from Line 27)...		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ..		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...		
	1,2625.19	

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)

Page 3

Write or Type Committee Name

WAYNE ABLES FOR SENATE

Report Covering the Period: From:

09 26 2014

To:

11 24 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)...		
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs)...		
(d) The Candidate.....	271384	1262519
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	271384	1262519
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...		
(b) All Other Loans...		
(c) TOTAL LOANS (add Lines 13(a) and (b))...		
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)...	271384	1262519

1402122197A

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	271,384	12,625.19
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) ▶	271,384	12,625.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	00
25. SUBTOTAL (add Line 23 and Line 24)...	00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	271,384
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	00

14021221975

**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

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) A. US POSTAL SERVICE		Date of Disbursement 10 08 2014
Mailing Address REE VS STREET		Amount of Each Disbursement this Period 56.17
City BREAUX BRIDGE, LA	State LA	
Zip Code 70517-4618		
Purpose of Disbursement POSTAL STAMPS / CERTIFIED MAIL		
Candidate Name MURIEL WAYNE ABLES		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: LA District: 08		

Full Name (Last, First, Middle Initial) B. EL CHICO		Date of Disbursement 10 09 2014
Mailing Address 2127 GREENWOOD Rd		Amount of Each Disbursement this Period 31.12
City SHREVEPORT	State LA	
Zip Code 71103		
Purpose of Disbursement LUNCH		
Candidate Name MURIEL WAYNE ABLES		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: LA District: 08		

Full Name (Last, First, Middle Initial) C. MCDONALD'S RESTAURANT		Date of Disbursement 10 09 2014
Mailing Address 5336 HWY 6		Amount of Each Disbursement this Period 14.68
City NATCHDOLCHES	State LA	
Zip Code 71457		
Purpose of Disbursement SUPER		
Candidate Name MURIEL WAYNE ABLES		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: LA District: 08		

SUBTOTAL of Disbursements This Page (optional)..... **101.97**

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

14021221976

**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 8

<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)

Date of Disbursement

10 09 2014

A. LAKE SHORE FOOD MART

Mailing Address

2450 LAKE SHORE DR

City

SHREVEPORT

State

LA

Zip Code

Purpose of Disbursement

FUEL

Amount of Each Disbursement this Period

28.79

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: LA

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 10 2014

B. WALMART

Mailing Address

1932 REES ST.

City

BREAUX BRIDGE LA

State

Zip Code

70517

Purpose of Disbursement

OFFICE SUPPLIES

Amount of Each Disbursement this Period

15.21

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: LA

District: 08

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 14 2014

C. MAGEE'S

Mailing Address

HWY 6

City

NATCHITOCHEES LA

State

Zip Code

71457

Purpose of Disbursement

LUNCH

Amount of Each Disbursement this Period

13.69

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: LA

District: 08

SUBTOTAL of Disbursements This Page (optional).....

57.69

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 **3** OF **8**

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

WAYNE ABLES FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
10/19/2014

A. BURGER KING

Mailing Address

615 OLD WINNFIELD ROAD

City

JONES BORO

State

LA

Zip Code

Amount of Each Disbursement this Period

4.69

Purpose of Disbursement

LUNCH

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **LA**

District: **09**

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
10/15/2014

B. CHINA WOK

Mailing Address

601 S. VIENNA STREET

City

RUSTON

State

LA

Zip Code

71270

Amount of Each Disbursement this Period

21.40

Purpose of Disbursement

LUNCH

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **LA**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
10/15/2014

C. LITTLE CAESARS

Mailing Address

103 NORTH SERVICE ROAD

City

RUSTON

State

LA

Zip Code

71270

Amount of Each Disbursement this Period

15.17

Purpose of Disbursement

SUPPER

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: **LA**

District: **08**

SUBTOTAL of Disbursements This Page (optional).....

41.26

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

14021221978

**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) A. SLEEP INN AND SUITES		Date of Disbursement M M D D Y Y Y Y 10 16 2014
Mailing Address 106 SOUTH SERVICE ROAD EAST		Amount of Each Disbursement this Period 254.00
City RUSTON	State Zip Code LA 71270	
Purpose of Disbursement MOTEL ROOM - (RUSTON CHAMBER)		Category/ Type
Candidate Name MURIEL WAYNE ABLES		
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: LA District: 08		

Full Name (Last, First, Middle Initial) B. RUSTON - LINCOLN CHAMBERS OF C.		Date of Disbursement M M D D Y Y Y Y 10 16 2014
Mailing Address 2111 N. TREXTON ST.		Amount of Each Disbursement this Period 60.00
City RUSTON	State Zip Code LA 71270	
Purpose of Disbursement CAMPAIGN TABLE		Category/ Type
Candidate Name MURIEL WAYNE ABLES		
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: LA District: 08		318-255-2031

Full Name (Last, First, Middle Initial) C. RED LOBSTER		Date of Disbursement M M D D Y Y Y Y 10 16 2014
Mailing Address 4601 PECANLAND MALL		Amount of Each Disbursement this Period 40.93
City MONROE	State Zip Code LA 71203 - 7001	
Purpose of Disbursement LUNCH		Category/ Type
Candidate Name MURIEL WAYNE ABLES		
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: LA District: 08		

SUBTOTAL of Disbursements This Page (optional).....	355.93
TOTAL This Period (last page this line number only).....	

14021221979

**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 **8**

7 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

WAYNE ABLES FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M D D Y Y Y Y
10 16 2014

A. CIRCLE K SHELL

Mailing Address

635 OLD WINNFIELD HWY.

City

JONESBORO

State

LA

Zip Code

71251

Amount of Each Disbursement this Period

, 1850

Purpose of Disbursement

FUEL

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **LA**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M D D Y Y Y Y
10 16 2014

B. MCDONALD'S

Mailing Address

304 E. MAIN ST

City

JONESBORO

State

LA

Zip Code

71251-3204

Amount of Each Disbursement this Period

9.34

Purpose of Disbursement

SUPPER

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **LA**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M D D Y Y Y Y
10 15 2014

C. EXXON

Mailing Address

3440 HWY 79

City

SOUTH HOMER

State

LA

Zip Code

Amount of Each Disbursement this Period

28.57

Purpose of Disbursement

FUEL

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **LA**

District: **08**

SUBTOTAL of Disbursements This Page (optional).....

56.41

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

14021221980

**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 6 OF 8

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

WAYNE ABLES FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

CLEAR CHANNEL

10 20 2014

Mailing Address

5555 HILTON AVE

City

BAYON ROULE

State

LA

Zip Code

70804

Amount of Each Disbursement this Period

196.00

Purpose of Disbursement

RADIO ADS

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **LA**

District: **09**

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

QUICK QUARTER

10 20 2014

Mailing Address

1100 BERTRAND DR.

City

LAFAYETTE

State

LA

Zip Code

70506

Amount of Each Disbursement this Period

584.00

Purpose of Disbursement

PAPER AD

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **LA**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

TOWN SQUARE MEDIA

10 22 2014

Mailing Address

6341 WEST PORT AVE

City

SHREVEPORT

State

LA

Zip Code

71129

Amount of Each Disbursement this Period

240.00

Purpose of Disbursement

RADIO AD

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify)

State: **LA**

District: **08**

SUBTOTAL of Disbursements This Page (optional).....

1,020.00

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

14021221981

**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 7 OF 8
	<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) A. EXXON		Date of Disbursement 10 18 2014
Mailing Address 2987 GRAND POINT HWY		Amount of Each Disbursement this Period 20.57
City BREAUX BRIDGE State LA Zip Code 70517		
Purpose of Disbursement FUEL	Candidate Name MURIEL WAYNE ABLES	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: LA District: 08	NORTH WEST BAYOU ROUGE.

Full Name (Last, First, Middle Initial) B. EXXON		Date of Disbursement 10 21 2014
Mailing Address 2987 GRAND POINT HWY		Amount of Each Disbursement this Period 53.52
City BREAUX BRIDGE State LA Zip Code 70517		
Purpose of Disbursement FUEL	Candidate Name MURIEL WAYNE ABLES	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: LA District: 08	JOHN SLADE - N.O. WBOK AM 1230 HOUMA - NICHOLLS STATE

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement 11 02 2014
Mailing Address 1932 REES ST.		Amount of Each Disbursement this Period 47.69
City BREAUX BRIDGE State LA Zip Code 70517		
Purpose of Disbursement OFFICE SUPPLY	Candidate Name MURIEL WAYNE ABLES	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: LA District: 08	

SUBTOTAL of Disbursements This Page (optional).....	121.78
TOTAL This Period (last page this line number only).....	

14021221982

**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 **8** OF **8**

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)

WAYNE ABLES FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 28 2014

A. AMERICAN CLASSIFIEDS

Mailing Address

5910 HEARNE AVENUE

City

SHREVEPORT

State

LA

Zip Code

71108-0000

Purpose of Disbursement

PAPER AD

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: LA

District: 08

Amount of Each Disbursement this Period

389.00

318-635-3485

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 28 2014

B. NATIONWIDE NEWS PAPER - THRIFTY

Mailing Address

3955 MASTERS BOULEVARD

City

ORLANDO

State

FL

Zip Code

32819

Purpose of Disbursement

PAPER AD

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: LA

District: 08

Amount of Each Disbursement this Period

570.00

407-909-1644

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 20 2014

C. SENIOR VOTER CAUCUS

Mailing Address

P.O. BOX 19067

City

NEW ORLEANS

State

LA

Zip Code

70179

Purpose of Disbursement

INVITE TO PUBLIC ADDRESS

Candidate Name

MURIEL WAYNE ABLES

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: LA

District: 08

Amount of Each Disbursement this Period

50.00*

MEMO: NOT CASHED
*NOT IN SUBTOTAL
MARY LANDRIEU - DIRTY POLITICS

SUBTOTAL of Disbursements This Page (optional).....

959.00

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

2,713.84

14021221983

SCHEDULE C (FEC Form 3)

LOANS

N/A

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

NAME OF COMMITTEE (In Full)
WAYNE ABLES 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:
			% (apr)	<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 only) ...	▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14021221984

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

N/A

NAME OF COMMITTEE (In Full) WAYNE ABLES FOR SENATE		FEC IDENTIFICATION NUMBER C
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).
 Date account established: _____
 Location of account: _____
 Address: _____
 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
---	-------------------------

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		DATE M M / D D / Y Y
Title		

14021221985

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

N/A

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9

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)	

14021221986

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) WAYNE ABLES FOR SENATE	Report Covering Period: From: 09 26 2014 To: 11 24 2014
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Committee Name	(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		2,713.84	2,713.84			
B		12,625.19	12,625.19			

	(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. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A					2,713.84	
B					12,625.19	

	(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					0	0
B					0	0

	(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				0	0	0
B				0	0	0

	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0	2,713.84	2,713.84			
B	0	12,625.19	12,625.19			

14021221987

FROM:

WAYNE ABLES
1026 WALTER DR.
BLAIRM BRIDGE, VA
20517



7013 1090 0000 4573 8671



1000

RETURN RECEIPT
REQUESTED

TO:

SECRETARY OF SENATE
OFFICE OF PUBLIC RELATIONS
P.O. BOX 2517
Alexandria, VA
22301

RECEIVED
BY THE SENATE
FOR THE CHIEF

Utility Mailer
10 1/2" x 16"



88612212041

VERIFICATION MAIL



7013 1090 0000 4573 8671

RETURN RECEIPT REQUESTED

YING ABLES
26 WALTER DR.
LEWIS BRIDGE, VA
70517

TO:

SENATE
OFFICE
OFFICE OF PUBLIC RECORDS
P.O. BOX 2517
Alexandria, VA
22301



1000

22301



\$7.82

U.S. POSTAGE
PAID
LEWIS BRIDGE, VA
NOV 06 2014
AMOUNT
00081291-07

Mailer
" x 16"



151 121097

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7115
PHONE: (202) 224-0322

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 11/6/14
Postmark

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

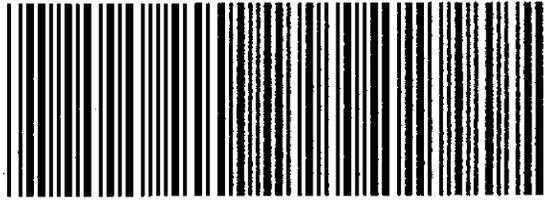
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

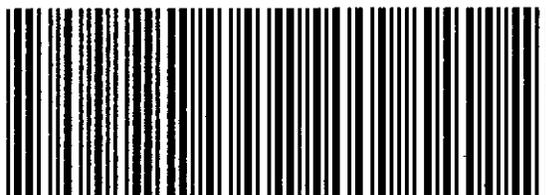
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 11/17/14

14021221990



SEN PATCH



SEN PATCH

14021221991