

**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 119 OF 152 | | | |
| | <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)
Charles Boustany Jr. MD for Congress, Inc.

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) A. Community Foundation of Acadiana | | Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013 |
| Mailing Address 1035 Camellia Boulevard Suite 100 | | Amount of Each Disbursement this Period 100 Transaction ID : B-S-3353 |
| City Lafayette | State LA Zip Code 70508 | |
| Purpose of Disbursement Program Expense | Category/Type 001 | [MEMO ITEM] Subitemization of Visa Business(11/26/13) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|-------------------------|--|
| Full Name (Last, First, Middle Initial) B. U-Haul | | Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013 |
| Mailing Address 26 K Street NE | | Amount of Each Disbursement this Period 60.95 Transaction ID : B-S-3355 |
| City Washington | State DC Zip Code 20002 | |
| Purpose of Disbursement Storage | Category/Type 001 | [MEMO ITEM] Subitemization of Visa Business(11/26/13) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. Fremin's Food | | Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013 |
| Mailing Address 603 West Admiral Doyle Drive | | Amount of Each Disbursement this Period 60 Transaction ID : B-S-3354 |
| City New Iberia | State LA Zip Code 70560 | |
| Purpose of Disbursement Meal Expense | Category/Type 001 | [MEMO ITEM] Subitemization of Visa Business(11/26/13) |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |