

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Charles Boustany JR MD for Congress, INC

ADDRESS (number and street) PO Box 80126
 Check if different than previously reported. (ACC)
Lafayette LA 70598 0126

2. **FEC IDENTIFICATION NUMBER** C00394866
CITY STATE ZIP CODE STATE DISTRICT
LA 07
3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2008 through 03 31 2008

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 Alan Hebert

Signature of Treasurer Electronically Filed by Alan Hebert Date 04 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Charles Boustany JR MD for Congress, INC

Report Covering the Period: From: To:

	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)).....	131907.46	707300.46
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	13510.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	131907.46	693790.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	77305.18	327473.62
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	13679.85
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	77305.18	313793.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	461734.17	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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
Charles Boustany JR MD for Congress, INC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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).....

103525.00

429650.00

(ii) Unitemized.....

1090.00

6608.00

(iii) TOTAL of contributions

104615.00

436258.00

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

27292.46

271042.46

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

131907.46

707300.46

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

0.00

13679.85

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

2377.74

10456.25

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

134285.20

731436.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	77305.18	327473.62
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	12510.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	13510.00
21. OTHER DISBURSEMENTS.....	5000.00	123640.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	82305.18	464623.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	409754.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	134285.20
25. SUBTOTAL (add Line 23 and Line 24).....	544039.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	82305.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	461734.17

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Charles Boustany JR MD for Congress, INC

<p>A. Full Name (Last, First, Middle Initial) Glenn R. Delaney</p> <p>Mailing Address 601 Pennsylvania Avenue NW Suite 900S</p> <p>City State Zip Code Washington DC 20004-2625</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Delaney Consulting Occupation Partner</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt 01 / 12 / 2008</p> <p>Transaction ID: A-C9391</p> <p>Amount of Each Receipt this Period 250.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) William D. English</p> <p>Mailing Address 1819 Round Lake Drive</p> <p>City State Zip Code Houston TX 77077-5837</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cheniere Occupation Vice President LNG Development</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 01 / 16 / 2008</p> <p>Transaction ID: A-C9384</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Robert M. Flavin</p> <p>Mailing Address 10911 Pama Circle</p> <p>City State Zip Code Houston TX 77024-5444</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cheniere Occupation Senior VP & CFO</p> <p>Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt 01 / 16 / 2008</p> <p>Transaction ID: A-C9383</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL 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: PAGE 6 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Jon Gross

Mailing Address 5222 Jackwood Street

City State Zip Code
Houston TX 77096-1313

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cheniere Vice President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: A-C9377

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Munah J. Hawila

Mailing Address 8830 Long Point Road
Suite 712

City State Zip Code
Houston TX 77055-3028

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Physician- Urologist

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: A-C9374

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stan Horton

Mailing Address 9302 Cypresswood Drive

City State Zip Code
Spring TX 77379-6914

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cheniere President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: A-C9379

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL 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: PAGE 7 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Zurab Kobiashvili

Mailing Address 7 E Sunlit Forest Drive

City State Zip Code
The Woodlands TX 77381-2902

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cheniere Administrator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
01 / 16 / 2008

Transaction ID: A-C9375

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Keith Little

Mailing Address 13131 Hermitage Lane

City State Zip Code
Houston TX 77079-7201

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Sabine Pass LNG President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
01 / 16 / 2008

Transaction ID: A-C9378

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Patricia A. Outtrim

Mailing Address 1155 21st Street, N.W.
Suite 300

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cheniere VP Government Relations

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
01 / 16 / 2008

Transaction ID: A-C9380

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL 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: PAGE 8 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Charif Souki

Mailing Address 17 Crestwood Drive

City State Zip Code
Houston TX 77007-7006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cheniere Chairman & CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: A-C9373

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Chris Souki

Mailing Address 375 N Spring Street

City State Zip Code
Aspen CO 81611-1525

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Tasker Investments Commercial Real Estate Broker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: A-C9371

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Karim Souki

Mailing Address 60 W 23rd Street
Apt. 1809

City State Zip Code
New York NY 10010-4297

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 8

Transaction ID: A-C9370

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 6900.00

TOTAL 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: PAGE 9 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Lina Souki

Mailing Address 1150 Galapago Street
Apt. 110

City State Zip Code
Denver CO 80204-3575

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self-Employed Student

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2008

Transaction ID: A-C9372

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Rita Souki

Mailing Address 17 Crestwood Drive

City State Zip Code
Houston TX 77007-7006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2008

Transaction ID: A-C9368

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Tarek Souki

Mailing Address 225 5th Avenue
Apt. 11P

City State Zip Code
New York NY 10010-1141

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Credit Suisse Investment Banking Associate

Receipt For: 2008 Election Cycle-to-Date ▼

Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
01 / 16 / 2008

Transaction ID: A-C9369

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 6900.00

TOTAL 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: PAGE 10 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Wadi N. Souki

Mailing Address 3020 Carnegie Street

City State Zip Code
Houston TX 77005-3856

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Kidney Inst Baylor Medicine Physician- Clinical Professor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Transaction ID: A-C9385

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Davis Thames

Mailing Address 4129 Villanova Street

City State Zip Code
Houston TX 77005-3532

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cheniere President - Cheniere Marketing

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Transaction ID: A-C9381

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Don A. Turkleson

Mailing Address 914 Main Street
Unit 909

City State Zip Code
Houston TX 77002-6216

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cheniere CFO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	8

Transaction ID: A-C9382

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL 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: PAGE 11 / 83
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

<p>A. Full Name (Last, First, Middle Initial) Walter Williams</p> <p>Mailing Address 31711 San Felipe Unit 15-C</p> <p>City State Zip Code Houston TX 77027-4040</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Cheniere Vice Chairman</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: A-C9376</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td>1000.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	6	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	6	/	2	0	0	8													
1000.00																						

<p>B. Full Name (Last, First, Middle Initial) William A. Zoghbi</p> <p>Mailing Address 6618 Sewanee Avenue</p> <p>City State Zip Code Houston TX 77005-3750</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Methodist Debakey Heart Center ECHO</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: A-C9364</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td>1000.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	6	/	2	0	0	8	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	6	/	2	0	0	8													
1000.00																						

<p>C. Full Name (Last, First, Middle Initial) Al A. Gonsoulin</p> <p>Mailing Address 10 Muirfield Way</p> <p>City State Zip Code Sugar Land TX 77479-3966</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Petroleum Helicopters Inc Chairman</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Transaction ID: A-C9388</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr> <td>2300.00</td> </tr> </table> </p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	3	0	/	2	0	0	8	2300.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	3	0	/	2	0	0	8													
2300.00																						

<p>SUBTOTAL of Receipts This Page (optional)</p>	<table border="1" style="width: 100%;"> <tr> <td>4300.00</td> </tr> </table>	4300.00
4300.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td> </tr> </table>	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Al A. Gonsoulin

Mailing Address 10 Muirfield Way

City State Zip Code
Sugar Land TX 77479-3966

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

Name of Employer Occupation
Petroleum Helicopters Inc Chairman

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
2300.00

Transaction ID: A-C9390

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
David B. Gorte

Mailing Address 2614 Sutton Court

City State Zip Code
Houston TX 77027-5245

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

Name of Employer Occupation
Cheniere Energy Inc. Director

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
1000.00

Transaction ID: A-C9389

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Nijad I. Fares

Mailing Address PO Box 130688

City State Zip Code
Houston TX 77219-0688

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

Name of Employer Occupation
Link Group Investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Amount of Each Receipt this Period
2300.00

Transaction ID: A-C9386

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **5600.00**

TOTAL 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 13 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Nijad I. Fares		Date of Receipt MM / DD / YYYY 01 / 31 / 2008		
	Mailing Address PO Box 130688		Transaction ID: A-C9387		
	City Houston	State TX	Zip Code 77219-0688	Amount of Each Receipt this Period 1700.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Link Group	Occupation Investor			
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00				

B.	Full Name (Last, First, Middle Initial) Ahmed Rabie		Date of Receipt MM / DD / YYYY 02 / 01 / 2008		
	Mailing Address 4318 Woodvalley Drive		Transaction ID: A-C9401		
	City Houston	State TX	Zip Code 77096-3530	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Elemans Dialysis	Occupation President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00				

C.	Full Name (Last, First, Middle Initial) Stuart J. Wagner		Date of Receipt MM / DD / YYYY 02 / 01 / 2008		
	Mailing Address 15705 E Progress Circle		Transaction ID: A-C9402		
	City Centennial	State CO	Zip Code 80015-4260	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Name of Employer Cheniery Energy, Inc.	Occupation Senior Vice President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00				

SUBTOTAL of Receipts This Page (optional)	▶	2950.00
TOTAL 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: PAGE 14 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Juan C. Zeik

Mailing Address 115 Heartwood Circle

City State Zip Code
Lafayette LA 70503-2229

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

Name of Employer Occupation
Acadiana Royal Physicians Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: A-C9414

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Juliet B. Zeik

Mailing Address 115 Heartwood Circle

City State Zip Code
Lafayette LA 70503-2229

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: A-C9417

Amount of Each Receipt this Period
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Leonard K. Lemoine

Mailing Address 214 Jefferson Street
Suite 200

City State Zip Code
Lafayette LA 70501-7050

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

Name of Employer Occupation
The Lemoine Company Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: A-C9416

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **5300.00**

TOTAL 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: PAGE 15 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

<p>A. Full Name (Last, First, Middle Initial) Leonard K. Lemoine</p> <p>Mailing Address 214 Jefferson Street Suite 200</p> <p>City State Zip Code <u>Lafayette</u> LA 70501-7050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation The Lemoine Company Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4600.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8</p> <p>Transaction ID: A-C9419</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Herbert E. Schilling, II</p> <p>Mailing Address 217 Parkview Drive</p> <p>City State Zip Code <u>Lafayette</u> LA 70503-2733</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Schilling Distributing Co Inc. President/ Owner</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8</p> <p>Transaction ID: A-C9415</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Renee V. Schilling</p> <p>Mailing Address 217 Parkview Drive</p> <p>City State Zip Code <u>Lafayette</u> LA 70503-2733</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Homemaker Homemaker</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 2300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8</p> <p>Transaction ID: A-C9418</p> <p>Amount of Each Receipt this Period 2300.00</p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	6900.00
TOTAL 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: PAGE 16 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Charlie Moncla, Jr.
Mailing Address PO Box 131368

City State Zip Code
Houston TX 77219-1368

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

Name of Employer Key Energy Services, Inc. Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	8

Transaction ID: A-C9534
 Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Charlie Moncla, Jr.
Mailing Address PO Box 131368

City State Zip Code
Houston TX 77219-1368

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

Name of Employer Key Energy Services, Inc. Occupation Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	8

Transaction ID: A-C9537
 Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rodrick V. Clark
Mailing Address 209 Waterford Drive

City State Zip Code
Lafayette LA 70503-5408

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

Name of Employer Acadiana Renal Physicians Occupation Physician

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	9	/	2	0	0	8

Transaction ID: A-C9428
 Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6600.00**

TOTAL 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: PAGE 17 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Akshey K. Gupta

Mailing Address 804 Doucet Road

City State Zip Code
Lafayette LA 70503-3569

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

Name of Employer Occupation
Acadiana Renal Physicians Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9431

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Marcia J. LaMarche

Mailing Address 109 Jean Baptiste Drive

City State Zip Code
Lafayette LA 70503-5825

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9430

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Maximo B. LaMarche, M.D.

Mailing Address 109 Jean Baptiste Drive

City State Zip Code
Lafayette LA 70503-5825

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

Name of Employer Occupation
Acadiana Renal Physicians Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9433

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **6600.00**

TOTAL 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: PAGE 18 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Alfonso Lebron-Berges

Mailing Address 315 Camberly Circle

City State Zip Code
Lafayette LA 70508-5527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Acadiana Renal Physicians Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2200.00

Date of Receipt MM / DD / YYYY
02 / 29 / 2008

Transaction ID: A-C9432

Amount of Each Receipt this Period 2200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Gerard F. Sigue, M.D.

Mailing Address 202 Turnberry Court

City State Zip Code
Broussard LA 70518-6139

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Acadiana Renal Physicians Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt MM / DD / YYYY
02 / 29 / 2008

Transaction ID: A-C9429

Amount of Each Receipt this Period 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Steve Jordan

Mailing Address PO Box 1863

City State Zip Code
Lake Charles LA 70602-1863

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Jordan Oil Company, Inc. President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt MM / DD / YYYY
03 / 11 / 2008

Transaction ID: A-C9471

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 6500.00

TOTAL 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: PAGE 19 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Carroll W. Shaddock

Mailing Address 1415 Foster Street

City State Zip Code
Lake Charles LA 70601-5811

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt MM / DD / YYYY
03 / 11 / 2008

Transaction ID: A-C9472

Amount of Each Receipt this Period 2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
E. Paul Broussard

Mailing Address PO Box 59

City State Zip Code
Estherwood LA 70534-0059

FEC ID number of contributing federal political committee. C

Name of Employer SABS Occupation Chief Financial Officer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 17 / 2008

Transaction ID: A-C9466

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Ted Carmichael

Mailing Address 154 Cypress Drive

City State Zip Code
Crowley LA 70526-2008

FEC ID number of contributing federal political committee. C

Name of Employer Carmichael's Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY
03 / 17 / 2008

Transaction ID: A-C9481

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2800.00

TOTAL 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: PAGE 20 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Dailey Edwards

Mailing Address 124 Acacia Drive

City State Zip Code
Lafayette LA 70508-4002

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: A-C9464

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Tommy L. Gardiner

Mailing Address 570 N Avenue H

City State Zip Code
Crowley LA 70526-4406

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

Name of Employer Self-Employed Occupation
Medical Technician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: A-C9465

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
William Hoffpauer

Mailing Address PO Box 411

City State Zip Code
Crowley LA 70527-0411

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

Name of Employer Self-Employed Occupation
Realtor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: A-C9461

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL 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: PAGE 21 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Mulraj N. Katira

Mailing Address 1207 Wright Avenue

City State Zip Code
Crowley LA 70526-3049

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: A-C9463

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
B. I. Moody, III

Mailing Address PO Box 1311

City State Zip Code
Crowley LA 70527-1311

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

Name of Employer Louisiana State Newspapers Occupation
Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: A-C9468

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Leon K. Poche, Sr.

Mailing Address 633 W 17th Street

City State Zip Code
Crowley LA 70526-2729

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

Name of Employer Retired Occupation
Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	8

Transaction ID: A-C9467

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL 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: PAGE 22 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d		
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Thomas K. Regan

Mailing Address PO Box 688

City State Zip Code
Crowley LA 70527-0688

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

Name of Employer Self-Employed Occupation
Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 17 / 2008

Transaction ID: A-C9469

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Carl J. Richard

Mailing Address 244 W 17th Street

City State Zip Code
Crowley LA 70526-2818

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 17 / 2008

Transaction ID: A-C9462

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Michael K. Hensgens

Mailing Address PO Box 1581

City State Zip Code
Crowley LA 70527-1581

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

Name of Employer Self-Employed Occupation
Business Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 18 / 2008

Transaction ID: A-C9491

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL 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: PAGE 23 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Donald H. Jones

Mailing Address PO Box 27

City State Zip Code
Crowley LA 70527-0027

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

Name of Employer Self-Employed
Occupation Geologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2008

Transaction ID: A-C9482

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Scott O. Sibley

Mailing Address 2 Rue Aline

City State Zip Code
Crowley LA 70526-2308

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

Name of Employer Crowley TX Hospitals
Occupation Medical Technologist

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2008

Transaction ID: A-C9490

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lee Sittig

Mailing Address 8 Henrietta Drive

City State Zip Code
Crowley LA 70526-2304

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

Name of Employer Retired
Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 18 / 2008

Transaction ID: A-C9487

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL 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: PAGE 24 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Four F. Investments, LLP
Mailing Address 307 W 17th Street
City State Zip Code
Crowley LA 70526-2819
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2008
Transaction ID: A-C9494
Amount of Each Receipt this Period
250.00
See Memo Item
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B. Full Name (Last, First, Middle Initial)
Lyle O Fogleman, Sr.
Mailing Address 307 W 17th Street
City State Zip Code
Crowley LA 70526-2819
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Four F. Investments, LLP Partner
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2008
Transaction ID: A-PI16
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership Itemization Memo

C. Full Name (Last, First, Middle Initial)
Joseph W. Freeland
Mailing Address PO Box 247
City State Zip Code
Crowley LA 70527-0247
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed Real Estate
Receipt For: 2008
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00
Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2008
Transaction ID: A-C9483
Amount of Each Receipt this Period
250.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**
TOTAL 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: PAGE 25 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Linda A. Helo

Mailing Address PO Box 728

City State Zip Code
Crowley LA 70527-0728

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

Name of Employer Occupation
New York Life Insurance Insurance Agent
Co.

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 19 / 2008

Transaction ID: A-C9484

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Thompson B. Core

Mailing Address PO Box 368

City State Zip Code
Crowley LA 70527-0368

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

Name of Employer Occupation
Self-Employed Real Estate Appraiser

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: A-C9488

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
John F. Craton

Mailing Address 727 E 15th Street

City State Zip Code
Crowley LA 70526-2507

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

Name of Employer Occupation
Barousse & Craton Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: A-C9479

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL 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: PAGE 26 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d		
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Mark J. Cullen

Mailing Address 1632 N Avenue D

City State Zip Code
Crowley LA 70526-2826

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

Name of Employer Occupation
Compass Healthcare Group CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: A-C9480

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Raymond Hensgens

Mailing Address PO Box 321

City State Zip Code
Crowley LA 70527-0321

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

Name of Employer Occupation
GNH Seed Co. Owner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 20 / 2008

Transaction ID: A-C9489

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Craig P. Caillier

Mailing Address 705 Lucerne Drive

City State Zip Code
New Iberia LA 70563-8979

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

Name of Employer Occupation
M.A. Patout & Sons. Ltd Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 26 / 2008

Transaction ID: A-C9497

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

TOTAL 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: PAGE 27 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	
							<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
William M. Corcoran

Mailing Address 1627 John Ross Lane

City State Zip Code
Crownsville MD 21032-2135

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

Name of Employer Occupation
W.R. Grace Vice President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 26 / 2008

Transaction ID: A-C9496

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Edward C. Abell, Jr.

Mailing Address 19 Kimball Lane

City State Zip Code
Lafayette LA 70508

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

Name of Employer Occupation
Onebane Law Firm Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: A-C9516

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
William D. Blake

Mailing Address PO Box 1447

City State Zip Code
Lake Charles LA 70602-1447

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

Name of Employer Occupation
The Lacassane Co. President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: A-C9522

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

TOTAL 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: PAGE 28 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d		
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
David M. John

Mailing Address PO Box 1566

City State Zip Code
Crowley LA 70527-1566

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

Name of Employer JohnPac Manufacturing Inc. Occupation Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: A-C9493

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Peter M. John

Mailing Address PO Box 1566

City State Zip Code
Crowley LA 70527-1566

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

Name of Employer JohnPac Manufacturing Occupation Manufacturer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: A-C9492

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Thelma B. LeBlanc

Mailing Address 1051 Riceland Drive

City State Zip Code
Crowley LA 70526-5323

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

Name of Employer Retired Occupation Retired

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 27 / 2008

Transaction ID: A-C9486

Amount of Each Receipt this Period
125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **4725.00**

TOTAL 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: PAGE 29 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Acadia St. Landry Guest Home, LLP
Mailing Address 830 South Broadway Street

City State Zip Code
Church Point LA 70525

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2008

Transaction ID: A-C9517

Amount of Each Receipt this Period
250.00

See Memo Item
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

B. Full Name (Last, First, Middle Initial)
J. Andrus Barousse
Mailing Address 1118 Crawford Avenue

City State Zip Code
Crowley LA 70526-3062

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

Name of Employer Occupation
Retired Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2008

Transaction ID: A-C9502

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Nancy D. Broadhurst
Mailing Address 524 E 4th Street

City State Zip Code
Crowley LA 70526-4522

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

Name of Employer Occupation
Self-Employed Marketing Consultant

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2008

Transaction ID: A-C9518

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **750.00**

TOTAL 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: PAGE 30 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14
							15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
William A. Dore, Jr.

Mailing Address PO Box 499

City State Zip Code
Crowley LA 70527-0499

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

Name of Employer Occupation
Louisiana Rice Mill, Inc. Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9504

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
John D. Gielen

Mailing Address 1412 N Avenue C

City State Zip Code
Crowley LA 70526-2740

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

Name of Employer Occupation
Shop Rite, Inc. President/CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9501

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
John D. Gielen

Mailing Address 1412 N Avenue C

City State Zip Code
Crowley LA 70526-2740

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

Name of Employer Occupation
Shop Rite, Inc. President/CEO

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9508

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **3300.00**

TOTAL 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: PAGE 31 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
John D. Gielen

Mailing Address 1412 N Avenue C

City State Zip Code
Crowley LA 70526-2740

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

Name of Employer Shop Rite, Inc. Occupation President/CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9519

Amount of Each Receipt this Period
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Kenneth G. Goss

Mailing Address 247 E Hoyt Avenue

City State Zip Code
Crowley LA 70526-6705

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

Name of Employer Retired Occupation Retired

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9505

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
George W. Guillory

Mailing Address PO Box 637

City State Zip Code
Crowley LA 70527-0637

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

Name of Employer Acadia St. Laundry Guest Home Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2008

Transaction ID: A-PI17

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]
Partnership Itemization Memo

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

TOTAL 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: PAGE 32 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
George W. Guillory

Mailing Address PO Box 637

City State Zip Code
Crowley LA 70527-0637

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

Name of Employer Occupation
Acadia St. Landry Guest Partner
Home

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9507

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Clark A. Gunderson

Mailing Address 2615 Enterprise Boulevard

City State Zip Code
Lake Charles LA 70601-7675

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9530

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Kenneth L. Keigley

Mailing Address 220 E 3rd Street

City State Zip Code
Crowley LA 70526-5119

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

Name of Employer Occupation
Self-Employed Double K. Feed

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9509

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2800.00

TOTAL 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: PAGE 33 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Clay Lejeune

Mailing Address 526 N Avenue G

City State Zip Code
Crowley LA 70526-4440

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

Name of Employer Self-Employed Occupation
Self-Employed Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9526

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Paul Loewer, Jr.

Mailing Address 4362 White Oak Highway

City State Zip Code
Branch LA 70516-3116

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

Name of Employer Self-Employed Occupation
Self-Employed Farmer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9511

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Kenneth O. Privat

Mailing Address PO Box 449

City State Zip Code
Crowley LA 70527-0449

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

Name of Employer Privat & Reagan Occupation
Privat & Reagan Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9510

Amount of Each Receipt this Period
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

TOTAL 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: PAGE 34 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d		
<input type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Gregory Reggie

Mailing Address 1 Northview Lane

City State Zip Code
Crowley LA 70526-2700

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

Name of Employer Self-Employed Occupation
Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9503

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Lehrue Stevens, Jr.

Mailing Address 830 W Bayou Pines Drive

City State Zip Code
Lake Charles LA 70601-7077

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9515

Amount of Each Receipt this Period
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Lehrue Stevens, Jr.

Mailing Address 830 W Bayou Pines Drive

City State Zip Code
Lake Charles LA 70601-7077

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9538

Amount of Each Receipt this Period
700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL 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: PAGE 35 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
John S. Vanhooose, M.D.

Mailing Address 830 W Bayou Pines Drive

City State Zip Code
Lake Charles LA 70601-7077

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9520

Amount of Each Receipt this Period
2250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Billy E. White

Mailing Address 1404 Horridge Street

City State Zip Code
Vinton LA 70668-4534

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

Name of Employer BW Services Occupation
President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9514

Amount of Each Receipt this Period
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Billy E. White

Mailing Address 1404 Horridge Street

City State Zip Code
Vinton LA 70668-4534

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

Name of Employer BW Services Occupation
President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2008

Transaction ID: A-C9539

Amount of Each Receipt this Period
1700.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **6250.00**

TOTAL This Period (last page this line number only) ▶ **103525.00**

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

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

FOR LINE NUMBER: PAGE 36 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Associated General Contractors of America PAC (AGC PAC)
 Mailing Address 2300 Wilson Boulevard
Suite 400
 City Arlington State VA Zip Code 22201-5426
 FEC ID number of contributing federal political committee. **C** C00082917
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00
 Date of Receipt: 01 / 16 / 2008
Transaction ID: A-C9365
 Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Associated General Contractors of America PAC (AGC PAC)
 Mailing Address 2300 Wilson Boulevard
Suite 400
 City Arlington State VA Zip Code 22201-5426
 FEC ID number of contributing federal political committee. **C** C00082917
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00
 Date of Receipt: 01 / 16 / 2008
Transaction ID: A-C9366
 Amount of Each Receipt this Period: 3000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
BUILD PAC of the National Association of Home Builders
 Mailing Address 1201 15th Street NW
 City Washington State DC Zip Code 20005-2842
 FEC ID number of contributing federal political committee. **C** C00000901
 Name of Employer Occupation
 Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
 Date of Receipt: 01 / 16 / 2008
Transaction ID: A-C9367
 Amount of Each Receipt this Period: 1000.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00
TOTAL 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: PAGE 37 / 83
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
ChevronTexaco Employees PAC

Mailing Address PO Box 6016

City San Ramon State CA Zip Code 94583-0716

FEC ID number of contributing federal political committee. C C00035006

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY
02 / 01 / 2008

Transaction ID: A-C9403

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
NFIB Safe Trust

Mailing Address 1201 F Street NW Suite 200

City Washington State DC Zip Code 20004-1221

FEC ID number of contributing federal political committee. C C00101105

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2008

Transaction ID: A-C9420

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Action Committee for Rural Electrification

Mailing Address 4301 Wilson Boulevard

City Arlington State VA Zip Code 22203-1867

FEC ID number of contributing federal political committee. C C00002972

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt MM / DD / YYYY
02 / 29 / 2008

Transaction ID: A-C9426

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL 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: PAGE 38 / 83

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
American Chemistry Council PAC

Mailing Address 1300 Wilson Boulevard

City State Zip Code
Arlington VA 22209-2323

FEC ID number of contributing federal political committee. **C** C00252338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9427

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Farm Credit PAC

Mailing Address 50 F Street NW
Suite 900

City State Zip Code
Washington DC 20001-1530

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9536

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
HCA, Inc. Good Government Fund

Mailing Address 1 Park Plaza

City State Zip Code
Nashville TN 37203-6527

FEC ID number of contributing federal political committee. **C** C00067231

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9424

Amount of Each Receipt this Period

1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3000.00

TOTAL 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: PAGE 39 / 83
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
National Beer Wholesalers Association PAC

Mailing Address 1101 King Street
Suite 600

City State Zip Code
Alexandria VA 22314-2965

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9535

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Van Ness Feldman PC PAC

Mailing Address 1050 Thomas Jefferson Street NW

City State Zip Code
Washington DC 20007-3837

FEC ID number of contributing federal political committee. **C** C00205369

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 9 / 2 0 0 8

Transaction ID: A-C9425

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Donald A. Manzullo for Congress

Mailing Address PO Box 7783

City State Zip Code
Rockford IL 61126-7783

FEC ID number of contributing federal political committee. **C** C00252973

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1042.46

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: A-I9540

Amount of Each Receipt this Period
1042.46

Inkind: Inkind: Airfare & Lodging
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Inkind from Partnership. Partners exceeding reporting threshold itemized as memos.

SUBTOTAL of Receipts This Page (optional) ▶ **4542.46**

TOTAL 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: PAGE 40 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Koch Industries, Inc. PAC

Mailing Address 655 15th Street NW
Suite 445

City Washington State DC Zip Code 20005-5727

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 05 / 2008

Transaction ID: A-C9453

Amount of Each Receipt this Period
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Crystal Sugar Company PAC

Mailing Address 101 3rd Street N

City Moorhead State MN Zip Code 56560-1952

FEC ID number of contributing federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2008

Transaction ID: A-C9473

Amount of Each Receipt this Period
 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Committee to Elect Lyle O. Fogleman Jr. City Judge

Mailing Address 503 E 2nd Street

City Crowley State LA Zip Code 70526-5213

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2008

Transaction ID: A-C9495

Amount of Each Receipt this Period
 250.00

State Contribution

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

TOTAL 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: PAGE 41 / 83
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
ChevronTexaco Employees PAC

Mailing Address PO Box 6016

City State Zip Code
San Ramon CA 94583-0716

FEC ID number of contributing federal political committee. **C** C00035006

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2008

Transaction ID: A-C9498

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Occidental Petroleum Co. PAC

Mailing Address 10889 Wilshire Boulevard

City State Zip Code
Los Angeles CA 90024-4201

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2008

Transaction ID: A-C9499

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Physician Hospitals of America PAC

Mailing Address 2600 S Minnesota Avenue
Suite 202

City State Zip Code
Sioux Falls SD 57105-4731

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2008

Transaction ID: A-C9500

Amount of Each Receipt this Period
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

TOTAL 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: PAGE 42 / 83
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
American Academy of Otolaryngology PAC

Mailing Address 1 Prince Street

City State Zip Code
Alexandria VA 22314-3354

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9527

Amount of Each Receipt this Period
2500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Occupational Therapy Association PAC (AOTA PAC)

Mailing Address 4720 Montgomery Lane

City State Zip Code
Bethesda MD 20814-5320

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9528

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive

City State Zip Code
Arlington VA 22202-4135

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2008

Transaction ID: A-C9531

Amount of Each Receipt this Period
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

TOTAL This Period (last page this line number only) ► **27292.46**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 83
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Wachovia Bank, N.A.

Mailing Address 7901 Wisconsin Avenue
MD1010

City State Zip Code
Bethesda MD 20814-3619

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4234.06

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: A-M9356

Amount of Each Receipt this Period
630.78

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Iberia Bank

Mailing Address 200 W Congress Street

City State Zip Code
Lafayette LA 70501-6873

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6222.19

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 5 / 2 0 0 8

Transaction ID: A-M9354

Amount of Each Receipt this Period
242.37

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Wachovia Bank, N.A.

Mailing Address 7901 Wisconsin Avenue
MD1010

City State Zip Code
Bethesda MD 20814-3619

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4234.06

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 8

Transaction ID: A-M9399

Amount of Each Receipt this Period
583.05

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1456.20**

TOTAL 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: PAGE 44 / 83
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Iberia Bank

Mailing Address 200 W Congress Street

City State Zip Code
Lafayette LA 70501-6873

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6222.19

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 8 / 2 0 0 8

Transaction ID: A-M9407

Amount of Each Receipt this Period
284.18

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Wachovia Bank, N.A.

Mailing Address 7901 Wisconsin Avenue
MD1010

City State Zip Code
Bethesda MD 20814-3619

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 4234.06

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 1 / 2 0 0 8

Transaction ID: A-M9446

Amount of Each Receipt this Period
411.32

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Iberia Bank

Mailing Address 200 W Congress Street

City State Zip Code
Lafayette LA 70501-6873

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 6222.19

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 6 / 2 0 0 8

Transaction ID: A-M9445

Amount of Each Receipt this Period
226.04

Interest Income
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **921.54**

TOTAL This Period (last page this line number only) ► **2377.74**

**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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Authorize.net Corp.

Transaction ID: B-E-9344
Date of Disbursement

Mailing Address 915 S 500 E
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	8

City American Fork State UT Zip Code 84003-3373

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement

001
Category/
Type

E-Merchant Fee
Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
The Chamber of Southwest Louisiana

Transaction ID: B-E-9269
Date of Disbursement

Mailing Address PO Box 3110

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	8

City Lake Charles State LA Zip Code 70602-3110

Amount of Each Disbursement this Period

130.00

Purpose of Disbursement

001
Category/
Type

Program Expense
Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
The Chamber of Southwest Louisiana

Transaction ID: B-E-9270
Date of Disbursement

Mailing Address PO Box 3110

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	0	8

City Lake Charles State LA Zip Code 70602-3110

Amount of Each Disbursement this Period

268.00

Purpose of Disbursement

001
Category/
Type

Membership Renewal
Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

418.00

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 46 / 83

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9345 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 338.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Campaign Financial Services <hr/> Mailing Address 7315 Wisconsin Avenue Suite 705 East <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement Bookkeeping Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9336 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Political Firm LLC <hr/> Mailing Address 7646 Old Hammond Highway <hr/> City Baton Rouge State LA Zip Code 70809-1221 <hr/> Purpose of Disbursement GOTV Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9334 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	3613.64
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC	Transaction ID: B-E-9346 Date of Disbursement 01 / 07 / 2008
	Mailing Address 935 Camellia Boulevard Suite 200	Amount of Each Disbursement this Period 847.89
	City Lafayette State LA Zip Code 70508	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE MEMO ITEMS Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Marilyn Lee	Transaction ID: B-E-9335 Date of Disbursement 01 / 07 / 2008
	Mailing Address 1228 Myrtle Place	Amount of Each Disbursement this Period 50.00
	City Lafayette State LA Zip Code 70506-3334	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement- Mileage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Marilyn Lee	Transaction ID: B-S-812 Date of Disbursement 01 / 07 / 2008
	Mailing Address 1228 Myrtle Place	Amount of Each Disbursement this Period 847.89
	City Lafayette State LA Zip Code 70506-3334	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]
Subitemization of Total
HR Solutions LLC(01/07/08)

SUBTOTAL of Disbursements This Page (optional) ▶

897.89

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9347 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 205.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 S 500 E Suite 200 <hr/> City American Fork State UT Zip Code 84003-3373 <hr/> Purpose of Disbursement E-Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9349 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement SEE MEMO ITEMS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9348 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1187.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1402.40
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Marilyn Lee Mailing Address 1228 Myrtle Place City Lafayette State LA Zip Code 70506-3334 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-813 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 1187.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Total HR Solutions LLC(01/14/08)
B.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9352 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Federal Interest Withheld Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9353 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 72.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

82.71

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)

<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)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Total HR Solutions LLC

Mailing Address 935 Camellia Boulevard
Suite 200

City Lafayette State LA Zip Code 70508

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9350
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
Meal Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-818
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Visa Business(01/21/08)

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

Mailing Address 2600 N Parkerson Avenue

City Crowley State LA Zip Code 70526-2023

Purpose of Disbursement
Fuel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-826
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Visa Business(01/21/08)

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)
Charles Boustany JR MD for Congress, INC

A. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address 610 Gateway Center Way Suite K City San Diego State CA Zip Code 92102-4548 Purpose of Disbursement Software Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9340 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 660481 City Dallas State TX Zip Code 75266-0481 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9343 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 76.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Federal Express Full Name (Last, First, Middle Initial) Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-815 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 14.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(01/21/08)

SUBTOTAL of Disbursements This Page (optional) ▶	526.17
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 660481

City Dallas State TX Zip Code 75266-0481

Purpose of Disbursement Express Mail
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-817
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Business(01/21/08)

B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement Express Mail
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-819
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Business(01/21/08)

C. Full Name (Last, First, Middle Initial)
The Levatino Group

Mailing Address 2501 Wisconsin Avenue NW Apt. 304

City Washington State DC Zip Code 20007-4543

Purpose of Disbursement SEE MEMO ITEMS
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9342
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) The Levatino Group	Transaction ID: B-S-810 Date of Disbursement 01 / 21 / 2008
	Mailing Address 2501 Wisconsin Avenue NW Apt. 304	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20007-4543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of The Levatino Group(01/21/08)

B.	Full Name (Last, First, Middle Initial) The Levatino Group	Transaction ID: B-S-811 Date of Disbursement 01 / 21 / 2008
	Mailing Address 2501 Wisconsin Avenue NW Apt. 304	Amount of Each Disbursement this Period 1801.77
	City Washington State DC Zip Code 20007-4543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Catering Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of The Levatino Group(01/21/08)

C.	Full Name (Last, First, Middle Initial) Uncle Bob's Self Storage	Transaction ID: B-S-816 Date of Disbursement 01 / 21 / 2008
	Mailing Address 2207 W Pinhook Road	Amount of Each Disbursement this Period 85.95
	City Lafayette State LA Zip Code 70508-3231	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Visa Business(01/21/08)

SUBTOTAL of Disbursements This Page (optional)	0.00
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 54 / 83

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Visa Business <hr/> Mailing Address PO Box 8710 <hr/> City Little Rock State AR Zip Code 72217-8710 <hr/> Purpose of Disbursement SEE MEMO ITEMS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9339 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 521.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Iberia Bank <hr/> Mailing Address 200 W Congress Street <hr/> City Lafayette State LA Zip Code 70501-6873 <hr/> Purpose of Disbursement Service Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9351 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement SEE MEMO ITEMS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9355 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1737.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	2269.15
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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Marilyn Lee Mailing Address 1228 Myrtle Place City Lafayette State LA Zip Code 70506-3334 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-814 Date of Disbursement 01 / 30 / 2008 Amount of Each Disbursement this Period 1737.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Total HR Solutions LLC(01/30/08)
B.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9357 Date of Disbursement 01 / 31 / 2008 Amount of Each Disbursement this Period 4.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Authorize.net Corp. Mailing Address 915 S 500 E Suite 200 City American Fork State UT Zip Code 84003-3373 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9360 Date of Disbursement 02 / 04 / 2008 Amount of Each Disbursement this Period 20.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

25.15

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)

<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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
State of Louisiana

Mailing Address PO Box 66788

City Baton Rouge State LA Zip Code 70896-6788

Purpose of Disbursement State Taxes Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9359
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Total HR Solutions LLC

Mailing Address 935 Camellia Boulevard Suite 200

City Lafayette State LA Zip Code 70508

Purpose of Disbursement Payroll Taxes Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9396
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
AT&T Mobility

Mailing Address PO Box 6463

City Carol Stream State IL Zip Code 60197-6463

Purpose of Disbursement Cellular Phone Service Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9362
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Campaign Financial Services <hr/> Mailing Address 7315 Wisconsin Avenue Suite 705 East <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement Bookkeeping Consulting Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9392 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Software Service Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9361 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Political Firm LLC <hr/> Mailing Address 7646 Old Hammond Highway <hr/> City Baton Rouge State LA Zip Code 70809-1221 <hr/> Purpose of Disbursement GOTV Consulting Candidate Name 001 Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9363 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2725.00

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Marilyn Lee Mailing Address 1228 Myrtle Place City Lafayette State LA Zip Code 70506-3334 Purpose of Disbursement Reimbursement- Mileage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9393 Date of Disbursement 02 / 07 / 2008 Amount of Each Disbursement this Period 348.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Huckaby Davis Lisker Mailing Address 228 S Washington Street Suite 115 City Alexandria State VA Zip Code 22314-5404 Purpose of Disbursement Compliance Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9394 Date of Disbursement 02 / 11 / 2008 Amount of Each Disbursement this Period 312.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Public Opinion Strategies Mailing Address 277 S Washington Street Suite 320 City Alexandria State VA Zip Code 22314-3674 Purpose of Disbursement Polling Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9395 Date of Disbursement 02 / 11 / 2008 Amount of Each Disbursement this Period 23500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	24161.48
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)

<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)
Charles Boustany JR MD for Congress, INC

<p>A. Full Name (Last, First, Middle Initial) Authorize.net Corp.</p> <p>Mailing Address 915 S 500 E Suite 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement E-Merchant Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-9397 Date of Disbursement 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 36.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Iberia Bank</p> <p>Mailing Address 200 W Congress Street</p> <p>City Lafayette State LA Zip Code 70501-6873</p> <p>Purpose of Disbursement Service Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-9400 Date of Disbursement 02 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Capitol Hill Club</p> <p>Mailing Address 300 1st Street SE</p> <p>City Washington State DC Zip Code 20003-1801</p> <p>Purpose of Disbursement Meal Expense Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-839 Date of Disbursement 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 63.29</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] Subitemization of Visa Business(02/14/08)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

46.65

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: B-S-833 Date of Disbursement 02 / 14 / 2008
	Mailing Address 1350 I Street NW Suite 1250	Amount of Each Disbursement this Period 844.50
	City Washington State DC Zip Code 20005-3389	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(02/14/08)
	Purpose of Disbursement Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: B-S-834 Date of Disbursement 02 / 14 / 2008
	Mailing Address 1350 I Street NW Suite 1250	Amount of Each Disbursement this Period 844.50
	City Washington State DC Zip Code 20005-3389	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(02/14/08)
	Purpose of Disbursement Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: B-S-835 Date of Disbursement 02 / 14 / 2008
	Mailing Address 1600 Smith Street	Amount of Each Disbursement this Period 25.00
	City Houston State TX Zip Code 77002-7362	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(02/14/08)
	Purpose of Disbursement Airline Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	0.00
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)

<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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-7362

Purpose of Disbursement
Airline Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Bu-
siness(02/14/08)

B.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement
Express Mail

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-831

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Bu-
siness(02/14/08)

C.

Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement
Express Mail

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-840

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Bu-
siness(02/14/08)

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Jason's Deli Mailing Address 149 Arnould Boulevard City Lafayette State LA Zip Code 70506-6213 Purpose of Disbursement Meal Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-846 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 55.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(02/14/08)
B.	Full Name (Last, First, Middle Initial) Magnolia Hotel Mailing Address 1100 Texas Street City Houston State TX Zip Code 77002 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-841 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 414.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(02/14/08)
C.	Full Name (Last, First, Middle Initial) Magnolia Hotel Mailing Address 1100 Texas Street City Houston State TX Zip Code 77002 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-843 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 424.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(02/14/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Total HR Solutions LLC

Mailing Address 935 Camellia Boulevard
Suite 200

City Lafayette State LA Zip Code 70508

Purpose of Disbursement
SEE MEMO ITEMS

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-9404

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

1187.33

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Uncle Bob's Self Storage

Mailing Address 2207 W Pinhook Road

City Lafayette State LA Zip Code 70508-3231

Purpose of Disbursement
Storage

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-832

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

85.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Bu-
siness(02/14/08)

C.

Full Name (Last, First, Middle Initial)
Vic & Anthony's Steakhouse

Mailing Address 1510 Texas Street

City Houston State TX Zip Code 77002

Purpose of Disbursement
Facility Rental & Catering

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-837

Date of Disbursement

02 / 14 / 2008

Amount of Each Disbursement this Period

3000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Bu-
siness(02/14/08)

SUBTOTAL of Disbursements This Page (optional) ▶

1187.33

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Visa Business	Transaction ID: B-E-9398 Date of Disbursement
	Mailing Address PO Box 8710	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Little Rock State AR Zip Code 72217-8710	Amount of Each Disbursement this Period
	Purpose of Disbursement SEE MEMO ITEMS	<input type="text" value="6118.79"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Visa Business	Transaction ID: B-S-847 Date of Disbursement
	Mailing Address PO Box 8710	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Little Rock State AR Zip Code 72217-8710	Amount of Each Disbursement this Period
	Purpose of Disbursement Service Fee	<input type="text" value="60.97"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Visa Business(02/14/08)
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marilyn Lee	Transaction ID: B-S-827 Date of Disbursement
	Mailing Address 1228 Myrtle Place	<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City Lafayette State LA Zip Code 70506-3334	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1187.33"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Total HR Solutions LLC(02/14/08)
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6118.79"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Banking Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9405 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Federal Interest Withheld Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9406 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 8 Amount of Each Disbursement this Period 85.25 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC Mailing Address 935 Camellia Boulevard Suite 200 City Lafayette State LA Zip Code 70508 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9408 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8 Amount of Each Disbursement this Period 337.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	432.85
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)

<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)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Athletic Schedules, Etc

Mailing Address PO Box 12623

City Alexandria State LA Zip Code 71315-2623

Purpose of Disbursement Advertising
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9410
Date of Disbursement

/

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Total HR Solutions LLC

Mailing Address 935 Camellia Boulevard Suite 200

City Lafayette State LA Zip Code 70508

Purpose of Disbursement SEE MEMO ITEMS
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9411
Date of Disbursement

/

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Marilyn Lee

Mailing Address 1228 Myrtle Place

City Lafayette State LA Zip Code 70506-3334

Purpose of Disbursement Payroll
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-828
Date of Disbursement

/

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Total HR Solutions LLC(02/28/08)

SUBTOTAL of Disbursements This Page (optional) ►

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Banking Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9412 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 4.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Donald A. Manzullo for Congress Mailing Address PO Box 7783 City Rockford State IL Zip Code 61126-7783 Purpose of Disbursement Inkind: Inkind: Airfare & Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-I-9540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 1042.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Dwayne Viator Mailing Address 113 Nicole Drive City Youngsville State LA Zip Code 70592 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9413 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1497.41

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: B-E-9439 Date of Disbursement 03 / 04 / 2008
	Mailing Address 915 S 500 E Suite 200	Amount of Each Disbursement this Period 20.00
	City American Fork State UT Zip Code 84003-3373	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement E-Merchant Fee Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Lowrys Printing & Copying	Transaction ID: B-E-9421 Date of Disbursement 03 / 05 / 2008
	Mailing Address 2004 W Pinhook Road	Amount of Each Disbursement this Period 3193.39
	City Lafayette State LA Zip Code 70508-3228	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Printing Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) The Political Firm LLC	Transaction ID: B-E-9422 Date of Disbursement 03 / 05 / 2008
	Mailing Address 7646 Old Hammond Highway	Amount of Each Disbursement this Period 500.00
	City Baton Rouge State LA Zip Code 70809-1221	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement GOTV Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3713.39
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 69 / 83

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC Mailing Address 935 Camellia Boulevard Suite 200 City Lafayette State LA Zip Code 70508 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9440 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 337.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) AT&T Mobility Mailing Address PO Box 6463 City Carol Stream State IL Zip Code 60197-6463 Purpose of Disbursement Cellular Phone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9423 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 327.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Authorize.net Corp. Mailing Address 915 S 500 E Suite 200 City American Fork State UT Zip Code 84003-3373 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9441 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	674.98
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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Campaign Financial Services <hr/> Mailing Address 7315 Wisconsin Avenue Suite 705 East <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement Bookkeeping Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9437 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 610 Gateway Center Way Suite K <hr/> City San Diego State CA Zip Code 92102-4548 <hr/> Purpose of Disbursement Software Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9436 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement SEE MEMO ITEM Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9442 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1187.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	3412.34
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)

<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)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial)
Marilyn Lee

Mailing Address 1228 Myrtle Place

City Lafayette State LA Zip Code 70506-3334

Purpose of Disbursement Payroll
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-829
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Total HR Solutions LLC(03/13/08)

B. Full Name (Last, First, Middle Initial)
Iberia Bank

Mailing Address 200 W Congress Street

City Lafayette State LA Zip Code 70501-6873

Purpose of Disbursement Banking Fee
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9443
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Iberia Bank

Mailing Address 200 W Congress Street

City Lafayette State LA Zip Code 70501-6873

Purpose of Disbursement Federal Interest Withheld
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9444
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Total HR Solutions LLC

Mailing Address 935 Camellia Boulevard
Suite 200

City Lafayette State LA Zip Code 70508

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-E-9454
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Capitol Hill Club

Mailing Address 300 1st Street SE

City Washington State DC Zip Code 20003-1801

Purpose of Disbursement
Meal Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-859
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Visa Business(03/19/08)

C.

Full Name (Last, First, Middle Initial)
Catahoula's

Mailing Address 1211 W Pinhook Road

City Lafayette State LA Zip Code 70503-2604

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B-S-871
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Visa Business(03/19/08)

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<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)
Charles Boustany JR MD for Congress, INC

A.

Full Name (Last, First, Middle Initial)
Circle K

Mailing Address 615 W University Avenue

City Lafayette State LA Zip Code 70506-3541

Purpose of Disbursement
Fuel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-861
Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Business(03/19/08)

B.

Full Name (Last, First, Middle Initial)
Circle K

Mailing Address 615 W University Avenue

City Lafayette State LA Zip Code 70506-3541

Purpose of Disbursement
Fuel

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-870
Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

50.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Business(03/19/08)

C.

Full Name (Last, First, Middle Initial)
Continental Airlines

Mailing Address 1350 I Street NW
Suite 1250

City Washington State DC Zip Code 20005-3389

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-S-848
Date of Disbursement

03 / 19 / 2008

Amount of Each Disbursement this Period

834.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Subitemization of Visa Business(03/19/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002-7362 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-849 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 834.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)
B.	Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002-7362 Purpose of Disbursement Airline Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-850 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)
C.	Full Name (Last, First, Middle Initial) Continental Airlines Mailing Address 1600 Smith Street City Houston State TX Zip Code 77002-7362 Purpose of Disbursement Airline Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-851 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 25.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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)

<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)
Charles Boustany JR MD for Congress, INC

A. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name	Transaction ID: B-S-852 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 26.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Visa Business(03/19/08)

B. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name	Transaction ID: B-S-853 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 23.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Visa Business(03/19/08)

C. Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name	Transaction ID: B-S-854 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 25.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
Subitemization of Visa Business(03/19/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-855 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 23.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)
B.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-856 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 23.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)
C.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-857 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 25.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Banking Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9455 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) South Shore Harbour Hotel Mailing Address 2500 South Shore Boulevard City League City State TX Zip Code 77573 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-860 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 123.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)
C.	Full Name (Last, First, Middle Initial) South Shore Harbour Hotel Mailing Address 2500 South Shore Boulevard City League City State TX Zip Code 77573 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-865 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 184.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] Subitemization of Visa Business(03/19/08)

SUBTOTAL of Disbursements This Page (optional) ▶	10.00
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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Avenue NW Apt. 304 City Washington State DC Zip Code 20007-4543 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9448 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Avenue NW Apt. 304 City Washington State DC Zip Code 20007-4543 Purpose of Disbursement Fundraising Consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9449 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) The Levatino Group Mailing Address 2501 Wisconsin Avenue NW Apt. 304 City Washington State DC Zip Code 20007-4543 Purpose of Disbursement Fundraising Commission Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-E-9450 Date of Disbursement 03 / 19 / 2008 Amount of Each Disbursement this Period 272.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

2272.00

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) The Levatino Group	Transaction ID: B-E-9451 Date of Disbursement 03 / 19 / 2008
	Mailing Address 2501 Wisconsin Avenue NW Apt. 304	Amount of Each Disbursement this Period 7535.00
	City Washington State DC Zip Code 20007-4543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 003
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) The Levatino Group	Transaction ID: B-E-9452 Date of Disbursement 03 / 19 / 2008
	Mailing Address 2501 Wisconsin Avenue NW Apt. 304	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20007-4543	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Fundraising Consulting Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 003
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC	Transaction ID: B-E-9456 Date of Disbursement 03 / 19 / 2008
	Mailing Address 935 Camellia Boulevard Suite 200	Amount of Each Disbursement this Period 337.58
	City Lafayette State LA Zip Code 70508	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Taxes Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

8872.58

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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Townhouse Restaurant & Caterer	Transaction ID: B-S-868
	Mailing Address 111 Auditorium Place	Date of Disbursement 03 / 19 / 2008
	City Lafayette State LA Zip Code 70503-2801	Amount of Each Disbursement this Period 70.21
	Purpose of Disbursement Meal Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 001 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Visa Business(03/19/08)

B.	Full Name (Last, First, Middle Initial) Uncle Bob's Self Storage	Transaction ID: B-S-858
	Mailing Address 2207 W Pinhook Road	Date of Disbursement 03 / 19 / 2008
	City Lafayette State LA Zip Code 70508-3231	Amount of Each Disbursement this Period 85.95
	Purpose of Disbursement Storage Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 001 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Subitemization of Visa Business(03/19/08)

C.	Full Name (Last, First, Middle Initial) Visa Business	Transaction ID: B-E-9447
	Mailing Address PO Box 8710	Date of Disbursement 03 / 19 / 2008
	City Little Rock State AR Zip Code 72217-8710	Amount of Each Disbursement this Period 3527.45
	Purpose of Disbursement SEE MEMO ITEMS Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="checkbox"/> 001 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3527.45
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)

<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)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address PO Box 6463 <hr/> City Carol Stream State IL Zip Code 60197-6463 <hr/> Purpose of Disbursement Cellular Phone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9457 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 173.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) The Political Firm LLC <hr/> Mailing Address 7646 Old Hammond Highway <hr/> City Baton Rouge State LA Zip Code 70809-1221 <hr/> Purpose of Disbursement GOTV Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9458 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement SEE MEMO ITEMS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9460 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1187.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1861.13
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Charles Boustany JR MD for Congress, INC

A.	Full Name (Last, First, Middle Initial) Paul Sawyer for Congress Mailing Address P.O. Box 83382 City Baton Rouge State LA Zip Code 70884 Purpose of Disbursement Contribution Candidate Name Paul B. Sawyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9358 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Scalise for Congress Mailing Address 234 Jefferson Heights Avenue City Jefferson State LA Zip Code 70121-3210 Purpose of Disbursement Contribution Candidate Name Stephen J. Scalise Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9409 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) LA-6 Congressional Victory Committee Mailing Address 2875 Towerview Road Suite 1000 City Herndon State VA Zip Code 20171 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-9438 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	5000.00