

**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) ▶