

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

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** ▼

C C00394866

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

LA

03

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

/  /  through  /  /

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 Alan Hebert

[Electronically Filed]

Date

/  /

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

|                 |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|

**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<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....   | 147070                  | 2269494.4                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....   | -700                    | 4600                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 147770                  | 2264894.4                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....  | 115949.9                | 1612077.1                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 0                       | 6015.03                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 115949.9                | 1606062.07                         |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | 389497.46               |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | 0                       |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | 0                       |                                    |

**For further information contact:**

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

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

: 97 `A -G79 @ @ B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: F3A  
Transaction ID :

Please note: This amendment corrects an increase in receipts totaling \$14023.30. An uncleared payment to Visa Business was voided, but due to a software issue, the void appeared as an offset. It now correctly appears on Line 17. The committee has taken steps to clear out old stale checks from the books. On line 17, you will find voided payments on November 13th 2014 to: Louisiana Cattle Festival for \$200, Talkn T-Shirts for \$466.56, Sheryl Jones for \$100, Sheryl Jones for \$100, Oran Webster for \$175, Oran Webster for \$175, Campaign Counsel LLC for \$5000, The French Press for \$947.10, and Lillian Senegal for \$175. These checks were all voided on November 13th 2014, and are not required to be reissued. You will also find voided payments on November 13th 2014 to Keely McGibboney for \$36.75 in wages, and Adam Hensgens for \$49.95 for a mileage reimbursement. These checks will be reissued on December 4, 2014. On Line 21, you will find voided payments on November 13th 2014 to: Disruptive Pictures Distribution for \$1000, and Baton Rouge Cardiology Center for \$700. These contribution refunds will be reissued on December 4, 2014. On Line 21, you will find a voided payment on November 13th 2014 to the 256th Brigade Special Troop Battalion MWR Fund. This charitable contribution check was lost and does not need to be reissued.

Form/Schedule:  
Transaction ID:

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Charles Boustany Jr. MD for Congress, Inc.

Report Covering the Period: From:  /  /  To:  /  /

**I. RECEIPTS**

| COLUMN A<br>Total this Period                           | COLUMN B<br>Election Cycle Total as of<br><input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/><br>(date of general election) | COLUMN C<br>Total for<br><input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/><br>(date after general election)<br><br>through<br><input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/><br>(last day of reporting period) |
|---|---|---|
| 11. CONTRIBUTIONS<br>(other than loans) FROM:           |   |   |
| (a) Individuals/Persons Other than Political Committees |   |   |
| (i) Itemized (use Schedule A)                           |   |   |
| <input type="text" value="65200"/>                      | <input type="text" value="919506.47"/>  | <input type="text" value="3700"/>   |
| (ii) Unitemized   |   |   |
| <input type="text" value="3220"/>                       | <input type="text" value="71147.52"/>   | <input type="text" value="435"/>  |
| (iii) Total of contributions from individuals           |   |   |
| <input type="text" value="68420"/>                      | <input type="text" value="990653.99"/>  | <input type="text" value="4135"/>   |
| (b) Political Party Committees                          |   |   |
| <input type="text" value="0"/>                          | <input type="text" value="0"/>  | <input type="text" value="0"/>  |
| (c) Other Political Committees                          |   |   |
| <input type="text" value="78650"/>                      | <input type="text" value="1278840.41"/>   | <input type="text" value="7000"/>   |

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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| COLUMN A<br>Total this Period   | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|---|---|
| (d) The Candidate   |   |   |
| 0   | 0   | 0   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) |   |   |
| 147070  | 2269494.4   | 11135   |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                      |   |   |
| 0   | 0   | 0   |
| 13. LOANS:  |   |   |
| (a) Made or Guaranteed by the Candidate   |   |   |
| 0   | 0   | 0   |
| (b) All Other Loans   |   |   |
| 0   | 0   | 0   |
| (c) TOTAL LOANS (add Lines 13(a) and (b))   |   |   |
| 0   | 0   | 0   |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)                      |   |   |
| 0   | 6015.03   | 0   |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)                                      |   |   |
| 88.15   | 3114.51   | 0.46  |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                                |   |   |
| 147158.15   | 2278623.94  | 11135.46  |

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Charles Boustany Jr. MD for Congress, Inc.

Report Covering the Period: From:  /  /  To:  /  /

**II. DISBURSEMENTS**

|   | <b>COLUMN A</b><br>Total this Period  | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|---------------------------------------|--|--|
| 17. OPERATING EXPENDITURES                              | <input type="text" value="115949.9"/> | <input type="text" value="1612077.1"/>   | <input type="text" value="48851.71"/>  |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES            | <input type="text" value="0"/>        | <input type="text" value="0"/>   | <input type="text" value="0"/>   |
| 19. LOAN REPAYMENTS:                                    |                                       |  |  |
| (a) Of Loans Made or Guaranteed by the Candidate        | <input type="text" value="0"/>        | <input type="text" value="0"/>   | <input type="text" value="0"/>   |
| (b) Of All Other Loans                                  | <input type="text" value="0"/>        | <input type="text" value="0"/>   | <input type="text" value="0"/>   |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))   | <input type="text" value="0"/>        | <input type="text" value="0"/>   | <input type="text" value="0"/>   |
| 20. REFUNDS OF CONTRIBUTIONS TO:                        |                                       |  |  |
| (a) Individuals/Persons Other Than Political Committees | <input type="text" value="-700"/>     | <input type="text" value="1600"/>  | <input type="text" value="-700"/>  |
| (b) Political Party Committees                          | <input type="text" value="0"/>        | <input type="text" value="0"/>   | <input type="text" value="0"/>   |

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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| COLUMN A<br>Total this Period | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | COLUMN C<br>Total for * (date after general election)<br>through * (last day of reporting period)<br>(* See page 5 for dates) |
|-------------------------------|---|---|
|-------------------------------|---|---|

(c) Other Political Committees (such as PACs)

|   |      |   |
|---|------|---|
| 0 | 3000 | 0 |
|---|------|---|

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

|      |      |      |
|------|------|------|
| -700 | 4600 | -700 |
|------|------|------|

**21. OTHER DISBURSEMENTS**

|        |        |        |
|--------|--------|--------|
| 210700 | 260850 | 209100 |
|--------|--------|--------|

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

|          |           |           |
|----------|-----------|-----------|
| 325949.9 | 1877527.1 | 257251.71 |
|----------|-----------|-----------|

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

|           |            |          |
|-----------|------------|----------|
| 147770.00 | 2264894.40 | 11835.00 |
|-----------|------------|----------|

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

|           |            |          |
|-----------|------------|----------|
| 115949.90 | 1606062.07 | 48851.71 |
|-----------|------------|----------|

**V. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                        | 568289.21 |
| 24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....                            | 147158.15 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                   | 715447.36 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                       | 325949.9  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 389497.46 |

**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 8 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Acadia St. Landry Guest Home, LLP**

Mailing Address 830 South Broadway Street

City Church Point State LA Zip Code 70525

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26964**

Amount of Each Receipt this Period  
 500  
 SEE MEMO ITEM - Verified Non-Corporate

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

**B.** Full Name (Last, First, Middle Initial)  
**Brian Hensgens**

Mailing Address 218 William Road

City Crowley State LA Zip Code 70526-0946

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

Name of Employer Occupation  
 Behavioral Investments, LLC Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-PIP490**

Amount of Each Receipt this Period  
 500  
 SEE MEMO ITEM - Verified Non-Corporate

**[MEMO ITEM]**  
 Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**Allie W. Adams III**

Mailing Address 610 Techeview Drive

City Berwick State LA Zip Code 70342-3128

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

Name of Employer Occupation  
 Sewart Supply President- Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26922**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

1500.00



**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 9 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Elton G. Beebe**

Mailing Address 763 Avery Boulevard North

City State Zip Code  
Ridgeland MS 39157-5218

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

Name of Employer Occupation  
Southern Magnolia, LLC President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : A-CF26927**

Amount of Each Receipt this Period  
1500

**B.** Full Name (Last, First, Middle Initial)  
**Robert D. Edmundson**

Mailing Address 1055 Saint Charles Avenue  
Suite 210

City State Zip Code  
New Orleans LA 70130-3948

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

Name of Employer Occupation  
Edmundson Management Company President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : A-CF26966**

Amount of Each Receipt this Period  
500

**C.** Full Name (Last, First, Middle Initial)  
**James L. Firmin**

Mailing Address PO Box 972

City State Zip Code  
Morgan City LA 70381-0972

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

Name of Employer Occupation  
Self-Employed Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : A-CF26976**

Amount of Each Receipt this Period  
250

**SUBTOTAL** of Receipts This Page (optional).....

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

2250.00

**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 10 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 J. Foreman**

Mailing Address 425 Shelly Drive

City Lafayette State LA Zip Code 70503-4437

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

Name of Employer Acadiana Otolaryngology Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26930**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Linda Foreman**

Mailing Address 1611 Golden Grain Road

City Rayne State LA Zip Code 70578-2603

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

Name of Employer Courtyard Manor Occupation Manager & Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26925**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**Ronald A. Goux**

Mailing Address 2045 Highway 59

City Mandeville State LA Zip Code 70448

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

Name of Employer Goux Enterprises, Inc. Occupation Extended Care Facility Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26980**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2500.00**

**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 11 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Charles L. Gowland**

Mailing Address 3225 Lake Palourde Drive

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Morgan City | LA    | 70380-1520 |

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

|                              |             |
|------------------------------|-------------|
| Name of Employer             | Occupation  |
| Chabill's Tire Services, LLC | Tire Dealer |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 16  |   | 2014    |

**Transaction ID : A-CF26977**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Frank S. Guarisco**

Mailing Address PO Box 579

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Patterson | LA    | 70392-0579 |

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

|                      |                 |
|----------------------|-----------------|
| Name of Employer     | Occupation      |
| Frank's Agency, Inc. | Insurance Agent |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**850**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 16  |   | 2014    |

**Transaction ID : A-CF26978**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Paul J. Hardy**

Mailing Address PO Box 10

|               |       |            |
|---------------|-------|------------|
| City          | State | Zip Code   |
| Breaux Bridge | LA    | 70517-0010 |

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

|                        |            |
|------------------------|------------|
| Name of Employer       | Occupation |
| St. Agnes Nursing Home | Partner    |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 16  |   | 2014    |

**Transaction ID : A-CF26965**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

**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 12 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Cecelia A. Hoyt**

Mailing Address 107 Appomatox Parkway

City State Zip Code  
Carencro LA 70520-5911

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

Name of Employer Occupation  
Darnall, Sikes, Gardes & Fre CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26970**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Robert G. Jones**

Mailing Address 301 Shell Beach Drive

City State Zip Code  
Lake Charles LA 70601-5825

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

Name of Employer Occupation  
Wells Fargo Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26972**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Joe McPherson**

Mailing Address 2000 Maison Road

City State Zip Code  
Woodworth LA 71485

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

Name of Employer Occupation  
Self Commercial Real Estate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : A-CF26979**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

**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 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |                               |  |  |
|---|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. John L. Ochsner</b>  |                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address 1514 Jefferson Highway  |                               | <b>Transaction ID : A-CF27009</b>                        |  |
| City<br>New Orleans   | State<br>LA                   | Zip Code<br>70121-2429                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                               | Amount of Each Receipt this Period<br>250                |  |
| Name of Employer<br>Ochsner Clinic  | Occupation<br>Physician       |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>250 |  |  |

|   |                               |  |  |
|---|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Donna G. Richard</b>   |                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address 1301 Shell Beach Drive  |                               | <b>Transaction ID : A-CF26974</b>                        |  |
| City<br>Lake Charles  | State<br>LA                   | Zip Code<br>70601-5653                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                               | Amount of Each Receipt this Period<br>250                |  |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker       |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>750 |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Greg Sarver</b>  |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address 115 Brook Drive   |                                | <b>Transaction ID : A-CF26926</b>                        |  |
| City<br>Crowley   | State<br>LA                    | Zip Code<br>70526-2026                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                | Amount of Each Receipt this Period<br>1000               |  |
| Name of Employer<br>Amelia Manor Nursing Home   | Occupation<br>Administrator    |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000 |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1500.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | (Empty box) |

**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 14 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Roger D. Smith**

Mailing Address 1324 Nashville Avenue

City State Zip Code  
New Orleans LA 70115-4330

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 16  |   | 2014    |

**Transaction ID : A-CF26981**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Vic Stelly**

Mailing Address 2375 Fawn Ridge Road

City State Zip Code  
Lake Charles LA 70611

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 16  |   | 2014    |

**Transaction ID : A-CF26973**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Donelson P. Stiel**

Mailing Address 609 Adams Street

City State Zip Code  
Franklin LA 70538-4814

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

Name of Employer Occupation  
David H. Stiel, Jr. Agency Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 16  |   | 2014    |

**Transaction ID : A-CF26975**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

**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 15 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |                                 |  |  |
|---|---------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. J. David Strother</b>  |                                 | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address 108 Ducharme Court  |                                 | <b>Transaction ID : A-CF26928</b>                        |  |
| City<br>Lafayette   | State<br>LA                     | Zip Code<br>70503-3563                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>2600               |  |
| Name of Employer<br>Self-Employed   | Occupation<br>Financial Planner |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>3100  |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ogden U. Thomas Jr.</b>  |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address PO Box 343  |                                | <b>Transaction ID : A-CF26929</b>                        |  |
| City<br>Patterson   | State<br>LA                    | Zip Code<br>70392-0343                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                | Amount of Each Receipt this Period<br>1000               |  |
| Name of Employer<br>Retired   | Occupation<br>Retired          |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>2000 |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Christian G. Vaccari</b>   |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address 217 North Columbia Street   |                                | <b>Transaction ID : A-CF26920</b>                        |  |
| City<br>Covington   | State<br>LA                    | Zip Code<br>70433-3245                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                | Amount of Each Receipt this Period<br>2000               |  |
| Name of Employer<br>LEEVAC Shipyards  | Occupation<br>Owner            |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>4000 |  |  |

|   |             |
|---|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 5600.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | [Empty Box] |

**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 16 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**P. Dwayne David**

Mailing Address **PO Box 51551**

City **Lafayette** State **LA** Zip Code **70505-1551**

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

Name of Employer **Knox Insurance Group, LLC** Occupation **Owner/Broker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 17 / 2014**

**Transaction ID : A-CF27016**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**AJ Dohmann**

Mailing Address **43 Marquis Manor**

City **Morgan City** State **LA** Zip Code **70380**

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

Name of Employer **Self Employed** Occupation **Automobile Industry**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 17 / 2014**

**Transaction ID : A-CF27018**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Dan L. Donald Jr.**

Mailing Address **PO Box 675**

City **Jennings** State **LA** Zip Code **70546-0675**

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

Name of Employer **Jeff Davis Bank & Trust Co.** Occupation **Banker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 17 / 2014**

**Transaction ID : A-CF26950**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1500.00**



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

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

FOR LINE NUMBER: PAGE 17 OF 115  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 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)  
**David H. Stiel III**

Mailing Address PO Box 293  
300 Tallowood Drive

City Franklin State LA Zip Code 70538-0293

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

Name of Employer David H. Stiel, Jr. Agency Occupation Insurance/Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : A-CF27022**

Amount of Each Receipt this Period  
**250**

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

Mailing Address PO Box 1447

City Lake Charles State LA Zip Code 70602-1447

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

Name of Employer The Lacassane Company Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A-CF27049**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Carroll W. Shaddock Jr.**

Mailing Address 1415 Foster Street

City Lake Charles State LA Zip Code 70601-5811

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

Name of Employer HC Drew Estate Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : A-CF27048**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**750.00**

**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 18 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 A. Mampilly**

Mailing Address 234 Princeton Woods Loop

City Lafayette State LA Zip Code 70508-6600

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

Name of Employer LGMC Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : A-CF27047**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Valerie G. Archer**

Mailing Address 3003 Surrey Lane

City Lake Charles State LA Zip Code 70605-3937

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A-CF27061**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Edward G. Bell**

Mailing Address 1010 2nd Street

City Morgan City State LA Zip Code 70380-3120

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

Name of Employer Self-Employed Occupation Industrial Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A-CF27064**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

**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 19 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Charles L. Bull Jr.**

Mailing Address **PO Box 400**

City **Welsh** State **LA** Zip Code **70591-0400**

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

Name of Employer **Charles Bull Law Office** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27050**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**David Buttross Jr.**

Mailing Address **827 Theriot Road**

City **Lake Charles** State **LA** Zip Code **70611-6115**

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

Name of Employer **Self-Employed** Occupation **Physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27060**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Byron Keith Core**

Mailing Address **PO Box 368**

City **Crowley** State **LA** Zip Code **70527-0368**

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

Name of Employer **Right-Of-Way Services, Inc.** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27057**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**750.00**

**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 20 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Adam Crappel**

Mailing Address **PO Box 309**

City **Patterson** State **LA** Zip Code **70392-0309**

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

Name of Employer **A&E Office Machines** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27079**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Bryan J. Hanks**

Mailing Address **114 Kings Walk**

City **Lafayette** State **LA** Zip Code **70503-3411**

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

Name of Employer **Beta Land Services, LLC** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27038**

Amount of Each Receipt this Period  
**2600**

**C.** Full Name (Last, First, Middle Initial)  
**Michelle B. Hanks**

Mailing Address **114 Kings Walk**

City **Lafayette** State **LA** Zip Code **70503-3411**

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

Name of Employer **Beta Land Services** Occupation **CFO**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27039**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

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

**5700.00**

**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 21 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 F. Kramer**

Mailing Address **PO Box 573**

City **Franklin** State **LA** Zip Code **70538-0573**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27063**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Michael J. Michot**

Mailing Address **PO Box 80372**

City **Lafayette** State **LA** Zip Code **70598-0372**

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

Name of Employer **Michot Consulting, LLC** Occupation **Owner**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27070**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Michael S. Patterson**

Mailing Address **603 Techeview Drive**

City **Berwick** State **LA** Zip Code **70342-3129**

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

Name of Employer **Central Boat Rentals** Occupation **President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2014**

**Transaction ID : A-CF27066**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**800.00**

**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 22 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Laurette Pitman**

Mailing Address 6706 Danielle Road

City State Zip Code  
New Iberia LA 70563

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A-CF27062**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Michael J. Remondet Sr.**

Mailing Address 510 Walnut Street

City State Zip Code  
La Place LA 70068-5118

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A-CF27068**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Gregory Roussel**

Mailing Address 580 Fairview Drive

City State Zip Code  
Berwick LA 70342-2066

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

Name of Employer Occupation  
Sewart Supply, Inc. CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A-CF27065**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**800.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 23 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Brian M. Tranchina**

Mailing Address 623 Fairview Drive

City State Zip Code  
Berwick LA 70342-2084

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

Name of Employer Occupation  
Tranchina Law Firm, LLC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 22  |   | 2014    |

**Transaction ID : A-CF27067**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Michael C. Turner**

Mailing Address 600 Doctor Michael Debakey Drive

City State Zip Code  
Lake Charles LA 70601-5727

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

Name of Employer Occupation  
Self-Employed Cardiologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 22  |   | 2014    |

**Transaction ID : A-CF27059**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Lippman, Mahfouz, Tranchina & Thorguson, LLC**

Mailing Address PO Box 2526

City State Zip Code  
Morgan City LA 70381-2526

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 23  |   | 2014    |

**Transaction ID : A-CF27042**

Amount of Each Receipt this Period  
**1000**

See Memo: Verified Partnership

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

**SUBTOTAL** of Receipts This Page (optional).....

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

**1500.00**

**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 24 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 L. Mahfouz**

Mailing Address PO Box 2526

City State Zip Code  
Morgan City LA 70381-2526

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

Name of Employer Occupation  
Lippman & Mahfouz, LLC Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 23  |   | 2014    |

**Transaction ID : A-PIP493**

Amount of Each Receipt this Period  
**500**

See Memo: Verified Partnership

**[MEMO ITEM]**  
Partnership Itemization Memo

**B.** Full Name (Last, First, Middle Initial)  
**Alfred S. Lippman**

Mailing Address PO Box 2526

City State Zip Code  
Morgan City LA 70381-2526

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

Name of Employer Occupation  
Lippman & Mahfouz, LLC Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 23  |   | 2014    |

**Transaction ID : A-PIP492**

Amount of Each Receipt this Period  
**500**

See Memo: Verified Partnership

**[MEMO ITEM]**  
Partnership Itemization Memo

**C.** Full Name (Last, First, Middle Initial)  
**William H. Hidalgo**

Mailing Address PO Box 455

City State Zip Code  
Patterson LA 70392-0455

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

Name of Employer Occupation  
Halimar Shipyard, LLC Shipyard Management Civil Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 23  |   | 2014    |

**Transaction ID : A-CF27041**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**



**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 25 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**August J. Rantz III**

Mailing Address 111 Acomb Drive

City State Zip Code  
Lafayette LA 70508-7811

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

Name of Employer Occupation  
Acadiana Management Group Chief Executive Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : A-CF27045**

Amount of Each Receipt this Period  
2600

**B.** Full Name (Last, First, Middle Initial)  
**Janet M. Rantz**

Mailing Address 111 Acomb Drive

City State Zip Code  
Lafayette LA 70508-7811

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

Name of Employer Occupation  
August J. Rantz III Secretary/Treasurer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : A-CF27046**

Amount of Each Receipt this Period  
2600

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

Mailing Address 6032 Railroad Avenue

City State Zip Code  
Morgan City LA 70380-2449

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

Name of Employer Occupation  
New Industries, Inc. Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3600

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : A-CF27072**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

6200.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 26 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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. Patterson**

Mailing Address **PO Box 5**

City **Berwick** State **LA** Zip Code **70342-0005**

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

Name of Employer **Central Boat Rentals** Occupation **Chief Financial Officer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : A-CF27071**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **1000**

**B.** Full Name (Last, First, Middle Initial)  
**Assisted Living, Inc.**

Mailing Address **1400 W. Magnolia  
PO Box 1480**

City **Eunice** State **LA** Zip Code **70535**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 26 / 2014**

**Transaction ID : A-CF27094**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500**

See Memo: Verified Non-Corporate

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

**C.** Full Name (Last, First, Middle Initial)  
**Ella Mae LaFleur**

Mailing Address **1400 Magnolia Street**

City **Eunice** State **LA** Zip Code **70535**

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

Name of Employer **Assisted Living, Inc.** Occupation **CEO / President**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 26 / 2014**

**Transaction ID : A-PIP494**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **500**

See Memo: Verified Non-Corporate

**[MEMO ITEM]**  
Partnership Itemization Memo

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ **1500.00**

\_\_\_\_\_

**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 27 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**James G. Boyer**

Mailing Address 330 Drew Park Drive

City State Zip Code  
Lake Charles LA 70601-5808

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

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : A-CF27088**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Jessie A. Breaux Jr.**

Mailing Address 267 Bayou Bank Lane

City State Zip Code  
Franklin LA 70538-3905

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

Name of Employer Bayou Cane Company, Inc. Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : A-CF27090**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Erin H. Gesser**

Mailing Address 802 Rue Royale

City State Zip Code  
New Iberia LA 70563-2220

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

Name of Employer Self-Employed Occupation Jewelry Designer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : A-CF27092**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**750.00**

**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 28 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>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 B. Hover**

Mailing Address 416 Renwick Boulevard

City State Zip Code  
Berwick LA 70342-3210

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

Name of Employer Occupation  
BNG Air VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : A-CF27085**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Gregory A. Price**

Mailing Address PO Box 2642  
1400 Lakewood

City State Zip Code  
Morgan City LA 70381-2642

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

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : A-CF27087**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**W. Clifford Smith**

Mailing Address PO Box 2266

City State Zip Code  
Houma LA 70361-2266

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

Name of Employer Occupation  
T. Baker Smith, Inc. Civil Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : A-CF27084**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1250.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 29 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Roland Andrus**

Mailing Address 798 Saint Margaret Road

City State Zip Code  
Church Point LA 70525-5204

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1800**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27080**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Ted Broussard**

Mailing Address 7899 Highway 87

City State Zip Code  
Jeanerette LA 70544-8200

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

Name of Employer Occupation  
Self Employed Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27108**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**V. Vaughan O. Fitzpatrick**

Mailing Address 1437 Washington Avenue

City State Zip Code  
New Orleans LA 70130-5751

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27115**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1500.00**

**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 30 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Larry M. Graham**

Mailing Address 1317 Cobblestone Drive

City State Zip Code  
Lake Charles LA 70605

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

Name of Employer Occupation  
Lake Charles Memorial Health Hospital Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 27    |   | 2014        |

**Transaction ID : A-CF27077**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin Guidry**

Mailing Address 401 Senna Avenue

City State Zip Code  
League City TX 77573-6425

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

Name of Employer Occupation  
Financial Precision Group Accounting Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 27    |   | 2014        |

**Transaction ID : A-CF27075**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Clara D. Hebert**

Mailing Address 123 Lindsey Drive

City State Zip Code  
Houma LA 70360-6090

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

Name of Employer Occupation  
Cardiovascular Institute Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 27    |   | 2014        |

**Transaction ID : A-CF27119**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1050.00**

**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 31 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**M. Bailey Kidd IV**

Mailing Address 212 Durham Drive

City State Zip Code  
Lafayette LA 70508-6947

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

Name of Employer Occupation  
Danos Business Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27099**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Dianne Lind**

Mailing Address 1604 Maple Street

City State Zip Code  
Morgan City LA 70380-1210

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

Name of Employer Occupation  
Self-Employed Property Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27111**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Donald H. Lloyd II**

Mailing Address 1002 S Kade

City State Zip Code  
Lake Charles LA 70605-7188

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

Name of Employer Occupation  
Christus St. Patrick Hospita Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27096**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**800.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 32 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Alexis Mallet Jr.**

Mailing Address PO Box 80857

City State Zip Code  
Lafayette LA 70598-0857

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

Name of Employer Occupation  
First General Services of th Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27100**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Terry Mekash**

Mailing Address 2929 Main Street

City State Zip Code  
Jeanerette LA 70544-3203

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

Name of Employer Occupation  
Ronald Hebert, Inc. Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27110**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Frank Minvielle**

Mailing Address 2714 1/2 Main Street

City State Zip Code  
Jeanerette LA 70544-3313

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 27  |   | 2014    |

**Transaction ID : A-CF27109**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**800.00**



**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 33 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**James H. Prince**

Mailing Address **PO Box 82278**

City **Lafayette** State **LA** Zip Code **70598**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2900**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : A-CF27120**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**J. Quentin Simon**

Mailing Address **119 Shipley Drive**

City **Lafayette** State **LA** Zip Code **70503-4734**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : A-CF27117**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Abbie Speyrer**

Mailing Address **1164 Belvedere Drive**

City **Baton Rouge** State **LA** Zip Code **70808-8601**

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

Name of Employer **Self-Employed** Occupation **Accountant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : A-CF27098**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

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

**900.00**

**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 34 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>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 D. Toole**

Mailing Address **PO Box 65929**

City **Tucson** State **AZ** Zip Code **85728-5929**

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

Name of Employer **Self employed** Occupation **Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 27 / 2014**

**Transaction ID : A-CF27118**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Cosource Financial Investment & Advisory Group, LLC**

Mailing Address **PO Box 51305**

City **Lafayette** State **LA** Zip Code **70505**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : A-CF27133**

Amount of Each Receipt this Period  
**250**

See Memo: Verified Non-Corp/ No Partner Itemized

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

**C.** Full Name (Last, First, Middle Initial)  
**Michael R. Citron**

Mailing Address **110 Villere Cir.**

City **Lafayette** State **LA** Zip Code **70506**

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

Name of Employer **Hub City Ford** Occupation **Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 29 / 2014**

**Transaction ID : A-CF27132**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1050.00**

**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 35 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Walter T. Lee**

Mailing Address 4102 Woodside Drive

City Lake Charles State LA Zip Code 70605-4034

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

Name of Employer Custom Metal Fabrication Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : A-CF27131**

Amount of Each Receipt this Period  
**250**

**B.** Full Name (Last, First, Middle Initial)  
**Charlotte B. Crochet**

Mailing Address 2407 E Broussard Road

City Lafayette State LA Zip Code 70508-7962

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

Name of Employer Not in Workforce Occupation Not in Workforce

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : A-CF27134**

Amount of Each Receipt this Period  
**100**

**C.** Full Name (Last, First, Middle Initial)  
**Bridget M. Hinton**

Mailing Address 4720 W Cypress Landing Drive

City Lake Charles State LA Zip Code 70605-5978

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

Name of Employer Alan Hinton, MD Occupation Office Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : A-CF27128**

Amount of Each Receipt this Period  
**2600**

**SUBTOTAL** of Receipts This Page (optional).....

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

**2950.00**

**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 36 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 B. Mosing**

Mailing Address 700 East Verot School Road

City Lafayette State LA Zip Code 70508-2502

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

Name of Employer Frank's International Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 30 / 2014**

**Transaction ID : A-CF27122**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Benjamin Guidry**

Mailing Address 401 Senna Avenue

City League City State TX Zip Code 77573-6425

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

Name of Employer Financial Precision Group Occupation Accounting Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 02 / 2014**

**Transaction ID : A-CF27135**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Lee W. Boyer**

Mailing Address 2005 Charvais Drive

City Lake Charles State LA Zip Code 70601-5605

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

Name of Employer Stockwell, Sievert Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27329**

Amount of Each Receipt this Period  
**450**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1700.00**

**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 37 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Ada M. Bryant**

Mailing Address 132 Jenkins Road

City State Zip Code  
Alexandria LA 71302

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27352**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Robert Fangué**

Mailing Address 302 Chastant Boulevard

City State Zip Code  
Lafayette LA 70508-5210

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

Name of Employer Occupation  
Charter Supply Co. Sales Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27175**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Leonard Franques**

Mailing Address 1811 Roper Drive

City State Zip Code  
Scott LA 70583-4719

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

Name of Employer Occupation  
America's Pizza Company Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27328**

Amount of Each Receipt this Period  
**900**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1450.00**

**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 38 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Ed G Mury**

Mailing Address 600 Jefferson Street  
Suite 1200

City Lafayette State LA Zip Code 70501

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

Name of Employer Industrial Solutions Group Occupation Chief Administrative Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27331**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Stephanie H. Opry**

Mailing Address 107 Hollow Green Drive

City Lafayette State LA Zip Code 70508

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

Name of Employer Opry Law Firm Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27333**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Joshua Pellerin**

Mailing Address 117 Diamond Creek Drive

City Broussard State LA Zip Code 70518-5322

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

Name of Employer Pellerin Energy Group, LLC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2800**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27332**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

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

**900.00**

**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 39 OF 115                      |                                    |                             |
|   | <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>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)  
**Stephen M. Roth**

Mailing Address 215 Guidry Road

City State Zip Code  
Lafayette LA 70503-5601

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

Name of Employer Occupation  
Environmental Assoc. of LA Environmental Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2900**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27326**

Amount of Each Receipt this Period  
**900**

**B.** Full Name (Last, First, Middle Initial)  
**J. Clemille Simon**

Mailing Address PO Box 52242

City State Zip Code  
Lafayette LA 70505-2242

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : A-CF27330**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Veron, Bice, Palermo & Wilson LLC**

Mailing Address PO Box 2125

City State Zip Code  
Lake Charles LA 70602

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A-CF27358**

Amount of Each Receipt this Period  
**250**

See Memo: Verified Partnership

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

**SUBTOTAL** of Receipts This Page (optional).....

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

**1450.00**

**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 40 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Jere Jay Bice**

Mailing Address PO Box 2125

City State Zip Code  
Lake Charles LA 70602-2125

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

Name of Employer Occupation  
Veron, Bice, Palermo, et al. Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-PIP491**

Amount of Each Receipt this Period  
**250**

See Memo: Verified Partnership

**[MEMO ITEM]**  
Partnership Itemization Memo

**B.** Full Name (Last, First, Middle Initial)  
**T. Matt Ackel**

Mailing Address PO Box 91

City State Zip Code  
Berwick LA 70342-0091

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27366**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Paden Alleman**

Mailing Address 209 Petrus Drive

City State Zip Code  
Broussard LA 70518

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

Name of Employer Occupation  
Hole Opener Corporation Vie President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27368**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

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

**550.00**



**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 41 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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 Blossom Jr.**

Mailing Address 125 SW Jefferson Avenue

City Peoria State IL Zip Code 61602

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

Name of Employer ABG Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A-CF27416**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Carl J. Breaux**

Mailing Address 300 Bertrand Drive

City Lafayette State LA Zip Code 70506-5635

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A-CF27360**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Kate Crowther**

Mailing Address 119 Massasoit Street

City Northampton State MA Zip Code 01060

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

Name of Employer Reliance Trust Company Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A-CF27414**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1250.00**

**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 42 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Kenneth Ingham**

Mailing Address 10390 SW 60th Ave

City Miami State FL Zip Code 33156

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

Name of Employer ABG Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A-CF27413**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Ann Knapp**

Mailing Address PO Box 1665

City Lake Charles State LA Zip Code 70602-1665

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

Name of Employer Information Requested Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A-CF27356**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**John L. Leonards**

Mailing Address 1402 Stakes Road

City Crowley State LA Zip Code 70526-0854

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

Name of Employer Self-Employed Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : A-CF27362**

Amount of Each Receipt this Period  
**250**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1000.00**

**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 43 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>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. Lloyd II**

Mailing Address 1002 S Kade

City State Zip Code  
Lake Charles LA 70605-7188

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

Name of Employer Occupation  
Christus St. Patrick Hospita Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27357**

Amount of Each Receipt this Period  
**500**

**B.** Full Name (Last, First, Middle Initial)  
**Michael G. Melancon**

Mailing Address 1003 Martha Hebert Road

City State Zip Code  
Breux Bridge LA 70517-7713

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

Name of Employer Occupation  
Self-Employed Farmer- Sugarcane-Soybean

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**745.72**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27229**

Amount of Each Receipt this Period  
**250**

**C.** Full Name (Last, First, Middle Initial)  
**Alfred Palma**

Mailing Address PO Box 1565

City State Zip Code  
Lake Charles LA 70602-1565

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

Name of Employer Occupation  
Alfred Palma, Inc. General Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27354**

Amount of Each Receipt this Period  
**500**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1250.00**

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

|   |   |                |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 44 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>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 Perry**

Mailing Address 4204 Maidstone Dr.

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Lake Charles | State<br>LA | Zip Code<br>70605 |
|----------------------|-------------|-------------------|

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

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Employer<br>Bancorp South | Occupation<br>Insurance |
|-----------------------------------|-------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27355**

Amount of Each Receipt this Period  
250

**B.** Full Name (Last, First, Middle Initial)  
**Duayne F. Richard**

Mailing Address 110 Winslow Boulevard

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lafayette | State<br>LA | Zip Code<br>70508-6645 |
|-------------------|-------------|------------------------|

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

|                                  |                                  |
|----------------------------------|----------------------------------|
| Name of Employer<br>Whitney Bank | Occupation<br>Regional President |
|----------------------------------|----------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27364**

Amount of Each Receipt this Period  
250

**C.** Full Name (Last, First, Middle Initial)  
**Stephen Sokolic**

Mailing Address 512 Pebble Ridge Court

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Langhorne | State<br>PA | Zip Code<br>19053 |
|-------------------|-------------|-------------------|

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

|  |                                     |
|--|-------------------------------------|
| Name of Employer<br>Reliance Trust Company | Occupation<br>Information Requested |
|--|-------------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 04  |   | 2014    |

**Transaction ID : A-CF27412**

Amount of Each Receipt this Period  
500

**SUBTOTAL** of Receipts This Page (optional).....

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

1000.00

**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 45 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 11e<br>15 |                |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |                               |  |  |
|---|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Janet G. Stoma</b>   |                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 04 / 2014 |  |
| Mailing Address 2110 Barbe Court  |                               | <b>Transaction ID : A-CF27353</b>                        |  |
| City<br>Lake Charles  | State<br>LA                   | Zip Code<br>70601-7014                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                               | Amount of Each Receipt this Period<br>250                |  |
| Name of Employer<br>Information Requested   | Occupation<br>Retired         |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>425 |  |  |

|   |                                |  |  |
|---|--------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. William G. Stream</b>  |                                | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 04 / 2014 |  |
| Mailing Address 2417 Shell Beach Drive  |                                | <b>Transaction ID : A-CF27382</b>                        |  |
| City<br>Lake Charles  | State<br>LA                    | Zip Code<br>70601-5642                                   |  |
| FEC ID number of contributing federal political committee.<br>C   |                                | Amount of Each Receipt this Period<br>1000               |  |
| Name of Employer<br>JG Gray Estate  | Occupation<br>President        |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>1000 |  |  |

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Burgess Thomasson</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 04 / 2014 |  |
| Mailing Address PO Box 8494   |                                     | <b>Transaction ID : A-CF27415</b>                        |  |
| City<br>Mobile  | State<br>AL                         | Zip Code<br>36689  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>500                |  |
| Name of Employer<br>Daily Access Corporation  | Occupation<br>Information Requested |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Election Cycle-to-Date<br>500       |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 1750.00 |

**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 46 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Peter D. Vizzi**

Mailing Address 318 Beverly Dr.

City State Zip Code  
Lafayette LA 70503

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : A-CF27367**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Yvonne L. Dedo**

Mailing Address 5 Eureka Plantation Road

City State Zip Code  
Lafayette LA 70508-5511

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

Name of Employer Occupation  
Our Lady of Lourdes Hospital Registered Nurse

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 07 / 2014

**Transaction ID : A-CF27377**

Amount of Each Receipt this Period  
**300**

**C.** Full Name (Last, First, Middle Initial)  
**Karen W. Schmid**

Mailing Address 137 Teche Drive

City State Zip Code  
Lafayette LA 70503-2537

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A-CF27408**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

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

**900.00**

**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 47 OF 115 |
|   | <input checked="" type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**S. Denise Angelle**

Mailing Address 100 Blue Ridge Drive

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Carencro | State<br>LA | Zip Code<br>70520-5346 |
|------------------|-------------|------------------------|

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

|   |                     |
|---|---------------------|
| Name of Employer<br>Energy Pipe and Rentals | Occupation<br>Owner |
|---|---------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 11 / 2014**

**Transaction ID : A-CF27406**

Amount of Each Receipt this Period  
**300**

**B.** Full Name (Last, First, Middle Initial)  
**Elizabeth Ardoin**

Mailing Address 322 Princeton Woods Loop

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lafayette | State<br>LA | Zip Code<br>70508-6602 |
|-------------------|-------------|------------------------|

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

|                                 |  |
|---------------------------------|--|
| Name of Employer<br>Iberia Bank | Occupation<br>Director of Marketing & PR |
|---------------------------------|--|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1200**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 11 / 2014**

**Transaction ID : A-CF27405**

Amount of Each Receipt this Period  
**1200**

**C.** Full Name (Last, First, Middle Initial)  
**D. Hunter Perret**

Mailing Address PO Box 51782

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Lafayette | State<br>LA | Zip Code<br>70505-1782 |
|-------------------|-------------|------------------------|

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

|   |                     |
|---|---------------------|
| Name of Employer<br>The Perret Group, LLC | Occupation<br>Owner |
|---|---------------------|

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 20 / 2014**

**Transaction ID : A-CF27452**

Amount of Each Receipt this Period  
**300**

**SUBTOTAL** of Receipts This Page (optional).....

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

**1800.00**

**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 48 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 11a<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>14 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

**A.** Full Name (Last, First, Middle Initial)  
**Poarch Band of Creek Indians**

Mailing Address 5811 Jack Springs Road

City State Zip Code  
Atmore AL 36502

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 24 / 2014**

**Transaction ID : A-CF27444**

Amount of Each Receipt this Period  
**1000**

**B.** Full Name (Last, First, Middle Initial)  
**Leonard R. Mitchell**

Mailing Address 512 Beaulieu Drive

City State Zip Code  
Lafayette LA 70508

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

Name of Employer Occupation  
Self Contractor / LR Mitchell Construction

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300**

Date of Receipt  
M M / D D / Y Y Y Y  
**11 / 24 / 2014**

**Transaction ID : A-CF27448**

Amount of Each Receipt this Period  
**300**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**1300.00**

**65200.00**



**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 49 OF 115                     |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>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 Health Care Association Political Action Committee (AHCA-PAC)**

Mailing Address 1201 L Street NW

City Washington State DC Zip Code 20005-4024

FEC ID number of contributing federal political committee. **C C00006080**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : A-CF26923**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**Farm Credit Council Political Action Committee**

Mailing Address 50 F Street NW Suite 900

City Washington State DC Zip Code 20001-1530

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3000**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : A-CF26921**

Amount of Each Receipt this Period  
3000

**C.** Full Name (Last, First, Middle Initial)  
**Nexion Health Fund for Quality Long Term Care, Inc.**

Mailing Address 228 South Washington Street Suite 115

City Alexandria State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C C00434233**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2014

**Transaction ID : A-CF26924**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

6500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 50 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)**  
**Raytheon Company PAC**

Mailing Address 1100 Wilson Boulevard  
Suite 1500

City Arlington State VA Zip Code 22209-3900

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 17 / 2014**

**Transaction ID : A-CF26949**

Amount of Each Receipt this Period  
**5000**

**B. Full Name (Last, First, Middle Initial)**  
**American Podiatric Medical Association PAC (APMA PAC)**

Mailing Address 9312 Old Georgetown Road

City Bethesda State MD Zip Code 20814-1621

FEC ID number of contributing federal political committee. **C C00008839**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : A-CF27004**

Amount of Each Receipt this Period  
**5000**

**C. Full Name (Last, First, Middle Initial)**  
**Atmos Energy Corporation PAC**

Mailing Address 5430 Lyndon B. Johnson Freeway  
Suite 160

City Dallas State TX Zip Code 75240-2630

FEC ID number of contributing federal political committee. **C C00381954**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4500**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2014**

**Transaction ID : A-CF27006**

Amount of Each Receipt this Period  
**1000**

**SUBTOTAL** of Receipts This Page (optional).....

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

**11000.00**

**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 51 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**IberiaBank Corporation Fed PAC**

Mailing Address 200 W Congress Street

City State Zip Code  
Lafayette LA 70501-6873

FEC ID number of contributing federal political committee. **C** C00406066

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : A-CF27007**

Amount of Each Receipt this Period  
2500

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

Mailing Address 1550 Crystal Drive  
Suite 300

City State Zip Code  
Arlington VA 22202-4135

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : A-CF27003**

Amount of Each Receipt this Period  
3500

**C.** Full Name (Last, First, Middle Initial)  
**National Beer Wholesalers Association PAC (NBWA 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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : A-CF27005**

Amount of Each Receipt this Period  
2500

**SUBTOTAL** of Receipts This Page (optional).....

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

8500.00

**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 52 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)**  
**Abbott Laboratories Employee Political Action Committee (AEPAC)**

Mailing Address 100 Abbott Park Road

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Abbott Park | IL    | 60064-3502 |

FEC ID number of contributing federal political committee. **C** C00040279

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 6000

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 21    |   | 2014        |

**Transaction ID : A-CF27013**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

**B. Full Name (Last, First, Middle Initial)**  
**Alexion PAC**

Mailing Address 352 Knotter Drive

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Cheshire | CT    | 06410    |

FEC ID number of contributing federal political committee. **C** C00471169

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 21    |   | 2014        |

**Transaction ID : A-CF27010**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

**C. Full Name (Last, First, Middle Initial)**  
**Eli Lilly & Company Political Action Committee**

Mailing Address Lilly Corporate Center

|              |       |            |
|--------------|-------|------------|
| City         | State | Zip Code   |
| Indianapolis | IN    | 46285-0001 |

FEC ID number of contributing federal political committee. **C** C00082792

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    |   | 21    |   | 2014        |

**Transaction ID : A-CF27014**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

\_\_\_\_\_ 3000.00

\_\_\_\_\_

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 53 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**ESOP Association PAC**

Mailing Address 1726 M Street NW  
Suite 501

City Washington State DC Zip Code 20036-4522

FEC ID number of contributing federal political committee. **C** C00196089

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : A-CF27012**

Amount of Each Receipt this Period  
 1000

**B.** Full Name (Last, First, Middle Initial)  
United States Automobile Association Employee Political Action Committee (USAA Employee PAC)

Mailing Address 9800 Fredericksburg Road  
Room 501

City San Antonio State TX Zip Code 78288

FEC ID number of contributing federal political committee. **C** C00164145

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : A-CF27011**

Amount of Each Receipt this Period  
 5000

**C.** Full Name (Last, First, Middle Initial)  
**Jan Swift Campaign**

Mailing Address PO Box 53623

City Lafayette State LA Zip Code 70505

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 150

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A-CF27069**

Amount of Each Receipt this Period  
 150  
 Federally Permissible Funds

**SUBTOTAL** of Receipts This Page (optional).....

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

6150.00

**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 54 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

**A. National Association of Realtors Political Action Committee (RPAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : A-CF27037**

Amount of Each Receipt this Period  
 4000

**B. Bayada Nurses, Inc. US PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 290 Chester Avenue

City Moorestown State NJ Zip Code 08057-3306

FEC ID number of contributing federal political committee. **C** C00485433

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : A-CF27043**

Amount of Each Receipt this Period  
 2000

**C. Honeywell International Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 1001 Pennsylvania Avenue NW Suite 500

City Washington State DC Zip Code 20004-2508

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : A-CF27044**

Amount of Each Receipt this Period  
 5000

**SUBTOTAL** of Receipts This Page (optional).....

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

11000.00

**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 55 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>14 <input type="checkbox"/> 15 |                |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

**A. Noble Energy, Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Glenborough Drive  
Suite 100

City Houston State TX Zip Code 77067-3618

FEC ID number of contributing federal political committee. **C C00479873**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : A-CF27078**

Amount of Each Receipt this Period  
2000

**B. Novo Nordisk, Inc. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1155 F Street NW  
Suite 1150

City Wasington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00424838**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : A-CF27073**

Amount of Each Receipt this Period  
1000

**C. Farmers' Rice Cooperative Fund**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15223

City Sacramento State CA Zip Code 95851-0223

FEC ID number of contributing federal political committee. **C C00146605**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A-CF27081**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00

**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 56 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**National Pro-Life Alliance PAC**

Mailing Address 4521 Windsor Arms Court

City Annandale State VA Zip Code 22003-5751

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A-CF27112**

Amount of Each Receipt this Period  
 500

**B.** Full Name (Last, First, Middle Initial)  
**Phillips 66 PAC**

Mailing Address 260 M Plaza Office Building

City Bartlesville State OK Zip Code 74004

FEC ID number of contributing federal political committee. **C** C00513549

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A-CF27074**

Amount of Each Receipt this Period  
 2500

**C.** Full Name (Last, First, Middle Initial)  
**The Doctors Company Federal PAC (DOCPAC)**

Mailing Address 185 Greenwood Road

City Napa State CA Zip Code 94558-6270

FEC ID number of contributing federal political committee. **C** C00300376

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : A-CF27082**

Amount of Each Receipt this Period  
 1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4000.00



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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 57 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : A-CF27095**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**National Association of Water Companies PAC**

Mailing Address 1725 K Street NW  
Suite 1212

City State Zip Code  
Washington DC 20006-1401

FEC ID number of contributing federal political committee. **C C00075275**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : A-CF27104**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**American Academy of Sleep Medicine PAC**

Mailing Address 2510 Frontage Road

City State Zip Code  
Darien IL 60561

FEC ID number of contributing federal political committee. **C C00331462**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : A-CF27123**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 58 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Lorillard Tobacco Company PAC**

Mailing Address 714 Green Valley Road

City Greensboro State NC Zip Code 27408

FEC ID number of contributing federal political committee. **C C00112888**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : A-CF27127**

Amount of Each Receipt this Period  
2500

**B.** Full Name (Last, First, Middle Initial)  
**BRACEPAC**

Mailing Address 2000 K Street NW  
Suite 500

City Washington State DC Zip Code 20006-1809

FEC ID number of contributing federal political committee. **C C00021295**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A-CF27337**

Amount of Each Receipt this Period  
1000

**C.** Full Name (Last, First, Middle Initial)  
**Denbury Resources Inc Political Committee**

Mailing Address 5320 Legacy Drive

City Plano State TX Zip Code 75024-3127

FEC ID number of contributing federal political committee. **C C00440651**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A-CF27383**

Amount of Each Receipt this Period  
1000

**SUBTOTAL** of Receipts This Page (optional).....

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

4500.00

**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 59 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**H&R Block, Inc. Political Action Committee (BlockPAC)**

Mailing Address 1 H And R Block Way

City Kansas City State MO Zip Code 64105-1905

FEC ID number of contributing federal political committee. **C** C00188177

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A-CF27230**

Amount of Each Receipt this Period  
 3000

**B.** Full Name (Last, First, Middle Initial)  
**Nike, Inc. Federal Political Action Committee**

Mailing Address One Bowerman Drive

City Beaverton State OR Zip Code 97005

FEC ID number of contributing federal political committee. **C** C00142786

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : A-CF27336**

Amount of Each Receipt this Period  
 1000

**C.** Full Name (Last, First, Middle Initial)  
**American Occupational Therapy Association Political Action Committee (AOTPA)**

Mailing Address 4720 Montgomery Lane

City Bethesda State MD Zip Code 20814-5320

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : A-CF27379**

Amount of Each Receipt this Period  
 2000

**SUBTOTAL** of Receipts This Page (optional).....

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

6000.00

**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 60 OF 115                     |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input checked="" type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>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)  
**Lyondell Chemical Company PAC**

Mailing Address 1221 McKinney Street  
Suite 700

City Houston State TX Zip Code 77010

FEC ID number of contributing federal political committee. **C C00306175**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000**

Date of Receipt  
**11 / 04 / 2014**

**Transaction ID : A-CF27380**

Amount of Each Receipt this Period  
**1500**

**B.** Full Name (Last, First, Middle Initial)  
**Swiss Re America Holding Corporation Political Action Committee**

Mailing Address 175 King Street

City Armonk State NY Zip Code 10504-1606

FEC ID number of contributing federal political committee. **C C00462564**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000**

Date of Receipt  
**11 / 04 / 2014**

**Transaction ID : A-CF27381**

Amount of Each Receipt this Period  
**1000**

**C.** Full Name (Last, First, Middle Initial)  
**McKesson Corporation Employee Political Fund**

Mailing Address 1 Post Street  
Floor 32

City San Francisco State CA Zip Code 94104-5255

FEC ID number of contributing federal political committee. **C C00108035**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7500**

Date of Receipt  
**11 / 05 / 2014**

**Transaction ID : A-CF27002**

Amount of Each Receipt this Period  
**5000**

Postmarked prior to General Election

**SUBTOTAL** of Receipts This Page (optional).....

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

**7500.00**

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

|   |  |                |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 61 OF 115 |
|   | <input type="checkbox"/> 11a<br>12 <input type="checkbox"/> 11b<br>13a <input checked="" type="checkbox"/> 11c<br>13b <input type="checkbox"/> 11d<br>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)  
**Tesoro Petroleum Corporation Political Action Committee**

Mailing Address 300 Concord Plaza Drive

City San Antonio State TX Zip Code 78216-6903

FEC ID number of contributing federal political committee. **C** C00358366

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : A-CF27409**

Amount of Each Receipt this Period  
 2000

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

2000.00

78650.00

**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 62 OF 115  |
| <input type="checkbox"/> 11a<br>12                                      | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>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)  
**American Bank & Trust Company**

Mailing Address 1306 Camellia Boulevard

City Lafayette State LA Zip Code 70508

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **282.13**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : A-MF27342**

Amount of Each Receipt this Period  
**42.65**

Interest Income

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

Mailing Address 4520 East-West Highway

City Bethesda State MD Zip Code 20814

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **344.09**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2014**

**Transaction ID : A-MF27340**

Amount of Each Receipt this Period  
**44.61**

Interest Income

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

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

**87.26**

**87.26**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                |  |  |  |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)  | PAGE 63 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |                |   |  |
|---|--|----------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Absolutely Custom Apparel &amp; Graphics</b>                             |  |                | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address 141 James Comeaux Road  |  |                | Amount of Each Disbursement this Period<br>87.38              |  |
| City Lafayette  | State LA   | Zip Code 70508 | Transaction ID : B-E-26915                                    |  |
| Purpose of Disbursement<br>Printing   | Category/Type<br>003   |                |   |  |
| Candidate Name  |  |                |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                |   |  |
| State: District:  |  |                |   |  |

|   |  |                     |   |  |
|---|--|---------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Iberia Bank</b>  |  |                     | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address 200 West Congress Street  |  |                     | Amount of Each Disbursement this Period<br>10                 |  |
| City Lafayette  | State LA   | Zip Code 70501-6873 | Transaction ID : B-E-27344                                    |  |
| Purpose of Disbursement<br>Banking Service Fees   | Category/Type<br>001   |                     |   |  |
| Candidate Name  |  |                     |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                     |   |  |
| State: District:  |  |                     |   |  |

|   |  |                     |   |  |
|---|--|---------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Lafayette Coca-Cola Bottling Company</b>                                 |  |                     | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 16 / 2014 |  |
| Mailing Address PO Box 11407<br>Drawer 1022   |  |                     | Amount of Each Disbursement this Period<br>294.74             |  |
| City Birmingham   | State AL   | Zip Code 35246-1022 | Transaction ID : B-E-26917                                    |  |
| Purpose of Disbursement<br>Refreshments   | Category/Type<br>003   |                     |   |  |
| Candidate Name  |  |                     |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                     |   |  |
| State: District:  |  |                     |   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 392.12 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 64 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Targeted Victory</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 17 / 2014                        |
| Mailing Address 1033 N Fairfax Street  |  | Amount of Each Disbursement this Period<br>39.6<br><b>Transaction ID : B-E-26985</b> |
| City Alexandria State VA Zip Code 22314-1547   | Purpose of Disbursement E-Merchant Fees<br>Candidate Name<br>Category/Type 001 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Targeted Victory</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 20 / 2014                        |
| Mailing Address 1033 N Fairfax Street  |  | Amount of Each Disbursement this Period<br>10.8<br><b>Transaction ID : B-E-26986</b> |
| City Alexandria State VA Zip Code 22314-1547   | Purpose of Disbursement E-Merchant Fees<br>Candidate Name<br>Category/Type 001 |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:   |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Southwest Solutions LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 21 / 2014                         |
| Mailing Address 922 Kaliste Saloom Road  |  | Amount of Each Disbursement this Period<br>10000<br><b>Transaction ID : B-E-27021</b> |
| City Lafayette State LA Zip Code 70508   | Purpose of Disbursement Strategic Campaign Consulting<br>Candidate Name<br>Category/Type 001 |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:   |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 10050.40 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 65 OF 115                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Total HR Solutions LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014                           |
| Mailing Address 935 Camellia Boulevard<br>Suite 200   |  | Amount of Each Disbursement this Period<br>2740.38<br><b>Transaction ID : B-E-27124</b> |
| City Lafayette  | State LA Zip Code 70508  |   |
| Purpose of Disbursement<br>Payroll Taxes  | Category/Type<br>001   |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Aliscia Brown</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014                       |
| Mailing Address 429 N Western Avenue  |  | Amount of Each Disbursement this Period<br>750<br><b>Transaction ID : B-E-27024</b> |
| City Crowley  | State LA Zip Code 70526-4851   |   |
| Purpose of Disbursement<br>Wages  | Category/Type<br>001   |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Sandra Guidry</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014                       |
| Mailing Address 705 8th Street  |  | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27035</b> |
| City Rayne  | State LA Zip Code 70578-4217   |   |
| Purpose of Disbursement<br>Wages  | Category/Type<br>001   |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 3990.38 |
| <b>TOTAL</b> 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:<br>(check only one)                                   | PAGE 66 OF 115  |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chris Kidder</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014                        |
| Mailing Address 920 Kaliste Saloom Road  |   | Amount of Each Disbursement this Period<br>2600<br><b>Transaction ID : B-E-27023</b> |
| City Lafayette   | State LA Zip Code 70508-4902  |  |
| Purpose of Disbursement<br>Rent  | Category/Type<br>001  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ethan J. Melancon</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014                          |
| Mailing Address 2314 Kaliste Saloom Road<br>Apartment 1003   |   | Amount of Each Disbursement this Period<br>302.71<br><b>Transaction ID : B-E-27036</b> |
| City Lafayette   | State LA Zip Code 70508   |  |
| Purpose of Disbursement<br>SEE MEMO ITEMS  | Category/Type<br>001  |  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Original vendors exceeding reporting threshold itemized as memo transactions.          |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Ethan J. Melancon</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014                         |
| Mailing Address 2314 Kaliste Saloom Road<br>Apartment 1003   |   | Amount of Each Disbursement this Period<br>230.33<br><b>Transaction ID : B-S-4043</b> |
| City Lafayette   | State LA Zip Code 70508   |   |
| Purpose of Disbursement<br>Wages   | Category/Type<br>001  |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | <b>[MEMO ITEM]</b><br>Subitemization of Ethan Melancon(10/22/14)                      |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2902.71 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 67 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ethan J. Melancon</b> |                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 22 / 2014 |  |  |
| Mailing Address 2314 Kaliste Saloom Road<br>Apartment 1003             |                              |  | Amount of Each Disbursement this Period<br>46.07              |  |  |
| City Lafayette   | State LA                     | Zip Code 70508   | Transaction ID : B-S-4044                                     |  |  |
| Purpose of Disbursement<br>Reimbursed- Mileage                         |                              | 002  | [MEMO ITEM]<br>Subitemization of Ethan Melancon(10/22/14)     |  |  |
| Candidate Name   |                              | Category/<br>Type  |   |  |  |
| Office Sought:   | House<br>Senate<br>President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:                    |  |   |  |  |

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Fremin's Food</b> |                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 23 / 2014 |  |  |
| Mailing Address 603 West Admiral Doyle Drive                       |                              |  | Amount of Each Disbursement this Period<br>418.81             |  |  |
| City New Iberia  | State LA                     | Zip Code 70560   | Transaction ID : B-E-27053                                    |  |  |
| Purpose of Disbursement<br>Catering                                |                              | 003  |   |  |  |
| Candidate Name   |                              | Category/<br>Type  |   |  |  |
| Office Sought:   | House<br>Senate<br>President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:                    |  |   |  |  |

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Iberia Bank</b> |                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 24 / 2014 |  |  |
| Mailing Address 200 West Congress Street                         |                              |  | Amount of Each Disbursement this Period<br>12.5               |  |  |
| City Lafayette   | State LA                     | Zip Code 70501-6873  | Transaction ID : B-E-27339                                    |  |  |
| Purpose of Disbursement<br>Banking Service Fees                  |                              | 001  |   |  |  |
| Candidate Name   |                              | Category/<br>Type  |   |  |  |
| Office Sought:   | House<br>Senate<br>President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:                    |  |   |  |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 431.31 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 68 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Targeted Victory</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 24 / 2014                       |
| Mailing Address 1033 N Fairfax Street  |  | Amount of Each Disbursement this Period<br>1.8<br><b>Transaction ID : B-E-27345</b> |
| City Alexandria  | State VA Zip Code 22314-1547   |   |
| Purpose of Disbursement<br>E-Merchant Fees   | Category/Type<br>001   |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Total HR Solutions LLC</b>                                      |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 24 / 2014                        |
| Mailing Address 935 Camellia Boulevard Suite 200   |  | Amount of Each Disbursement this Period<br>1091<br><b>Transaction ID : B-E-27125</b> |
| City Lafayette   | State LA Zip Code 70508  |  |
| Purpose of Disbursement<br>Payroll Taxes   | Category/Type<br>001   |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. AT&amp;T Mobility</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 27 / 2014                          |
| Mailing Address PO Box 6463  |  | Amount of Each Disbursement this Period<br>413.03<br><b>Transaction ID : B-E-27102</b> |
| City Carol Stream  | State IL Zip Code 60197-6463   |  |
| Purpose of Disbursement<br>Cellular Phone Service  | Category/Type<br>001   |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1505.83 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 69 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Matthew Aaron Agency</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 28 / 2014 |  |  |
| Mailing Address 412 West University Avenue<br>Suite 201                   |   |  | Amount of Each Disbursement this Period<br>1000               |  |  |
| City Lafayette  | State LA  | Zip Code 70506   | Transaction ID : B-E-27103                                    |  |  |
| Purpose of Disbursement<br>Website Development                            |   | 001  | Category/Type   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Lafayette Rental Service</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 29 / 2014 |  |  |
| Mailing Address 1014 Bertrand Drive   |   |  | Amount of Each Disbursement this Period<br>228.08             |  |  |
| City Lafayette  | State LA  | Zip Code 70506   | Transaction ID : B-E-27105                                    |  |  |
| Purpose of Disbursement<br>Storage  |   | 001  | Category/Type   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Targeted Victory</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 29 / 2014 |  |  |
| Mailing Address 1033 N Fairfax Street                                 |   |  | Amount of Each Disbursement this Period<br>57.6               |  |  |
| City Alexandria   | State VA  | Zip Code 22314-1547  | Transaction ID : B-E-27346                                    |  |  |
| Purpose of Disbursement<br>E-Merchant Fees                            |   | 001  | Category/Type   |  |  |
| Candidate Name  |   |  |   |  |  |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:   |  |   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1285.68 |
| <b>TOTAL</b> 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:<br>(check only one)                                   | PAGE 70 OF 115  |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Targeted Victory</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014                       |
| Mailing Address 1033 N Fairfax Street                                 |   | Amount of Each Disbursement this Period<br>3.6<br><b>Transaction ID : B-E-27347</b> |
| City<br>Alexandria  | State<br>VA   |   |
| Zip Code<br>22314-1547  | Purpose of Disbursement<br>E-Merchant Fees  | Category/<br>Type<br>001  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  |   |
| State: District:  | Other (specify)   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Total HR Solutions LLC</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014                           |
| Mailing Address 935 Camellia Boulevard<br>Suite 200                         |   | Amount of Each Disbursement this Period<br>4771.36<br><b>Transaction ID : B-E-27126</b> |
| City<br>Lafayette   | State<br>LA   |   |
| Zip Code<br>70508   | Purpose of Disbursement<br>SEE MEMO ITEMS   | Category/<br>Type<br>001  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  | Original vendors exceeding reporting threshold itemized as memo transactions.           |
| State: District:  | Other (specify)   |   |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Laura Ann D. Edwards</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014                          |
| Mailing Address 124 Acacia Drive  |   | Amount of Each Disbursement this Period<br>1334.15<br><b>Transaction ID : B-S-4049</b> |
| City<br>Lafayette   | State<br>LA   |  |
| Zip Code<br>70508-4002  | Purpose of Disbursement<br>Payroll  | Category/<br>Type<br>001   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(10/30/14)               |
| State: District:  | Other (specify)   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4774.96 |
| <b>TOTAL</b> 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 71 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marilyn Lee</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014            |
| Mailing Address 1228 Myrtle Place  |  | Amount of Each Disbursement this Period<br>1387.81                       |
| City Lafayette   | State LA Zip Code 70506-3334   |  |
| Purpose of Disbursement Payroll  | Category/Type 001  | <b>Transaction ID : B-S-4051</b>   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(10/30/14) |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Jack Pandol</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014            |
| Mailing Address 3603 S Street NW   |  | Amount of Each Disbursement this Period<br>413.16                        |
| City Washington  | State DC Zip Code 20007-2245   |  |
| Purpose of Disbursement Payroll  | Category/Type 001  | <b>Transaction ID : B-S-4053</b>   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(10/30/14) |
| State: District:   |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Miles Ray</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014            |
| Mailing Address 200 Oakcrest Drive<br>Apartment 212  |  | Amount of Each Disbursement this Period<br>295.47                        |
| City Lafayette   | State LA Zip Code 70503  |  |
| Purpose of Disbursement Payroll  | Category/Type 001  | <b>Transaction ID : B-S-4054</b>   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(10/30/14) |
| State: District:   |  |  |

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 72 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ethan Melacon</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014     |
| Mailing Address PO Box 80126  |  | Amount of Each Disbursement this Period<br>527.4                  |
| City<br>Lafayette   | State<br>LA  |   |
| Zip Code<br>70598   | Purpose of Disbursement<br>Payroll   | Transaction ID : B-S-4052   |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Total HR Solutions LLC(10/30/14) |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Michael Hare</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014     |
| Mailing Address 107 Woodbranch Court  |  | Amount of Each Disbursement this Period<br>813.37                 |
| City<br>Lafayette   | State<br>LA  |   |
| Zip Code<br>70503   | Purpose of Disbursement<br>Payroll   | Transaction ID : B-S-4050   |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Total HR Solutions LLC(10/30/14) |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Wendell Bogan</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014 |
| Mailing Address 7503 Highway 182  |  | Amount of Each Disbursement this Period<br>1000               |
| City<br>Franklin  | State<br>LA  |   |
| Zip Code<br>70538   | Purpose of Disbursement<br>Wages   | Transaction ID : B-E-27136                                    |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1000.00 |
| <b>TOTAL</b> 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 73 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Albert Johnson, III</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014                       |
| Mailing Address 1007 James Street  |   | Amount of Each Disbursement this Period<br>300<br><b>Transaction ID : B-E-27159</b> |
| City<br>Franklin   | State<br>LA   |   |
| Zip Code<br>70538-4115   | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ulysses Knight Jr.</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 30 / 2014                       |
| Mailing Address 188 Prairie Road   |   | Amount of Each Disbursement this Period<br>375<br><b>Transaction ID : B-E-27138</b> |
| City<br>Franklin   | State<br>LA   |   |
| Zip Code<br>70538  | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Cafe JoJo's</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                           |
| Mailing Address PO Box 71  |   | Amount of Each Disbursement this Period<br>1482.05<br><b>Transaction ID : B-E-27286</b> |
| City<br>Morgan City  | State<br>LA   |   |
| Zip Code<br>70381  | Purpose of Disbursement<br>Catering   | Category/<br>Type<br>003  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2157.05 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 74 OF 115                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Cox Communications</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                           |
| Mailing Address PO Box 60001   |   | Amount of Each Disbursement this Period<br>2509.49<br><b>Transaction ID : B-E-27285</b> |
| City<br>New Orleans  | State<br>LA   |   |
| Zip Code<br>70160  | Purpose of Disbursement<br>Telephone Service  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Targeted Victory</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 1033 N Fairfax Street  |   | Amount of Each Disbursement this Period<br>7.2<br><b>Transaction ID : B-E-27348</b> |
| City<br>Alexandria   | State<br>VA   |   |
| Zip Code<br>22314-1547   | Purpose of Disbursement<br>E-Merchant Fees  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. The Forest Restaurant</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                          |
| Mailing Address 1909 Main Street<br>PO Box 1069  |   | Amount of Each Disbursement this Period<br>2386.8<br><b>Transaction ID : B-E-27321</b> |
| City<br>Franklin   | State<br>LA   |  |
| Zip Code<br>70538  | Purpose of Disbursement<br>Catering   | Category/<br>Type<br>003   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2509.49 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 75 OF 115                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |   |  |   |  |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Total HR Solutions LLC</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014 |  |
| Mailing Address 935 Camellia Boulevard<br>Suite 200                         |   |  | Amount of Each Disbursement this Period<br>86.16              |  |
| City Lafayette  | State LA  | Zip Code 70508   | Transaction ID : B-E-27323                                    |  |
| Purpose of Disbursement<br>Payroll Taxes                                    |   | Category/Type<br>001   |   |  |
| Candidate Name  |   |  |   |  |
| Office Sought:  | House <input type="checkbox"/><br>Senate <input type="checkbox"/><br>President <input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:  | District:   |  |   |  |

|  |   |  |   |  |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Wanda Babin</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014 |  |
| Mailing Address 314 Elmer Street                                 |   |  | Amount of Each Disbursement this Period<br>250                |  |
| City Saint Martinville   | State LA  | Zip Code 70582-3854  | Transaction ID : B-E-27218                                    |  |
| Purpose of Disbursement<br>Wages                                 |   | Category/Type<br>001   |   |  |
| Candidate Name   |   |  |   |  |
| Office Sought:   | House <input type="checkbox"/><br>Senate <input type="checkbox"/><br>President <input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:   | District:   |  |   |  |

|   |   |  |   |  |
|---|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Ron Bias</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014 |  |
| Mailing Address 1009 Florence Street                          |   |  | Amount of Each Disbursement this Period<br>500                |  |
| City Morgan City  | State LA  | Zip Code 70380-2026  | Transaction ID : B-E-27208                                    |  |
| Purpose of Disbursement<br>Wages                              |   | Category/Type<br>001   |   |  |
| Candidate Name  |   |  |   |  |
| Office Sought:  | House <input type="checkbox"/><br>Senate <input type="checkbox"/><br>President <input type="checkbox"/> | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |
| State:  | District:   |  |   |  |

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 836.16 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 76 OF 115 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Terry Broussard</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 901 Greene Street                                    |   | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27177</b> |
| City<br>Abbeville  | State<br>LA   |   |
| Zip Code<br>70510  | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                             | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ezebe Chevalier</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 872 Alva Drive                                       |   | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27216</b> |
| City<br>Breux Bridge   | State<br>LA   |   |
| Zip Code<br>70517-6101   | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                             | State: District:  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Prudence Douglas</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 614 Holt Avenue                                       |   | Amount of Each Disbursement this Period<br>300<br><b>Transaction ID : B-E-27201</b> |
| City<br>Rayne   | State<br>LA   |   |
| Zip Code<br>70578-4642  | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                              | State: District:  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1300.00 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 77 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Rebecca Guidry</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 627 North Avenue<br>Apartment D   |  | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27193</b> |
| City Crowley  | State LA Zip Code 70526-4327   |   |
| Purpose of Disbursement<br>Wages  | Category/Type<br>001   |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Martin Guillory</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                          |
| Mailing Address PO Box 274  |  | Amount of Each Disbursement this Period<br>745.28<br><b>Transaction ID : B-E-27445</b> |
| City Branch   | State LA Zip Code 70516  |  |
| Purpose of Disbursement<br>Payroll  | Category/Type<br>001   |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Wilton Harmon</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 111 Mona Edwards  |  | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27184</b> |
| City Church Point   | State LA Zip Code 70525  |   |
| Purpose of Disbursement<br>Wages  | Category/Type<br>001   |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1745.28 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 78 OF 115 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Joseph G. Hebert</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address PO Box 411   |   | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27203</b> |
| City<br>Abbeville  | State<br>LA   |   |
| Zip Code<br>70511-0411   | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Charles Ray Johnson</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 501 Roderick Street  |   | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27240</b> |
| City<br>Morgan City  | State<br>LA   |   |
| Zip Code<br>70380-2254   | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Leroy Julian</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 2802 East 11th Street  |   | Amount of Each Disbursement this Period<br>200<br><b>Transaction ID : B-E-27257</b> |
| City<br>Lake Charles   | State<br>LA   |   |
| Zip Code<br>70615  | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1200.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 79 OF 115 |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ethel Morrison</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 725 Leona Street                                    |   | Amount of Each Disbursement this Period<br>300<br><b>Transaction ID : B-E-27185</b> |
| City<br>Morgan City   | State<br>LA   |   |
| Zip Code<br>70380-2631  | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                            | State: District:  |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Carla Reed</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 728 North Avenue A                              |   | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27194</b> |
| City<br>Crowley   | State<br>LA   |   |
| Zip Code<br>70526-4222  | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                        | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Shantel Sylvester</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address 401 W Harrop Street                                    |   | Amount of Each Disbursement this Period<br>300<br><b>Transaction ID : B-E-27195</b> |
| City<br>Rayne  | State<br>LA   |   |
| Zip Code<br>70578-4403   | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |   |
| <input type="checkbox"/> Other (specify)                               | State: District:  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1100.00 |
| <b>TOTAL</b> 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 80 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Jo Ann Thomas</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address PO Box 164   |   | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27169</b> |
| City<br>Branch   | State<br>LA   |   |
| Zip Code<br>70516-0164   | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Leander Williams</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014                       |
| Mailing Address PO Box 483   |   | Amount of Each Disbursement this Period<br>250<br><b>Transaction ID : B-E-27217</b> |
| City<br>St. Martinville  | State<br>LA   |   |
| Zip Code<br>70582  | Purpose of Disbursement<br>Wages  | Category/<br>Type<br>001  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Targeted Creative Communications Inc.</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2014                         |
| Mailing Address 106 South Columbus Steet   |   | Amount of Each Disbursement this Period<br>10250<br><b>Transaction ID : B-E-27322</b> |
| City<br>Alexandria   | State<br>VA   |   |
| Zip Code<br>22314  | Purpose of Disbursement<br>Direct Mailing   | Category/<br>Type<br>003  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |

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|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 11000.00 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 81 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Total HR Solutions LLC</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 03 / 2014 |
| Mailing Address 935 Camellia Boulevard<br>Suite 200   |  | Amount of Each Disbursement this Period<br>307.82             |
| City Lafayette  | State LA Zip Code 70508  |   |
| Purpose of Disbursement<br>Payroll Taxes  | Category/Type<br>001   | <b>Transaction ID : B-E-27324</b>                             |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Targeted Victory</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2014 |
| Mailing Address 1033 N Fairfax Street   |  | Amount of Each Disbursement this Period<br>9                  |
| City Alexandria   | State VA Zip Code 22314-1547   |   |
| Purpose of Disbursement<br>E-Merchant Fees  | Category/Type<br>001   | <b>Transaction ID : B-E-27349</b>                             |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Verizon Wireless</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2014 |
| Mailing Address PO Box 660108   |  | Amount of Each Disbursement this Period<br>50                 |
| City Dallas   | State TX Zip Code 75266  |   |
| Purpose of Disbursement<br>Cellular Phone Service   | Category/Type<br>001   | <b>Transaction ID : B-E-27371</b>                             |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 366.82 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 82 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Lowrys Printing &amp; Copying</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2014                           |
| Mailing Address 2004 West Pinhook Road   |  | Amount of Each Disbursement this Period<br>2971.35<br><b>Transaction ID : B-E-27372</b> |
| City Lafayette   | State LA Zip Code 70508-3228   |   |
| Purpose of Disbursement<br>Printing  | Category/Type<br>003   |   |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |   |
| State: District:   | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Targeted Victory</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2014                      |
| Mailing Address 1033 N Fairfax Street                                 |  | Amount of Each Disbursement this Period<br>36<br><b>Transaction ID : B-E-27350</b> |
| City Alexandria   | State VA Zip Code 22314-1547   |  |
| Purpose of Disbursement<br>E-Merchant Fees                            | Category/Type<br>001   |  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |  |
| State: District:  | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Total HR Solutions LLC</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2014                           |
| Mailing Address 935 Camellia Boulevard<br>Suite 200                         |  | Amount of Each Disbursement this Period<br>1641.95<br><b>Transaction ID : B-E-27338</b> |
| City Lafayette  | State LA Zip Code 70508  |   |
| Purpose of Disbursement<br>Payroll Taxes                                    | Category/Type<br>001   |   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                          |   |
| State: District:  | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 4649.30 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 83 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Targeted Victory</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 06 / 2014                       |
| Mailing Address 1033 N Fairfax Street   |  | Amount of Each Disbursement this Period<br>1.8<br><b>Transaction ID : B-E-27351</b> |
| City Alexandria   | State VA Zip Code 22314-1547   |   |
| Purpose of Disbursement<br>E-Merchant Fees  | Category/Type<br>001   |   |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 07 / 2014                          |
| Mailing Address PO Box 105262   |  | Amount of Each Disbursement this Period<br>222.44<br><b>Transaction ID : B-E-27384</b> |
| City Atlanta  | State GA Zip Code 30348  |  |
| Purpose of Disbursement<br>Cellular Phone Service   | Category/Type<br>001   |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. 256th Brigade Special Troop Battalion MWR Fund</b>                       |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                        |
| Mailing Address 24550 Railroad Avenue   |   | Amount of Each Disbursement this Period<br>-500<br><b>Transaction ID : B-E-27389</b> |
| City Plaquemines  | State LA Zip Code 70764   |  |
| Purpose of Disbursement<br>VOID- Charitable Donation  | Category/Type   |  |
| Candidate Name  |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Primary 2012 |  |
| State: District:  |   |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | -275.76 |
| <b>TOTAL</b> 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 84 OF 115               |                              |
|   | <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.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Campaign Counsel LLC</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                         |
| Mailing Address 1713 P Street NW<br>Lower Apartment  |  | Amount of Each Disbursement this Period<br>-5000<br><b>Transaction ID : B-E-27397</b> |
| City Washington  | State DC Zip Code 20036-1481   |   |
| Purpose of Disbursement<br>VOID- Strategic Campaign Consulting   |  | Category/<br>Type   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Disruptive Pictures Distribution, LLC</b>                       |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                         |
| Mailing Address 55 South Broadway<br>Suite 3   |   | Amount of Each Disbursement this Period<br>-1000<br><b>Transaction ID : B-E-27388</b> |
| City Tarrytown   | State NY Zip Code 10591-4004  |   |
| Purpose of Disbursement<br>VOID- Contribution Refund   |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) General 2010 |   |
| State: District:   |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Talk'n T-Shirts</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                           |
| Mailing Address 212 North Luke Street  |   | Amount of Each Disbursement this Period<br>-466.56<br><b>Transaction ID : B-E-27387</b> |
| City Lafayette   | State LA Zip Code 70506-1987  |   |
| Purpose of Disbursement<br>VOID- Gifts & Mementos  |   | Category/<br>Type   |
| Candidate Name   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Primary 2010 |   |
| State: District:   |   |   |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | -6466.56 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 85 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Targeted Victory</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                          |
| Mailing Address 1033 N Fairfax Street                                 |   | Amount of Each Disbursement this Period<br>6478.4<br><b>Transaction ID : B-E-27401</b> |
| City<br>Alexandria  | State<br>VA   |  |
| Zip Code<br>22314-1547  | Purpose of Disbursement<br>Direct Mail  | Category/<br>Type<br>003   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |  |
| <input type="checkbox"/> Other (specify)                              | State: District:  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. The French Press</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                          |
| Mailing Address 214 East Vermillion Street                            |   | Amount of Each Disbursement this Period<br>-947.1<br><b>Transaction ID : B-E-27390</b> |
| City<br>Lafayette   | State<br>LA   |  |
| Zip Code<br>70501   | Purpose of Disbursement<br>VOID- Catering   | Category/<br>Type  |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2012  | <input type="checkbox"/> Primary <input type="checkbox"/> General   |  |
| <input checked="" type="checkbox"/> Other (specify) Primary 2012      | State: District:  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Total HR Solutions LLC</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                            |
| Mailing Address 935 Camellia Boulevard<br>Suite 200                         |   | Amount of Each Disbursement this Period<br>14709.88<br><b>Transaction ID : B-E-27424</b> |
| City<br>Lafayette   | State<br>LA   |  |
| Zip Code<br>70508   | Purpose of Disbursement<br>SEE MEMO ITEMS   | Category/<br>Type<br>001   |
| Candidate Name  | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2014  | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  |  |
| <input type="checkbox"/> Other (specify)                                    | State: District:  | Original vendors exceeding reporting threshold itemized as memo transactions.            |

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 20241.18 |
| <b>TOTAL</b> 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:<br>(check only one)          | PAGE 86 OF 115                     |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marilyn Lee</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014            |
| Mailing Address 1228 Myrtle Place   |  | Amount of Each Disbursement this Period<br>3740.54                       |
| City Lafayette  | State LA   | Zip Code 70506-3334  |
| Purpose of Disbursement<br>Payroll  | Category/Type<br>001   |  |
| Candidate Name  | Transaction ID : B-S-4173  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(11/13/14) |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Laura Ann D. Edwards</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014            |
| Mailing Address 124 Acacia Drive  |  | Amount of Each Disbursement this Period<br>3502.53                       |
| City Lafayette  | State LA   | Zip Code 70508-4002  |
| Purpose of Disbursement<br>Payroll  | Category/Type<br>001   |  |
| Candidate Name  | Transaction ID : B-S-4171  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(11/13/14) |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Jack Pandol</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014            |
| Mailing Address 3603 S Street NW  |  | Amount of Each Disbursement this Period<br>2105.49                       |
| City Washington   | State DC   | Zip Code 20007-2245  |
| Purpose of Disbursement<br>Payroll  | Category/Type<br>001   |  |
| Candidate Name  | Transaction ID : B-S-4176  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(11/13/14) |
| State: District:  |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 87 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Hare</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014            |
| Mailing Address 107 Woodbranch Court  |  | Amount of Each Disbursement this Period<br>2681.49                       |
| City Lafayette  | State LA Zip Code 70503  |  |
| Purpose of Disbursement<br>Payroll  | Category/Type<br>001   | <b>Transaction ID : B-S-4172</b>   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(11/13/14) |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ethan J. Melancon</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014            |
| Mailing Address 2314 Kaliste Saloom Road<br>Apartment 1003  |  | Amount of Each Disbursement this Period<br>1681.03                       |
| City Lafayette  | State LA Zip Code 70508  |  |
| Purpose of Disbursement<br>Payroll  | Category/Type<br>001   | <b>Transaction ID : B-S-4174</b>   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(11/13/14) |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Miles Ray</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014            |
| Mailing Address 200 Oakcrest Drive<br>Apartment 212   |  | Amount of Each Disbursement this Period<br>998.8                         |
| City Lafayette  | State LA Zip Code 70503  |  |
| Purpose of Disbursement<br>Payroll  | Category/Type<br>001   | <b>Transaction ID : B-S-4177</b>   |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Total HR Solutions LLC(11/13/14) |
| State: District:  |  |  |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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 88 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Visa Business</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 13 / 2014</b>          |
| Mailing Address PO Box 84038  |  | Amount of Each Disbursement this Period<br><b>14023.3</b>                     |
| City Columbus   | State GA   | Zip Code 31908  |
| Purpose of Disbursement<br>SEE MEMO ITEMS   | Category/Type<br><b>001</b>  |   |
| Candidate Name  | Transaction ID : <b>B-E-27423</b>  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Original vendors exceeding reporting threshold itemized as memo transactions. |
| State: District:  |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Facebook</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 13 / 2014</b> |
| Mailing Address 1601 Willow Road  |  | Amount of Each Disbursement this Period<br><b>47.83</b>              |
| City Menlo Park   | State CA   | Zip Code 94025   |
| Purpose of Disbursement<br>Advertising  | Category/Type<br><b>004</b>  |  |
| Candidate Name  | Transaction ID : <b>B-S-4074</b>   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14)      |
| State: District:  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. LAGCOE Open Golf Tournament</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>11 / 13 / 2014</b> |
| Mailing Address 3700 East Simcoe Street   |  | Amount of Each Disbursement this Period<br><b>250</b>                |
| City Lafayette  | State LA   | Zip Code 70501   |
| Purpose of Disbursement<br>Advertising  | Category/Type<br><b>004</b>  |  |
| Candidate Name  | Transaction ID : <b>B-S-4099</b>   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14)      |
| State: District:  |  |  |

|   |                 |
|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>14023.30</b> |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 89 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MLRmagic</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                             |
| Mailing Address PO Box 80126  |  | Amount of Each Disbursement this Period<br>500  |
| City Lafayette  | State LA   | Zip Code 70598  |
| Purpose of Disbursement<br>Catering   | Category/Type<br>003   |   |
| Candidate Name  |  | Transaction ID : B-S-4059<br><br>[MEMO ITEM]<br>Subitemization of Visa Business(11/13/14) |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hudson Hotel</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                             |
| Mailing Address 356 West 58th Street  |  | Amount of Each Disbursement this Period<br>1083.34  |
| City New York   | State NY   | Zip Code 10019  |
| Purpose of Disbursement<br>Lodging  | Category/Type<br>002   |   |
| Candidate Name  |  | Transaction ID : B-S-4088<br><br>[MEMO ITEM]<br>Subitemization of Visa Business(11/13/14) |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hudson Hotel</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                             |
| Mailing Address 356 West 58th Street  |  | Amount of Each Disbursement this Period<br>541.67   |
| City New York   | State NY   | Zip Code 10019  |
| Purpose of Disbursement<br>Lodging  | Category/Type<br>002   |   |
| Candidate Name  |  | Transaction ID : B-S-4101<br><br>[MEMO ITEM]<br>Subitemization of Visa Business(11/13/14) |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 90 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Hudson Hotel</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |
| Mailing Address 356 West 58th Street  |  | Amount of Each Disbursement this Period<br>48                 |
| City<br>New York  | State<br>NY  |   |
| Purpose of Disbursement<br>Meal Expense   | Zip Code<br>10019  | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |
| Candidate Name  | Category/<br>Type<br>001   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. United Media Corporation</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |
| Mailing Address PO Box 3270   |  | Amount of Each Disbursement this Period<br>599                |
| City<br>Covington   | State<br>LA  |   |
| Purpose of Disbursement<br>Advertising  | Zip Code<br>70434  | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |
| Candidate Name  | Category/<br>Type<br>004   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Don's Seafood &amp; Steakhouse</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |
| Mailing Address 301 East Vermilion Street   |  | Amount of Each Disbursement this Period<br>173.92             |
| City<br>Lafayette   | State<br>LA  |   |
| Purpose of Disbursement<br>Catering   | Zip Code<br>70501-6933   | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |
| Candidate Name  | Category/<br>Type<br>003   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 91 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Don's Seafood &amp; Steakhouse</b>                                       |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014   |
| Mailing Address 301 East Vermilion Street   |  | Amount of Each Disbursement this Period<br>53.78  |
| City Lafayette  | State LA Zip Code 70501-6933   |   |
| Purpose of Disbursement<br>Meal Expense   | Category/Type<br>001   | <b>Transaction ID : B-S-4094</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. American Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014   |
| Mailing Address PO Box 619616   |  | Amount of Each Disbursement this Period<br>276.2  |
| City Dallas   | State TX Zip Code 75261-9616   |   |
| Purpose of Disbursement<br>Airfare  | Category/Type<br>002   | <b>Transaction ID : B-S-4083</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Crown Decal Printers</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014   |
| Mailing Address 141 Decal Street  |  | Amount of Each Disbursement this Period<br>2149.2   |
| City Lafayette  | State LA Zip Code 70508-3350   |   |
| Purpose of Disbursement<br>Printing   | Category/Type<br>003   | <b>Transaction ID : B-S-4065</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| Candidate Name  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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 92 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |
| Mailing Address 1901 L Street NW  |  | Amount of Each Disbursement this Period<br>75.62              |
| City Washington   | State DC   |   |
| Zip Code 20036-3506   | Purpose of Disbursement<br>General Office Supplies   | Transaction ID : B-S-4068                                     |
| Candidate Name  | 001<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Hilton Hotel</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |
| Mailing Address 1521 West Pinhook Road  |  | Amount of Each Disbursement this Period<br>988.11             |
| City Lafayette  | State LA   |   |
| Zip Code 70503-3158   | Purpose of Disbursement<br>Lodging   | Transaction ID : B-S-4081                                     |
| Candidate Name  | 002<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Congressional Club Cookbook</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |
| Mailing Address 2001 New Hampshire Avenue NW  |  | Amount of Each Disbursement this Period<br>480                |
| City Washington   | State DC   |   |
| Zip Code 20009-3414   | Purpose of Disbursement<br>Gifts & Mementos  | Transaction ID : B-S-4071                                     |
| Candidate Name  | 006<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 93 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                                       |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>55.21  |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping<br>Candidate Name<br>Category/Type 001  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : B-S-4087</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                                       |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>173.69   |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping<br>Candidate Name<br>Category/Type 001  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : B-S-4105</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                                       |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>55.21  |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping<br>Candidate Name<br>Category/Type 001  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>Transaction ID : B-S-4082</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| State: District:   |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 94 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ilii Restaurant</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014   |
| Mailing Address 236 5th Avenue                                       |  | Amount of Each Disbursement this Period<br>1149.35              |
| City New York State NY Zip Code 10001                                | Purpose of Disbursement Catering<br>003<br>Category/Type   | <b>Transaction ID : B-S-4080</b>                                |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| State: District:   |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014   |
| Mailing Address 1629 K Street NW Suite 501                          |  | Amount of Each Disbursement this Period<br>442.2                |
| City Washington State DC Zip Code 20006-1634                        | Purpose of Disbursement Airfare<br>002<br>Category/Type  | <b>Transaction ID : B-S-4061</b>                                |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Amtrak</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014   |
| Mailing Address 60 Massachusetts Avenue NE                  |  | Amount of Each Disbursement this Period<br>289                  |
| City Washington State DC Zip Code 20002-4285                | Purpose of Disbursement Transportation<br>002<br>Category/Type   | <b>Transaction ID : B-S-4075</b>                                |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | <b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/13/14) |
| State: District:  |  |   |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 95 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Amtrak</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                             |
| Mailing Address 60 Massachusetts Avenue NE   |  | Amount of Each Disbursement this Period<br>204  |
| City Washington State DC Zip Code 20002-4285   | Purpose of Disbursement Transportation<br>002<br>Category/Type   |   |
| Candidate Name   |  | Transaction ID : B-S-4076<br><br>[MEMO ITEM]<br>Subitemization of Visa Business(11/13/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Great Harvest Bread Company</b>                                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                             |
| Mailing Address 854 Kaliste Saloom Road  |  | Amount of Each Disbursement this Period<br>27.76  |
| City Lafayette State LA Zip Code 70508-4367  | Purpose of Disbursement Meal Expense<br>001<br>Category/Type   |   |
| Candidate Name   |  | Transaction ID : B-S-4090<br><br>[MEMO ITEM]<br>Subitemization of Visa Business(11/13/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. International Rice Festival</b>                                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                             |
| Mailing Address PO Box 1900  |  | Amount of Each Disbursement this Period<br>700  |
| City Crowley State LA Zip Code 70527   | Purpose of Disbursement Advertising<br>004<br>Category/Type  |   |
| Candidate Name   |  | Transaction ID : B-S-4100<br><br>[MEMO ITEM]<br>Subitemization of Visa Business(11/13/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 96 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Eunice Superette, Inc.</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |  |  |
| Mailing Address 1044 Highway 91   |  |  | Amount of Each Disbursement this Period<br>1712.2             |  |  |
| City<br>Eunice  | State<br>LA  | Zip Code<br>70535  | Transaction ID : B-S-4097                                     |  |  |
| Purpose of Disbursement<br>Catering   |  | Category/<br>Type<br>003   | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |  |  |
| Candidate Name  |  |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:  |  |   |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Eunice Superette, Inc.</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |  |  |
| Mailing Address 1044 Highway 91   |  |  | Amount of Each Disbursement this Period<br>344.22             |  |  |
| City<br>Eunice  | State<br>LA  | Zip Code<br>70535  | Transaction ID : B-S-4103                                     |  |  |
| Purpose of Disbursement<br>Catering   |  | Category/<br>Type<br>003   | [MEMO ITEM]<br>Subitemization of Visa Business(11/13/14)      |  |  |
| Candidate Name  |  |  |   |  |  |
| Office Sought:  | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:  |  |   |  |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Visa Business</b> |  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014 |  |  |
| Mailing Address PO Box 84038                                       |  |  | Amount of Each Disbursement this Period<br>-14023.3           |  |  |
| City<br>Columbus   | State<br>GA  | Zip Code<br>31908  | Transaction ID : B-E-27525                                    |  |  |
| Purpose of Disbursement<br>VOID: Uncleared Check, See Reissue      |  | Category/<br>Type  |   |  |  |
| Candidate Name   |  |  |   |  |  |
| Office Sought:   | House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:  |  |   |  |  |

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | -14023.30 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 97 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Marilyn Lee</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                          |
| Mailing Address 1228 Myrtle Place  |  | Amount of Each Disbursement this Period<br>141.68<br><b>Transaction ID : B-E-27399</b> |
| City Lafayette   | State LA Zip Code 70506-3334   |  |
| Purpose of Disbursement Reimbursed- Mileage  | Category/ Type 002   |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Oran Webster</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                        |
| Mailing Address 1229 W 8th Street  |   | Amount of Each Disbursement this Period<br>-175<br><b>Transaction ID : B-E-27391</b> |
| City Crowley   | State LA Zip Code 70526-3315  |  |
| Purpose of Disbursement VOID- Wages  | Category/ Type  |  |
| Candidate Name   |   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) General 2012 |  |
| State: District:   |   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Oran Webster</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                        |
| Mailing Address 1229 W 8th Street  |  | Amount of Each Disbursement this Period<br>-175<br><b>Transaction ID : B-E-27395</b> |
| City Crowley   | State LA Zip Code 70526-3315   |  |
| Purpose of Disbursement VOID- Wages  | Category/ Type   |  |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Runoff 2012 |  |
| State: District:   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | -208.32 |
| <b>TOTAL</b> 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:<br>(check only one)                                   | PAGE 98 OF 115  |  |   |  |
|   | <input checked="" type="checkbox"/> 17<br><input type="checkbox"/> 20a | <input type="checkbox"/> 18<br><input type="checkbox"/> 20b | <input type="checkbox"/> 19a<br><input type="checkbox"/> 20c | <input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Greater Lafayette Chamber of Commerce</b>                                |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                       |
| Mailing Address PO Box 51307  |  |                          | Amount of Each Disbursement this Period<br>325<br><b>Transaction ID : B-E-27417</b> |
| City<br>Lafayette   | State<br>LA  | Zip Code<br>70505        |   |
| Purpose of Disbursement<br>Membership & Dues  |  | Category/<br>Type<br>001 |   |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          |   |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Visa Business</b>  |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                           |
| Mailing Address PO Box 84038  |  |                          | Amount of Each Disbursement this Period<br>7821.57<br><b>Transaction ID : B-E-27420</b> |
| City<br>Columbus  | State<br>GA  | Zip Code<br>31908        |   |
| Purpose of Disbursement<br>SEE MEMO ITEMS   |  | Category/<br>Type<br>001 |   |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | Original vendors exceeding reporting threshold itemized as memo transactions.           |
| State: District:  |  |                          |   |

|   |  |                          |   |
|---|--|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Facebook</b>   |  |                          | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                         |
| Mailing Address 1601 Willow Road  |  |                          | Amount of Each Disbursement this Period<br>756.03<br><b>Transaction ID : B-S-4145</b> |
| City<br>Menlo Park  | State<br>CA  | Zip Code<br>94025        |   |
| Purpose of Disbursement<br>Advertising  |  | Category/<br>Type<br>004 |   |
| Candidate Name  |  |                          |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                          | <b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14)                       |
| State: District:  |  |                          |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 8146.57 |
| <b>TOTAL</b> 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 99 OF 115                      |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Facebook</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address 1601 Willow Road  |  | Amount of Each Disbursement this Period<br>43.07              |
| City<br>Menlo Park  | State<br>CA  |   |
| Zip Code<br>94025   | Purpose of Disbursement<br>Advertising   | Transaction ID : B-S-4147                                     |
| Candidate Name  | 004<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Grand Rental Station</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address 115 West College Street   |  | Amount of Each Disbursement this Period<br>603.58             |
| City<br>Lake Charles  | State<br>LA  |   |
| Zip Code<br>70605   | Purpose of Disbursement<br>Event Equipment   | Transaction ID : B-S-4117                                     |
| Candidate Name  | 003<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Delta Airlines</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address 1629 K Street NW<br>Suite 501   |  | Amount of Each Disbursement this Period<br>25                 |
| City<br>Washington  | State<br>DC  |   |
| Zip Code<br>20006-1634  | Purpose of Disbursement<br>Airline Fee   | Transaction ID : B-S-4134                                     |
| Candidate Name  | 002<br>Category/Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:  |  |   |

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |  |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          | PAGE 100 OF 115                    |                                     |                                    |  |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Delta Airlines</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 1629 K Street NW<br>Suite 501                       |   |  | Amount of Each Disbursement this Period<br>..... 25   |
| City<br>Washington  | State<br>DC   | Zip Code<br>20006-1634   |   |
| Purpose of Disbursement<br>Airline Fee                              |   | Category/<br>Type<br>002   | <b>Transaction ID : B-S-4142</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Candidate Name  |   |  |   |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:  | District:   |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Delta Airlines</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 1629 K Street NW<br>Suite 501                       |   |  | Amount of Each Disbursement this Period<br>..... 444.6  |
| City<br>Washington  | State<br>DC   | Zip Code<br>20006-1634   |   |
| Purpose of Disbursement<br>Airfare                                  |   | Category/<br>Type<br>002   | <b>Transaction ID : B-S-4144</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Candidate Name  |   |  |   |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:  | District:   |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Delta Airlines</b> |   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 1629 K Street NW<br>Suite 501                       |   |  | Amount of Each Disbursement this Period<br>..... 444.6  |
| City<br>Washington  | State<br>DC   | Zip Code<br>20006-1634   |   |
| Purpose of Disbursement<br>Airfare                                  |   | Category/<br>Type<br>002   | <b>Transaction ID : B-S-4137</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Candidate Name  |   |  |   |
| Office Sought:  | <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State:  | District:   |  |   |

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 101 OF 115                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Crowley Post Signal</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address PO Box 1589   |  | Amount of Each Disbursement this Period<br>552                |
| City<br>Crowley   | State<br>LA  |   |
| Zip Code<br>70527   | Purpose of Disbursement<br>Advertising   | Transaction ID : B-S-4133                                     |
| Candidate Name  | 004<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Great Harvest Bread Company</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address 854 Kaliste Saloom Road   |  | Amount of Each Disbursement this Period<br>812                |
| City<br>Lafayette   | State<br>LA  |   |
| Zip Code<br>70508-4367  | Purpose of Disbursement<br>Catering  | Transaction ID : B-S-4127                                     |
| Candidate Name  | 003<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Greater Lafayette Chamber of Commerce</b>                                |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address PO Box 51307  |  | Amount of Each Disbursement this Period<br>150                |
| City<br>Lafayette   | State<br>LA  |   |
| Zip Code<br>70505   | Purpose of Disbursement<br>Program Expense   | Transaction ID : B-S-4129                                     |
| Candidate Name  | 001<br>Category/<br>Type   |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:  |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 102 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>246.62             |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping   | Transaction ID : B-S-4110                                     |
| Candidate Name   | 001<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>173.75             |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping   | Transaction ID : B-S-4112                                     |
| Candidate Name   | 001<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>33.74              |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping   | Transaction ID : B-S-4114                                     |
| Candidate Name   | 001<br>Category/Type   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | [MEMO ITEM]<br>Subitemization of Visa Business(11/14/14)      |
| State: District:   |  |   |

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 103 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. US Airways</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 4000 East Sky Harbor Boulevard                  |  | Amount of Each Disbursement this Period<br>..... 25   |
| City Phoenix State AZ Zip Code 85034                            | Purpose of Disbursement Airline Fee<br>..... 002<br>Category/Type  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   | <b>Transaction ID : B-S-4135</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| State: District:  | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. US Airways</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 4000 East Sky Harbor Boulevard                  |  | Amount of Each Disbursement this Period<br>..... 148.1  |
| City Phoenix State AZ Zip Code 85034                            | Purpose of Disbursement Airfare<br>..... 002<br>Category/Type  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   | <b>Transaction ID : B-S-4136</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| State: District:  | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. US Airways</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 4000 East Sky Harbor Boulevard                  |  | Amount of Each Disbursement this Period<br>..... 148.1  |
| City Phoenix State AZ Zip Code 85034                            | Purpose of Disbursement Airfare<br>..... 002<br>Category/Type  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                                   | <b>Transaction ID : B-S-4143</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| State: District:  | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |

|   |            |
|---|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | ..... 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 104 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Office Depot</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 1901 L Street NW   |  | Amount of Each Disbursement this Period<br>42.66  |
| City Washington State DC Zip Code 20036-3506   | Purpose of Disbursement<br>General Office Supplies   |   |
| Candidate Name   | Category/Type<br>001   | <b>Transaction ID : B-S-4146</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Office Depot</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address 1901 L Street NW   |  | Amount of Each Disbursement this Period<br>110.13   |
| City Washington State DC Zip Code 20036-3506   | Purpose of Disbursement<br>General Office Supplies   |   |
| Candidate Name   | Category/Type<br>001   | <b>Transaction ID : B-S-4126</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014   |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>31.79  |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement<br>Express Shipping  |   |
| Candidate Name   | Category/Type<br>001   | <b>Transaction ID : B-S-4152</b><br><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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 105 OF 115                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                                       |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>101.22   |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping<br>001<br>Category/Type   |   |
| Candidate Name   |  | <b>Transaction ID : B-S-4118</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Federal Express</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                                       |
| Mailing Address PO Box 660481  |  | Amount of Each Disbursement this Period<br>113.59   |
| City Dallas State TX Zip Code 75266-0481   | Purpose of Disbursement Express Shipping<br>001<br>Category/Type   |   |
| Candidate Name   |  | <b>Transaction ID : B-S-4116</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Community Foundation of Southwest Louisiana</b>                 |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                                       |
| Mailing Address PO Box 3125  |  | Amount of Each Disbursement this Period<br>625  |
| City Lake Charles State LA Zip Code 70602  | Purpose of Disbursement Program Expense<br>001<br>Category/Type  |   |
| Candidate Name   |  | <b>Transaction ID : B-S-4139</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 0.00 |
| <b>TOTAL</b> 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:<br>(check only one)          |                                    | PAGE 106 OF 115                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Southwest Airlines</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                                       |
| Mailing Address 2702 Love Field Drive  |  | Amount of Each Disbursement this Period<br>498.1  |
| City Dallas State TX Zip Code 75235  | Purpose of Disbursement Airfare<br>002<br>Category/Type  |   |
| Candidate Name   |  | <b>Transaction ID : B-S-4138</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PaperSmith</b>  |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014                                       |
| Mailing Address 2925 Ernest Street   |  | Amount of Each Disbursement this Period<br>619.28   |
| City Lake Charles State LA Zip Code 70601  | Purpose of Disbursement Printing<br>003<br>Category/Type   |   |
| Candidate Name   |  | <b>Transaction ID : B-S-4111</b><br><b>[MEMO ITEM]</b><br>Subitemization of Visa Business(11/14/14) |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Martin Guillory</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014 |
| Mailing Address PO Box 274   |  | Amount of Each Disbursement this Period<br>2599.68            |
| City Branch State LA Zip Code 70516  | Purpose of Disbursement Payroll<br>001<br>Category/Type  |   |
| Candidate Name   |  | <b>Transaction ID : B-E-27446</b>                             |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:   |  |   |

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|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2599.68 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 107 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Targeted Victory</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 17 / 2014                       |
| Mailing Address 1033 N Fairfax Street                                 |  | Amount of Each Disbursement this Period<br>7.2<br><b>Transaction ID : B-E-27427</b> |
| City Alexandria State VA Zip Code 22314-1547                          | Purpose of Disbursement E-Merchant Fees<br>001<br>Category/Type  |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Usable Creative</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 18 / 2014                        |
| Mailing Address 218 Brahmwell Court                                  |  | Amount of Each Disbursement this Period<br>1100<br><b>Transaction ID : B-E-27421</b> |
| City Lafayette State LA Zip Code 70508                               | Purpose of Disbursement Website Development<br>001<br>Category/Type  |  |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Complete Campaigns</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2014                       |
| Mailing Address 205 Pennsylvania Avenue SE                              |  | Amount of Each Disbursement this Period<br>450<br><b>Transaction ID : B-E-27429</b> |
| City Washington State DC Zip Code 20003                                 | Purpose of Disbursement Software Service<br>001<br>Category/Type   |   |
| Candidate Name  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |
| State: District:  |  |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 1557.20 |
| <b>TOTAL</b> 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 108 OF 115                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |                      |   |  |
|---|--|----------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Pat's Downtown LLC</b>   |  |                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2014 |  |
| Mailing Address 107 East Main Street  |  |                      | Amount of Each Disbursement this Period<br>4612.4             |  |
| City Lafayette  | State LA   | Zip Code 70501-6921  | Transaction ID : B-E-27430                                    |  |
| Purpose of Disbursement<br>Catering   |  | Category/Type<br>003 |   |  |
| Candidate Name  |  |                      |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                      |   |  |
| State: District:  |  |                      |   |  |

|   |  |                      |   |  |
|---|--|----------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Total HR Solutions LLC</b>   |  |                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 19 / 2014 |  |
| Mailing Address 935 Camellia Boulevard Suite 200  |  |                      | Amount of Each Disbursement this Period<br>7550.22            |  |
| City Lafayette  | State LA   | Zip Code 70508       | Transaction ID : B-E-27425                                    |  |
| Purpose of Disbursement<br>Payroll Taxes  |  | Category/Type<br>001 |   |  |
| Candidate Name  |  |                      |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                      |   |  |
| State: District:  |  |                      |   |  |

|   |  |                      |   |  |
|---|--|----------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Matthew Aaron Agency</b>   |  |                      | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 20 / 2014 |  |
| Mailing Address 412 West University Avenue Suite 201  |  |                      | Amount of Each Disbursement this Period<br>1000               |  |
| City Lafayette  | State LA   | Zip Code 70506       | Transaction ID : B-E-27433                                    |  |
| Purpose of Disbursement<br>Website Development  |  | Category/Type<br>004 |   |  |
| Candidate Name  |  |                      |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                      |   |  |
| State: District:  |  |                      |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 13162.62 |
| <b>TOTAL</b> 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 109 OF 115                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Laura Ann D. Edwards</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 20 / 2014 |
| Mailing Address 124 Acacia Drive   |   | Amount of Each Disbursement this Period<br>590.43             |
| City Lafayette   | State LA Zip Code 70508-4002  |   |
| Purpose of Disbursement<br>SEE MEMO ITEMS  | Category/Type<br>001  | <b>Transaction ID : B-E-27432</b>                             |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |
| Original vendors exceeding reporting threshold itemized as memo transactions.  |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Laura Ann D. Edwards</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 20 / 2014 |
| Mailing Address 124 Acacia Drive   |   | Amount of Each Disbursement this Period<br>263.51             |
| City Lafayette   | State LA Zip Code 70508-4002  |   |
| Purpose of Disbursement<br>Reimbursed- Mileage   | Category/Type<br>002  | <b>Transaction ID : B-S-4057</b>                              |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |
| Subitemization of Laura Ann Edwards(11/20/14)  |   |   |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Robin Prejean</b>   |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 20 / 2014 |
| Mailing Address 1610 Laurie Street   |   | Amount of Each Disbursement this Period<br>240                |
| City Rayne   | State LA Zip Code 70578   |   |
| Purpose of Disbursement<br>Cleaning Services   | Category/Type<br>001  | <b>Transaction ID : B-S-4055</b>                              |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | State: District:  |   |
| Subitemization of Laura Ann Edwards(11/20/14)  |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 590.43 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 110 OF 115 |  |  |  |
|   | <input checked="" type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Martin Guillory</b> |                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 20 / 2014 |  |  |
| Mailing Address PO Box 274   |                              |  | Amount of Each Disbursement this Period<br>853                |  |  |
| City<br>Branch   | State<br>LA                  | Zip Code<br>70516  | Transaction ID : B-E-27431                                    |  |  |
| Purpose of Disbursement<br>Reimbursed- Mileage                       |                              | 002<br>Category/<br>Type   |   |  |  |
| Candidate Name   |                              |  |   |  |  |
| Office Sought:   | House<br>Senate<br>President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:                    |  |   |  |  |

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T Mobility</b> |                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 21 / 2014 |  |  |
| Mailing Address PO Box 6463  |                              |  | Amount of Each Disbursement this Period<br>511.72             |  |  |
| City<br>Carol Stream   | State<br>IL                  | Zip Code<br>60197-6463   | Transaction ID : B-E-27435                                    |  |  |
| Purpose of Disbursement<br>Cellular Phone Service                      |                              | 001<br>Category/<br>Type   |   |  |  |
| Candidate Name   |                              |  |   |  |  |
| Office Sought:   | House<br>Senate<br>President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:   | District:                    |  |   |  |  |

|   |                              |  |   |  |  |
|---|------------------------------|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Michael Hare</b> |                              |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 21 / 2014 |  |  |
| Mailing Address 107 Woodbranch Court                              |                              |  | Amount of Each Disbursement this Period<br>658.25             |  |  |
| City<br>Lafayette   | State<br>LA                  | Zip Code<br>70503  | Transaction ID : B-E-27436                                    |  |  |
| Purpose of Disbursement<br>Reimbursed- Mileage                    |                              | 002<br>Category/<br>Type   |   |  |  |
| Candidate Name  |                              |  |   |  |  |
| Office Sought:  | House<br>Senate<br>President | Disbursement For: 2014<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |   |  |  |
| State:  | District:                    |  |   |  |  |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2022.97 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |   |                                    |                                     |                                    |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)          |                                    | PAGE 111 OF 115                     |                                    |
|   | <input checked="" type="checkbox"/> 17<br>20a | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Chris Kidder</b>   |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 24 / 2014                        |
| Mailing Address 920 Kaliste Saloom Road   |  | Amount of Each Disbursement this Period<br>2600<br><b>Transaction ID : B-E-27437</b> |
| City Lafayette  | State LA Zip Code 70508-4902   |  |
| Purpose of Disbursement<br>Rent   | Category/Type<br>001   |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:  |  |  |

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

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

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2600.00  |
| <b>TOTAL</b> This Period (last page this line number only)..... | 97167.50 |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |  |                 |  |  |  |
|---|--|-----------------|--|--|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)   | PAGE 112 OF 115 |  |  |  |
|   | <input type="checkbox"/> 17<br><input checked="" type="checkbox"/> 20a<br><input type="checkbox"/> 18<br><input type="checkbox"/> 20b<br><input type="checkbox"/> 19a<br><input type="checkbox"/> 20c<br><input type="checkbox"/> 19b<br><input type="checkbox"/> 21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Baton Rouge Cardiology Center, LLC</b>  |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 13 / 2014                        |
| Mailing Address 5231 Brittany Drive  |   | Amount of Each Disbursement this Period<br>-700<br><b>Transaction ID : B-E-27386</b> |
| City Baton Rouge State LA Zip Code 70808-9143  | Purpose of Disbursement VOID- Contribution Refund<br>Candidate Name<br>Category/Type 010  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) General 2008 |  |

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

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

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | -700.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | -700.00 |



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 113 OF 115                     |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Court Appointed Special Advocates</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 16 / 2014</b>                |
| Mailing Address 1819 West Pinhook Road<br>Suite 100 A                                  |  | Amount of Each Disbursement this Period<br><b>500</b><br>Transaction ID : B-E-26916 |
| City Lafayette   | State LA Zip Code 70508  |   |
| Purpose of Disbursement<br>Charitable Donation   | Category/Type<br><b>012</b>  |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                     |   |
| State: District:   | <input type="checkbox"/> Other (specify)   |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Louisiana Right to Life</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 16 / 2014</b>                |
| Mailing Address PO Box 5247  |  | Amount of Each Disbursement this Period<br><b>250</b><br>Transaction ID : B-E-26918 |
| City Lafayette   | State LA Zip Code 70502  |   |
| Purpose of Disbursement<br>Charitable Donation                               | Category/Type<br><b>012</b>  |   |
| Candidate Name   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                     |   |
| State: District:   | <input type="checkbox"/> Other (specify)   |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. The Committee to Re-Elect Mike Strain</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br><b>10 / 20 / 2014</b>   |
| Mailing Address 502 North Boulevard  |  | Amount of Each Disbursement this Period<br><b>600</b><br>Transaction ID : B-E-27008<br><br>(For State/Local Candidate Support) |
| City Baton Rouge   | State LA Zip Code 70802  |  |
| Purpose of Disbursement<br>Political Contribution  | Category/Type<br><b>011</b>  |  |
| Candidate Name<br><b>Mike Strain</b>   | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |  |
| Disbursement For: 2014   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General                                     |  |
| State: District:   | <input type="checkbox"/> Other (specify)   |  |

|   |                |
|---|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | <b>1350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |                |

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

|   |                                      |                                    |                                     |   |
|---|--------------------------------------|------------------------------------|-------------------------------------|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 114 OF 115                     |   |
|   | <input type="checkbox"/> 17<br>20a   | <input type="checkbox"/> 18<br>20b | <input type="checkbox"/> 19a<br>20c | <input checked="" type="checkbox"/> 19b<br>21 |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Family Baptist Church</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 04 / 2014                       |
| Mailing Address 109 Jake Street  |   | Amount of Each Disbursement this Period<br>250<br><b>Transaction ID : B-E-27370</b> |
| City<br>Lake Charles   | State<br>LA   |   |
| Zip Code<br>70601-2779   | Purpose of Disbursement<br>Charitable Donation  | Category/<br>Type<br>012  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  |   |
| State: District:   | <input type="checkbox"/> Other (specify)  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Garret Graves for Congress</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2014                        |
| Mailing Address PO Box 64845  |  | Amount of Each Disbursement this Period<br>2000<br><b>Transaction ID : B-E-27376</b> |
| City<br>Baton Rouge   | State<br>LA  |  |
| Zip Code<br>70896   | Purpose of Disbursement<br>Political Contribution  | Category/<br>Type<br>011   |
| Candidate Name<br><b>Garret Graves</b>  | Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  |
| Disbursement For: 2015  | <input type="checkbox"/> Primary <input type="checkbox"/> General  |  |
| State: LA District: 06  | <input checked="" type="checkbox"/> Other (specify) Runoff 2015  |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>c. Greater Vernon W. Joseph Fourth Degree Knights Peter Claver</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2014                       |
| Mailing Address C/O Clarence Prudhomme<br>PO Box 702   |   | Amount of Each Disbursement this Period<br>500<br><b>Transaction ID : B-E-27374</b> |
| City<br>Welsh  | State<br>LA   |   |
| Zip Code<br>70591  | Purpose of Disbursement<br>Charitable Donation  | Category/<br>Type<br>012  |
| Candidate Name   | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |   |
| Disbursement For: 2014   | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  |   |
| State: District:   | <input type="checkbox"/> Other (specify)  |   |

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 2750.00 |
| <b>TOTAL</b> 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:<br>(check only one)  | PAGE 115 OF 115 |  |  |  |
|   | <input type="checkbox"/> 17<br>20a <input type="checkbox"/> 18<br>20b <input type="checkbox"/> 19a<br>20c <input checked="" type="checkbox"/> 19b<br>21 |                 |  |  |  |

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NAME OF COMMITTEE (In Full)  
**Charles Boustany Jr. MD for Congress, Inc.**

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ralph Abraham for Congress</b> |   | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 05 / 2014                        |
| Mailing Address PO Box 270  |   | Amount of Each Disbursement this Period<br>2000<br><b>Transaction ID : B-E-27375</b> |
| City Archibald State LA Zip Code 71218  | Purpose of Disbursement Political Contribution<br>011<br>Category/Type  |  |
| Candidate Name<br><b>Ralph Abraham</b>  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2015<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) Runoff 2015 |  |
| State: LA District: 05  |   |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. National Republican Congressional Committee</b> |  | Date of Disbursement<br>M M / D D / Y Y Y Y<br>11 / 21 / 2014                          |
| Mailing Address 320 1st Street SE  |  | Amount of Each Disbursement this Period<br>204600<br><b>Transaction ID : B-E-27434</b> |
| City Washington State DC Zip Code 20003-1838   | Purpose of Disbursement Political Contribution<br>011<br>Category/Type   |  |
| Candidate Name<br><b>National Republican Congressional Committee</b>                             | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2016<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: District:   |  |  |

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

|   |           |
|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....      | 206600.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 210700.00 |