

**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 115 OF 115			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Ralph Abraham for Congress		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address PO Box 270		Amount of Each Disbursement this Period 2000 Transaction ID : B-E-27375
City Archibald State LA Zip Code 71218	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name Ralph Abraham	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff 2015	
State: LA District: 05		

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 204600 Transaction ID : B-E-27434
City Washington State DC Zip Code 20003-1838	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name National Republican Congressional Committee	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	206600.00
TOTAL This Period (last page this line number only).....	210700.00