

**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 100 OF 101	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2014
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 100000 Transaction ID : B-E-26063
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Empowering the Community for Excellence		Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address PO Box 1818		Amount of Each Disbursement this Period 250 Transaction ID : B-E-26076
City Crowley State LA Zip Code 70526	Purpose of Disbursement Charitable Donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. Miles Perret Cancer Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2014
Mailing Address PO Box 80763		Amount of Each Disbursement this Period 1500 Transaction ID : B-E-26148
City Lafayette State LA Zip Code 70598	Purpose of Disbursement Charitable Donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	101750.00
TOTAL This Period (last page this line number only).....	