

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Alan Hebert

Signature of Treasurer Electronically Filed by Alan Hebert Date 04 15 2009

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Charles Boustany JR MD for Congress, INC

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<hr/>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	180154.00	187688.51
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	180154.00	187688.51
<hr/>		
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	76445.89	186406.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76445.89	186406.72
<hr/>		
8. Cash on Hand at Close of Reporting Period (from Line 27).....	245979.66	
<hr/>		
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
<hr/>		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
Charles Boustany JR MD for Congress, INC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

100831.00

107090.51

(ii) Unitemized.....

9673.00

10948.00

(iii) TOTAL of contributions

110504.00

118038.51

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

69650.00

69650.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

180154.00

187688.51

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS

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

649.51

1249.35

16. TOTAL RECEIPTS (add Lines

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

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

180803.51

188937.86

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	76445.89	186406.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	500.00	11000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	76945.89	197406.72

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	142122.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	180803.51
25. SUBTOTAL (add Line 23 and Line 24).....	322925.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	76945.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	245979.66

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rodney L. Savoy</p> <p>Mailing Address 100 Camellia Boulevard</p> <p>City State Zip Code <u>Lafayette</u> LA 70503-4202</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer River Ranch Development Co.</p> <p>Occupation Developer</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">0.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-MC601</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>REDESIGNATION FROM RUNOFF 2008  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  <b>[MEMO ITEM]</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Rodney L. Savoy</p> <p>Mailing Address 100 Camellia Boulevard</p> <p>City State Zip Code <u>Lafayette</u> LA 70503-4202</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer River Ranch Development Co.</p> <p>Occupation Developer</p> <p>Receipt For: 2008  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) ▼ Runoff</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">0.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-MC603</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">-400.00</span></p> <p>SEE REDESIGNATION TO PRIMARY 2010  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  <b>[MEMO ITEM]</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) John D. Silveti</p> <p>Mailing Address 205 Linda Drive</p> <p>City State Zip Code <u>Lafayette</u> LA 70507-4713</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer APS, LLC</p> <p>Occupation Managing Member</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">0.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 0 1 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-MC602</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">400.00</span></p> <p>REDESIGNATION FROM RUNOFF 2008  <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  <b>[MEMO ITEM]</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
John D. Silveti

Mailing Address 205 Linda Drive

City State Zip Code  
Lafayette LA 70507-4713

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

Name of Employer Occupation  
APS, LLC Managing Member

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼  
Runoff

Election Cycle-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
01 / 01 / 2009

Transaction ID: A-MC604

Amount of Each Receipt this Period  
-400.00

SEE REDESIGNATION TO PRIMARY 2010  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**

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

Mailing Address 909 Poydras Street  
Suite 2556

City State Zip Code  
New Orleans LA 70112

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2009

Transaction ID: A-C12065

Amount of Each Receipt this Period  
1000.00

SEE MEMO ITEM  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 Contribution from Partnership. Partners exceeding reporting threshold itemized as memos.

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

Mailing Address 909 Poydras Street  
Suite 2556

City State Zip Code  
New Orleans LA 70112

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

Name of Employer Occupation  
Scheuermann & Jones Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2009

Transaction ID: A-PI122

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership Itemization Memo

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robert J. Kite</p> <p>Mailing Address 1008 Michael Drive</p> <p>City State Zip Code Deridder LA 70634-5300</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Kite Bros Auto &amp; Recreational Vehicles Owner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> A-C12080</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Arthur P. Dupont</p> <p>Mailing Address 422 Eraste Landry Road</p> <p>City State Zip Code Lafayette LA 70506-2324</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-Employed Veterinarian</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> A-C12120</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mack Abraham</p> <p>Mailing Address 3800 Burgoyne Drive</p> <p>City State Zip Code Lake Charles LA 70605-2610</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-Employed Wholesale Distributor</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">23</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p><b>Transaction ID:</b> A-C12128</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andree C. Begneaud</p> <p>Mailing Address PO Box 62949</p> <p>City State Zip Code <u>Lafayette</u> LA 70596-2949</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Begneaud Manufacturing Owner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C12130</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Angela M. Hebert</p> <p>Mailing Address 391 Choctaw Road</p> <p>City State Zip Code <u>Sunset</u> LA 70584-5417</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-Employed Physician</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C12139</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) J. Scott Key</p> <p>Mailing Address 55 Tokalon Place</p> <p>City State Zip Code <u>Metairie</u> LA 70001-3019</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Kencoil, Inc. President</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 3 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> A-C12142</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 / 98
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/> 15

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James V. King		Date of Receipt MM / DD / YYYY 02 / 23 / 2009
	Mailing Address 111 Devin Lane		<b>Transaction ID:</b> A-C12175
	City Lafayette	State LA	Zip Code 70508-6857
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Rig Tools Inc	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Joe R. Klutts		Date of Receipt MM / DD / YYYY 02 / 23 / 2009
	Mailing Address 328 Martial Avenue		<b>Transaction ID:</b> A-C12176
	City Lafayette	State LA	Zip Code 70508
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Klutts Exploration	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Herbert E. Schilling, II		Date of Receipt MM / DD / YYYY 02 / 23 / 2009
	Mailing Address 217 Parkview Drive		<b>Transaction ID:</b> A-C12160
	City Lafayette	State LA	Zip Code 70503-2733
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer Schilling Distributing Co Inc.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 98  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Renee V. Schilling

Mailing Address 217 Parkview Drive

City State Zip Code  
Lafayette LA 70503-2733

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2009

**Transaction ID: A-C12283**

Amount of Each Receipt this Period  
2400.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Glenn R. Stewart

Mailing Address 207 Middleton Road

City State Zip Code  
Lafayette LA 70503-3388

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2009

**Transaction ID: A-C12156**

Amount of Each Receipt this Period  
2400.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Glenn R. Stewart

Mailing Address 207 Middleton Road

City State Zip Code  
Lafayette LA 70503-3388

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2009

**Transaction ID: A-C12158**

Amount of Each Receipt this Period  
2400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
JohnPAC Manufacturing Partnership  
Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

**Transaction ID:** A-C12206

Amount of Each Receipt this Period  
2400.00

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

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

**B.** Full Name (Last, First, Middle Initial)  
JohnPAC Manufacturing Partnership  
Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

**Transaction ID:** A-C12207

Amount of Each Receipt this Period  
2400.00

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

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

**C.** Full Name (Last, First, Middle Initial)  
JohnPAC Manufacturing Partnership  
Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation

Receipt For: 2012  
 Primary    General  
 Other (specify) ▼  
 Primary 2012

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 0 9

**Transaction ID:** A-C12473

Amount of Each Receipt this Period  
200.00

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

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Rutledge H. Deas, Jr.  
Mailing Address PO Box 52093

City State Zip Code  
Lafayette LA 70505-2093

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

Name of Employer Occupation  
South Oak Production Oil & Gas Production

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-C12225

Amount of Each Receipt this Period  
250.00

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

**B.** Full Name (Last, First, Middle Initial)  
Lauren D. Fruge  
Mailing Address PO Box 1256

City State Zip Code  
Eunice LA 70535-1256

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-C12234

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Ernestine B. George  
Mailing Address 222 Grand Avenue

City State Zip Code  
Lafayette LA 70503-5056

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

Name of Employer Occupation  
Sidewinder Pumps, Inc Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-C12236

Amount of Each Receipt this Period  
250.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

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

Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation  
JohnPac Manufacturing Packaging Svc./ Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-PI124

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership Itemization Memo

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

Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation  
JohnPac Manufacturing Packaging Svc./ Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period  
1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-PI128

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership Itemization Memo

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

Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation  
JohnPac Manufacturing Packaging Svc./ Partner

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼  
 Primary 2012

Amount of Each Receipt this Period  
100.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-PI131

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership Itemization Memo

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **0.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 98  
(check only one)

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

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

**A.**

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

Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation  
JohnPac Manufacturing Packaging Svc./ Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-PI123

Amount of Each Receipt this Period  
1200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership Itemization Memo

**B.**

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

Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation  
JohnPac Manufacturing Packaging Svc./ Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-PI129

Amount of Each Receipt this Period  
1200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership Itemization Memo

**C.**

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

Mailing Address PO Box 1566

City State Zip Code  
Crowley LA 70527-1566

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

Name of Employer Occupation  
JohnPac Manufacturing Packaging Svc./ Partner

Receipt For: 2012 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ Primary 2012 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: A-PI130

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
Partnership Itemization Memo

**SUBTOTAL** of Receipts This Page (optional) ..... ► 0.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 98  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alan D. Lacoste

Mailing Address PO Box 6330

City State Zip Code  
Lake Charles LA 70606-6330

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

Name of Employer Eye Clinic Occupation Physician

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** A-C12280

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Rhett M. Majoria

Mailing Address 176 Commerce Street

City State Zip Code  
Gretna LA 70056-7030

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

Name of Employer Majoria-Sandoz, Inc. Occupation Pharmacist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** A-C12250

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Mildred R. McElligott

Mailing Address 127 Shannon Road

City State Zip Code  
Lafayette LA 70503-3510

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

Name of Employer Macro Oil Company Occupation President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** A-C12253

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 98  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Betty S. Noe

Mailing Address 7301 Hampson Street

City State Zip Code  
New Orleans LA 70118-5109

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

Transaction ID: A-C12261

Amount of Each Receipt this Period  
500.00

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

**B.**

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

Mailing Address 630 Greenbriar Road

City State Zip Code  
Lafayette LA 70503-3408

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

Name of Employer Retired Occupation Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

Transaction ID: A-C12262

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Earl J. Rozas

Mailing Address 11 Colony Road

City State Zip Code  
Gretna LA 70056-7001

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

Name of Employer Self-Employed Occupation Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

Transaction ID: A-C12284

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 98  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William E. Shaddock, Jr.

Mailing Address 1451 Shell Beach Drive

City State Zip Code  
Lake Charles LA 70601-5655

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

Name of Employer Occupation  
Stockwell, Sievert, Vicc- Attorney  
lilo, Clement

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** A-C12281

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
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: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** A-C12294

Amount of Each Receipt this Period  
500.00

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

**C.**

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

Mailing Address 300 Bertrand Drive

City State Zip Code  
Lafayette LA 70506-5635

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

Name of Employer Occupation  
Self-Employed Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** A-C12276

Amount of Each Receipt this Period  
250.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 98
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Morris H. Weinstein		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
	Mailing Address PO Box 1120		<b>Transaction ID:</b> A-C12328
	City Opelousas	State LA	Zip Code 70571-1120
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer J.T. Wein, Inc.	Occupation President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Barry		Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 451 Pointe Noir Road		<b>Transaction ID:</b> A-C12360
	City Branch	State LA	Zip Code 70516-3506
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Acadia-Saint Landry Hospital	Occupation Pharmacist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl J. Breaux		Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 300 Bertrand Drive		<b>Transaction ID:</b> A-C12362
	City Lafayette	State LA	Zip Code 70506-5635
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Dentist	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Rickey Domingues

Mailing Address 2820 Teal Drive

City State Zip Code  
New Iberia LA 70560-1454

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

**Transaction ID:** A-C12357

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address 819 South Court Street

City State Zip Code  
Opelousas LA 70570-5007

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Dupre' Logistics, LLC Chief Executive Officer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

**Transaction ID:** A-C12361

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 108 Valerie Drive

City State Zip Code  
Lafayette LA 70508-6008

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Acadiana Ortho Group Orthopaedic Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

**Transaction ID:** A-C12344

Amount of Each Receipt this Period  
2400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 5800.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 98  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William B. Lawton

Mailing Address 3206 Choupique Road

City State Zip Code  
Sulphur LA 70665-8421

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

Name of Employer Occupation  
William B. Lawton Company President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** A-C12356

Amount of Each Receipt this Period  
2000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Myrtle D. Rainey

Mailing Address 309 Coulee Crouche Road

City State Zip Code  
Cankton LA 70584-5909

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** A-C12363

Amount of Each Receipt this Period  
1200.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Adrian M. Vega, Jr.

Mailing Address 1700 SE Evangeline Thruway

City State Zip Code  
Lafayette LA 70508-2110

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

Name of Employer Occupation  
Acadiana Dodge Inc. Owner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** A-C12359

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Dennis M. Walker

Mailing Address 3700 Burgoyne Drive

City State Zip Code  
Lake Charles LA 70605-2608

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

Name of Employer Occupation  
Lake Charles Mem. Hospital Orthopaedic Surgeon

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2009

**Transaction ID:** A-C12345

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 307 Englewood Drive

City State Zip Code  
Lafayette LA 70503-5449

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2009

**Transaction ID:** A-C12358

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address 7930 Oakbrook Drive

City State Zip Code  
Baton Rouge LA 70810-1808

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

Name of Employer Occupation  
RadSouth Imaging, LLC Radiologist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2009

**Transaction ID:** A-C12369

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3150.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 98  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Helene M. Augustin

Mailing Address 209 Richland Avenue

City State Zip Code  
Lafayette LA 70508-6610

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

Name of Employer Self-Employed Occupation  
Anesthesiologist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** A-C12398

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 601 President Ford Lane

City State Zip Code  
Alexandria VA 22302-3033

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

Name of Employer Fierce Isakowitz Occupation  
Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** A-I12504

Amount of Each Receipt this Period  
231.00

Inkind: Food & Beverage

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

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

Mailing Address 303 Mill Valley Run

City State Zip Code  
Lafayette LA 70508-7049

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

Name of Employer C&C Technologies, Inc. Occupation  
President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** A-C12392

Amount of Each Receipt this Period  
2400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3131.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Craton

Mailing Address 203 Creekwood Drive

City State Zip Code  
Lafayette LA 70503-5466

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

Name of Employer Regions Insurance, Inc. Occupation Vice President

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	9

**Transaction ID:** A-C12387

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address PO Box 675

City State Zip Code  
Jennings LA 70546-0675

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

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

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	9

**Transaction ID:** A-C12391

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address PO Box 52129

City State Zip Code  
Lafayette LA 70505-2129

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

Name of Employer Haynie & Associates Occupation Principal

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	0	9

**Transaction ID:** A-C12389

Amount of Each Receipt this Period  
2400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7200.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Walter T. Lee

Mailing Address 4102 Woodside Drive

City State Zip Code  
Lake Charles LA 70605-4034

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

Name of Employer Occupation  
Custom Metal Fabrication Executive

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009

**Transaction ID:** A-C12390

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address PO Box 80941

City State Zip Code  
Lafayette LA 70598-0941

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009

**Transaction ID:** A-C12393

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address PO Box 80941

City State Zip Code  
Lafayette LA 70598-0941

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009

**Transaction ID:** A-C12394

Amount of Each Receipt this Period  
2400.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7200.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 98  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
William E. Logan, III

Mailing Address PO Box 80941

City State Zip Code  
Lafayette LA 70598-0941

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

Name of Employer Occupation  
Intertrust Armored Sales Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: A-C12395

Amount of Each Receipt this Period  
2400.00

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

4800.00

**B.** Full Name (Last, First, Middle Initial)  
William E. Logan, III

Mailing Address PO Box 80941

City State Zip Code  
Lafayette LA 70598-0941

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

Name of Employer Occupation  
Intertrust Armored Sales Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: A-C12396

Amount of Each Receipt this Period  
2400.00

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

4800.00

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

Mailing Address 127 Shannon Road

City State Zip Code  
Lafayette LA 70503-3510

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

Name of Employer Occupation  
Macro Oil Company President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: A-C12399

Amount of Each Receipt this Period  
1000.00

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

1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 98  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Sammy J. Russo

Mailing Address 312 Princeton Woods Loop

City State Zip Code  
Lafayette LA 70508-6602

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

Name of Employer Occupation  
Stabil Drill Chief Executive Officer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009

**Transaction ID:** A-C12388

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address 244 Beverly Drive

City State Zip Code  
Metairie LA 70001-5405

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

Name of Employer Occupation  
Ochsner Clinic Anesthesiologist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009

**Transaction ID:** A-C12403

Amount of Each Receipt this Period  
250.00

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

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

Mailing Address 1404 Horridge Street

City State Zip Code  
Vinton LA 70668-4534

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

Name of Employer Occupation  
BW Services President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009

**Transaction ID:** A-C12397

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3650.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
David J. Barczyk

Mailing Address 802 Farmington Drive

City State Zip Code  
Lafayette LA 70503-8427

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

Name of Employer: Barczyk Chiropractic Group   Occupation: Physician

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼   1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID: A-C12464**  
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 1458 S College Road

City State Zip Code  
Lafayette LA 70503-2912

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

Name of Employer: Self-Employed   Occupation: Optometrist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼   500.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID: A-C12465**  
 Amount of Each Receipt this Period: 250.00

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

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

Mailing Address PO Box 51769

City State Zip Code  
Lafayette LA 70505-1769

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

Name of Employer: Judice & Adley   Occupation: Attorney

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼   1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID: A-C12462**  
 Amount of Each Receipt this Period: 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ►   2250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 98  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William P. Mills, III

Mailing Address PO Box 52592

City State Zip Code  
Lafayette LA 70505-2592

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

Name of Employer Occupation  
MPW Properties Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: A-C12463

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Charlotte Bollinger

Mailing Address P.O. Box 250

City State Zip Code  
Lockport LA 70374-0250

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

Name of Employer Occupation  
Bollinger Shipyards, Inc. Executive Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12454

Amount of Each Receipt this Period  
1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Christopher B. Bollinger

Mailing Address P.O. Box 250

City State Zip Code  
Lockport LA 70374-0250

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

Name of Employer Occupation  
Bollinger Shipyards, Inc. Executive Vice President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12455

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 98  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Donald T. Bollinger

Mailing Address P.O. Box 250

City State Zip Code  
Lockport LA 70374-0250

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

Name of Employer Occupation  
Bollinger Shipyards, Inc. Chief Executive Officer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12456

Amount of Each Receipt this Period  
2300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Benjamin G. Bordelon

Mailing Address 421 Fantastic Boulevard

City State Zip Code  
Raceland LA 70394-2204

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

Name of Employer Occupation  
Bollinger Shipyards, Inc. Executive Vice President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12456

Amount of Each Receipt this Period  
1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Martin Cancienne

Mailing Address P.O. Box 36  
7075 Highway 1 South

City State Zip Code  
Belle Rose LA 70341-0036

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

Name of Employer Occupation  
The Livingston Group Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12425

Amount of Each Receipt this Period  
250.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 98

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kirsten A. Chadwick

Mailing Address 601 President Ford Lane

City State Zip Code  
Alexandria VA 22302-3033

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

Name of Employer Occupation  
Fierce Isakowitz Partner

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 481.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: A-C12475

Amount of Each Receipt this Period

250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
William H. Dabdoub

Mailing Address 100 Ayshire Court

City State Zip Code  
Slidell LA 70461

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

Name of Employer Occupation  
Self-Employed Podiatrist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: A-C12423

Amount of Each Receipt this Period

250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Beth Elkins

Mailing Address 910 Richland Avenue

City State Zip Code  
Lafayette LA 70508

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: A-C12438

Amount of Each Receipt this Period

2400.00

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

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

2900.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 98  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Beth Elkins

Mailing Address 910 Richland Avenue

City State Zip Code  
Lafayette LA 70508

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
100.00

Transaction ID: A-C12439

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

**B.**

Full Name (Last, First, Middle Initial)  
Michelle 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  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
2400.00

Transaction ID: A-C12444

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

**C.**

Full Name (Last, First, Middle Initial)  
Michelle 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  
Homemaker Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
2400.00

Transaction ID: A-C12445

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4900.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 98
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Gardes		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 108 Lakeside Drive		<b>Transaction ID:</b> A-C12440
	City Lafayette	State LA	Zip Code 70508-7012
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Darnall, Sikes, Gardes et al	Occupation Certified Public Accountant	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) John D. Gielen		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1412 North Avenue C		<b>Transaction ID:</b> A-C12442
	City Crowley	State LA	Zip Code 70526-2740
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00
	Name of Employer Shop Rite, Inc.	Occupation Chief Executive Officer	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) James W. Hawkins, III		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2604 North Nelson Street		<b>Transaction ID:</b> A-C12428
	City Arlington	State VA	Zip Code 22207-5032
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Alpine Group	Occupation Vice President	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Alan D. Hebert

Mailing Address 307 Princeton Woods Loop

City State Zip Code  
Lafayette LA 70508-6603

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

Name of Employer Occupation  
Thibodaux, Hebert, et. al. Certified Public Accountant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12452

Amount of Each Receipt this Period  
1400.00

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

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

Mailing Address P.O. Drawer 52745

City State Zip Code  
Lafayette LA 70505-2745

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

Name of Employer Occupation  
Badger Oil Corporation President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12453

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 8623 Leroy Place

City State Zip Code  
Fairfax VA 22031

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

Name of Employer Occupation  
Akin Gump Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12427

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 98  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas J. Montgomery

Mailing Address 330 West Martial Avenue

City State Zip Code  
Lafayette LA 70508-6711

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

Name of Employer Self-Employed Occupation  
Physician

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12441

Amount of Each Receipt this Period  
2400.00

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

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

Mailing Address 139 Ashton Drive

City State Zip Code  
Thibodaux LA 70301-8071

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

Name of Employer Occupation  
Bollinger Shipyards, Inc. Executive Vice President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12457

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4928 Toby Lane

City State Zip Code  
Kenner LA 70065-3260

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

Name of Employer Occupation  
Bollinger Shipyards, Inc. Chief Financial Officer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12458

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4400.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Acadian Ambulance Employee Federal PAC  
Mailing Address PO Box 98000

City State Zip Code  
Lafayette LA 70509-8000

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	2	/	2	0	0	9

**Transaction ID:** A-C12066  
 Amount of Each Receipt this Period  
 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American College of Surgeons PAC (ACSPA PAC)  
Mailing Address 1640 Wisconsin Avenue NW

City State Zip Code  
Washington DC 20007-7715

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	9

**Transaction ID:** A-C12205  
 Amount of Each Receipt this Period  
 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Crystal Sugar Company PAC  
Mailing Address 101 3rd Street

City State Zip Code  
Moorhead MN 56560-1952

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	0	9

**Transaction ID:** A-C12204  
 Amount of Each Receipt this Period  
 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
American College of Radiology Association PAC  
Mailing Address 1891 Preston White Drive  
City Reston State VA Zip Code 20191-4375  
FEC ID number of contributing federal political committee. **C** C00343459  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00  
Date of Receipt: 03 / 06 / 2009  
Transaction ID: A-C12335  
Amount of Each Receipt this Period: 5000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Sugarbeet Growers Association PAC  
Mailing Address 1156 15th Street NW Suite 1101  
City Washington State DC Zip Code 20005-1756  
FEC ID number of contributing federal political committee. **C** C00167684  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt: 03 / 06 / 2009  
Transaction ID: A-C12336  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Great Lakes Sugarbeet Growers PAC  
Mailing Address 2600 South Euclid Avenue  
City Bay City State MI Zip Code 48706-3414  
FEC ID number of contributing federal political committee. **C** C00384354  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 03 / 06 / 2009  
Transaction ID: A-C12333  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 39 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Society for Vascular Surgery PAC

Mailing Address 633 North Saint Clair Street  
Floor 24

City State Zip Code  
Chicago IL 60611-6554

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

**Transaction ID:** A-C12334

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American College of Physician Services PAC (ACP Services PAC)

Mailing Address 25 Massachusetts Avenue  
Suite 700

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 3 / 2 0 0 9

**Transaction ID:** A-C12343

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists PAC

Mailing Address 520 N Northwest Highway

City State Zip Code  
Park Ridge IL 60068-2538

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

**Transaction ID:** A-C12373

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 98  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
American Sugar Cane League PAC  
Mailing Address PO Box 938

City State Zip Code  
Thibodaux LA 70302-0938

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

**Transaction ID:** A-C12372

Amount of Each Receipt this Period  
5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Minn-Dak Farmers Cooperative Political Action Committee (MDFPAC)  
Mailing Address 7525 Red River Road

City State Zip Code  
Wahpeton ND 58075-9705

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

**Transaction ID:** A-C12375

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Western Growers Political Action Committee  
Mailing Address 17620 Fitch Street

City State Zip Code  
Irvine CA 92614-6022

FEC ID number of contributing federal political committee. **C** C00193979

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 8 / 2 0 0 9

**Transaction ID:** A-C12374

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

**A.** Full Name (Last, First, Middle Initial)  
American Academy of Neurology Professional Association PAC (BrainPAC)

Mailing Address 1080 Montreal Avenue

City State Zip Code  
Saint Paul MN 55116-2386

FEC ID number of contributing federal political committee. **C** C00435933

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** A-C12413

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American College of Cardiology PAC (HeartPAC)

Mailing Address 9111 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814-1616

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** A-C12415

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
College of American Pathologists PAC (PATHPAC)

Mailing Address 1350 I Street NE  
Suite 590

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** A-C12416

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
National Emergency Medicine PAC (NEMPAC)  
Mailing Address P.O. Box 619911

City State Zip Code  
Dallas TX 75261-9911

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

**Transaction ID:** A-C12414

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Sugar Cane Growers Cooperative of Florida PAC  
Mailing Address P.O. Box 666

City State Zip Code  
Belle Glade FL 33430

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

**Transaction ID:** A-C12412

Amount of Each Receipt this Period  
500.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Beer Wholesalers Association PAC  
Mailing Address 1101 King Street Suite 600

City State Zip Code  
Alexandria VA 22314-2965

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 5 / 2 0 0 9

**Transaction ID:** A-C12405

Amount of Each Receipt this Period  
2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

**A.** Full Name (Last, First, Middle Initial)  
Southern Minnesota Beet Sugar Cooperative PAC

Mailing Address P.O. Box 500  
83550 County Road 21

City Renville State MN Zip Code 56284

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** A-C12404  
 Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Acadian Ambulance Employee Federal PAC

Mailing Address PO Box 98000

City Lafayette State LA Zip Code 70509-8000

FEC ID number of contributing federal political committee. **C** C00335570

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** A-C12460  
 Amount of Each Receipt this Period: 2400.00

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

**C.** Full Name (Last, First, Middle Initial)  
Akin, Gump, Strauss, Hauer & Feld Civic Action Committee

Mailing Address 1333 New Hampshire Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** A-C12426  
 Amount of Each Receipt this Period: 750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4150.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
American Academy of Family Physicians PAC

Mailing Address 2023 Massachusetts Avenue NW

City Washington State DC Zip Code 20036-1011

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** A-C12437  
 Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Academy of Otolaryngology - Head & Neck Surgery PAC (ENT PAC)

Mailing Address 1650 Diagonal Road

City Alexandria State VA Zip Code 22314-2857

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** A-C12486  
 Amount of Each Receipt this Period: 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Bankers Association PAC

Mailing Address 1120 Connecticut Avenue NW

City Washington State DC Zip Code 20036-3902

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** A-C12430  
 Amount of Each Receipt this Period: 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

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

Mailing Address 9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814-1621

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12478

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Rental Association Political Action Committee (ARAPAC)

Mailing Address 1900 19th Street

City State Zip Code  
Moline IL 61265

FEC ID number of contributing federal political committee. **C** C00107615

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12431

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Bank of America Corporation Federal PAC

Mailing Address 1909 K Street NW  
Suite 710

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00364778

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** A-C12424

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Brooke Holdings Inc. & Jackson National Life Separate Segregated Funds

Mailing Address 1 Corporate Way

City State Zip Code  
Lansing MI 48951

FEC ID number of contributing federal political committee. **C** C00254953

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C12482

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address P.O. Box 2198

City State Zip Code  
Los Banos CA 93635-2198

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C12474

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Entergy Corporation Political Action Committee (ENPAC)

Mailing Address 101 Constitution Avenue, NW  
Suite 200 East

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C12432

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

**A.** Full Name (Last, First, Middle Initial)  
Florida Sugar Cane League PAC

Mailing Address 1301 Pennsylvania Avenue NW  
Suite 401

City Washington State DC Zip Code 20004-1701

FEC ID number of contributing federal political committee. **C** C00012328

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C12436

Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Genworth Financial Inc. PAC

Mailing Address 6620 West Broad Street

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C12485

Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
HMS Holdings Corp. Political Action Committee (HMS PAC)

Mailing Address 401 Park Avenue South

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C** C00440453

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C12433

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

**A.** Full Name (Last, First, Middle Initial)  
Investment Company Institute PAC

Mailing Address 1401 H Street NW  
Suite 1200

City Washington State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C12481

Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Managed Funds Association Political Action Committee

Mailing Address 2025 M Street NW  
Suite 800

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00306894

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C12483

Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Community Pharmacists Association PAC (NCPA-PAC)

Mailing Address 100 Daingerfield Road

City Alexandria State VA Zip Code 22314-6302

FEC ID number of contributing federal political committee. **C** C00030809

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** A-C12479

Amount of Each Receipt this Period: 2000.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

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

**A.** Full Name (Last, First, Middle Initial)  
National Thoroughbred Racing Association PAC (NTRA PAC)  
Mailing Address 2525 Harrodsburg Road

City Lexington State KY Zip Code 40504-3355

FEC ID number of contributing federal political committee. **C** C00360008

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12434

Amount of Each Receipt this Period: 5000.00

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

**B.** Full Name (Last, First, Middle Initial)  
The Shaw Group Inc. Political Action Committee  
Mailing Address 1725 Duke Street Suite 400

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00104885

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12480

Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
The Society of Thoracic Surgeons PAC (STS PAC)  
Mailing Address 1025 Connecticut Avenue NW Suite 1104

City Washington State DC Zip Code 20036-5448

FEC ID number of contributing federal political committee. **C** C00325936

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: A-C12461

Amount of Each Receipt this Period: 2500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8500.00

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

**SCHEDULE A (FEC Form 3 )  
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 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Wellpoint, Inc. PAC (WELLPAC)  
Mailing Address 120 Monument Circle

City State Zip Code  
Indianapolis IN 46204-4906

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C12484

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Wine and Spirits Wholesalers of America PAC (WSWA PAC)  
Mailing Address 805 15th Street NW  
Suite 430

City State Zip Code  
Washington DC 20005-2273

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** A-C12435

Amount of Each Receipt this Period  
1000.00

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

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

**TOTAL** This Period (last page this line number only) ..... ► 69650.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 51 / 98  
(check only one)

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

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

**A.**

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

Mailing Address 200 W Congress Street

City State Zip Code  
Lafayette LA 70501-6873

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1008.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

**Transaction ID:** A-M12098

Amount of Each Receipt this Period  
243.50

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

**B.**

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

Mailing Address 200 W Congress Street

City State Zip Code  
Lafayette LA 70501-6873

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1008.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 6 / 2 0 0 9

**Transaction ID:** A-M12115

Amount of Each Receipt this Period  
193.96

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

**C.**

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

Mailing Address 200 W Congress Street

City State Zip Code  
Lafayette LA 70501-6873

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1008.08

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

**Transaction ID:** A-M12380

Amount of Each Receipt this Period  
148.36

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.82**

**TOTAL** This Period (last page this line number only) ..... ► **585.82**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Iberia Bank  Mailing Address 200 W Congress Street  City Lafayette State LA Zip Code 70501-6873  Purpose of Disbursement Banking Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12059 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 35.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 S 500 E Suite 200  City American Fork State UT Zip Code 84003-3373  Purpose of Disbursement E-Merchant Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12060 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 9  Amount of Each Disbursement this Period 20.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC  Mailing Address 935 Camellia Boulevard Suite 200  City Lafayette State LA Zip Code 70508  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12062 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9  Amount of Each Disbursement this Period 359.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	414.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 S 500 E Suite 200 <hr/> City American Fork State UT Zip Code 84003-3373 <hr/> Purpose of Disbursement E-Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12100 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 0.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 3635 Ruffin Road Floor 3 <hr/> City San Diego State CA Zip Code 92123-1880 <hr/> Purpose of Disbursement Software Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12064 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Huckaby Davis Lisker <hr/> Mailing Address 228 S Washington Street Suite 115 <hr/> City Alexandria State VA Zip Code 22314-5404 <hr/> Purpose of Disbursement Compliance Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12063 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 562.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1013.21</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: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.	Transaction ID: B-E-12103 Date of Disbursement
	Mailing Address 7901 Wisconsin Avenue MD1010	<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Bethesda State MD Zip Code 20814-3619	Amount of Each Disbursement this Period
	Purpose of Disbursement Banking Fee	<input type="text" value="3.64"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: B-E-12101 Date of Disbursement
	Mailing Address 915 S 500 E Suite 200	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City American Fork State UT Zip Code 84003-3373	Amount of Each Disbursement this Period
	Purpose of Disbursement E-Merchant Fee	<input type="text" value="10.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: B-S-1255 Date of Disbursement
	Mailing Address PO Box 660481	<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City Dallas State TX Zip Code 75266-0481	Amount of Each Disbursement this Period
	Purpose of Disbursement Express Mail	<input type="text" value="48.76"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> Subitemization of Visa Business(01/14/09)
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13.64"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

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

Mailing Address PO Box 660481

City Dallas State TX Zip Code 75266-0481

Purpose of Disbursement  
Express Mail

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1256  
Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

22.54

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

**[MEMO ITEM]**

Subitemization of Visa Business(01/14/09)

B.

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

Mailing Address PO Box 660481

City Dallas State TX Zip Code 75266-0481

Purpose of Disbursement  
Express Mail

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1257  
Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

25.36

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

**[MEMO ITEM]**

Subitemization of Visa Business(01/14/09)

C.

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

Mailing Address PO Box 660481

City Dallas State TX Zip Code 75266-0481

Purpose of Disbursement  
Express Mail

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1258  
Date of Disbursement

01 / 14 / 2009

Amount of Each Disbursement this Period

17.02

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

**[MEMO ITEM]**

Subitemization of Visa Business(01/14/09)

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Hulco Printers, Inc.

Transaction ID: B-E-12068  
Date of Disbursement

Mailing Address P.O. Box 700

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

City State Zip Code  
Scott LA 70583

Amount of Each Disbursement this Period

1305.91
---------

Purpose of Disbursement  
Banners & Signs  
Candidate Name

006
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Lowrys Printing & Copying

Transaction ID: B-E-12067  
Date of Disbursement

Mailing Address 2004 W Pinhook Road

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

City State Zip Code  
Lafayette LA 70508-3228

Amount of Each Disbursement this Period

3461.56
---------

Purpose of Disbursement  
Printing  
Candidate Name

003
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

C.

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

Transaction ID: B-E-12070  
Date of Disbursement

Mailing Address 935 Camellia Boulevard  
Suite 200

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

City State Zip Code  
Lafayette LA 70508

Amount of Each Disbursement this Period

1162.34
---------

Purpose of Disbursement  
SEE MEMO ITEMS  
Candidate Name

001
-----

Category/  
Type

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

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Original vendors exceeding reporting threshold itemized as memo transactions.

SUBTOTAL of Disbursements This Page (optional) .....

5929.81
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Uncle Bob's Self Storage  Mailing Address 2207 W Pinhook Road  City Lafayette State LA Zip Code 70508-3231  Purpose of Disbursement Storage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1260 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 9  Amount of Each Disbursement this Period 89.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(01/14/09)
B.	Full Name (Last, First, Middle Initial) United States Postal Service  Mailing Address 3603D Ambassador Caffery Parkway  City Lafayette State LA Zip Code 70503-5132  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1261 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 9  Amount of Each Disbursement this Period 126.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(01/14/09)
C.	Full Name (Last, First, Middle Initial) Visa Business  Mailing Address PO Box 8710  City Little Rock State AR Zip Code 72217-8710  Purpose of Disbursement SEE MEMO ITEMS Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12069 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 9  Amount of Each Disbursement this Period 405.15  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Original vendors exceeding reporting threshold itemized as memo transactions.

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	405.15
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Visa Business <hr/> Mailing Address PO Box 8710 <hr/> City Little Rock State AR Zip Code 72217-8710 <hr/> Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1259 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 55.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(01/14/09)
<b>B.</b>	Full Name (Last, First, Middle Initial) Marilyn Lee <hr/> Mailing Address 1228 Myrtle Place <hr/> City Lafayette State LA Zip Code 70506-3334 <hr/> Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1254 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1162.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Total HR Solutions LLC(01/14/09)
<b>C.</b>	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. Box 105262 <hr/> City Atlanta State GA Zip Code 30348 <hr/> Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12074 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 379.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

379.05

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Atmos Energy Mailing Address P.O. Box 9001949 City Louisville State KY Zip Code 40290 Purpose of Disbursement Office Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12072 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 33.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Lafayette Utilities System Mailing Address PO Box 4024 City Lafayette State LA Zip Code 70502-4024 Purpose of Disbursement Office Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12073 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 9	Amount of Each Disbursement this Period 55.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Federal Tax Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12097 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 9	Amount of Each Disbursement this Period 73.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

162.27

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Banking Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12102 Date of Disbursement 01 / 21 / 2009 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Republican Women of SW Louisiana Mailing Address PO Box 754 City Lake Charles State LA Zip Code 70602-0754 Purpose of Disbursement Office Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12077 Date of Disbursement 01 / 21 / 2009 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC Mailing Address 935 Camellia Boulevard Suite 200 City Lafayette State LA Zip Code 70508 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12075 Date of Disbursement 01 / 21 / 2009 Amount of Each Disbursement this Period 358.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

618.66

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Kidder  Mailing Address 920 Kaliste Saloom Road  City Lafayette State LA Zip Code 70508-4902  Purpose of Disbursement Office Rent Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12076 Date of Disbursement 01 / 21 / 2009  Amount of Each Disbursement this Period 2000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Campaign Financial Services  Mailing Address 7315 Wisconsin Avenue Suite 310 East  City Bethesda State MD Zip Code 20814  Purpose of Disbursement Bookkeeping Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12078 Date of Disbursement 01 / 27 / 2009  Amount of Each Disbursement this Period 1800.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Campaign Financial Services  Mailing Address 7315 Wisconsin Avenue Suite 310 East  City Bethesda State MD Zip Code 20814  Purpose of Disbursement Software Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12079 Date of Disbursement 01 / 27 / 2009  Amount of Each Disbursement this Period 1800.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5600.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AT&T Mobility <hr/> Mailing Address PO Box 6463 <hr/> City Carol Stream State IL Zip Code 60197-6463 <hr/> Purpose of Disbursement Cellular Phone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12084 Date of Disbursement 01 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 566.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Federal Express <hr/> Mailing Address PO Box 660481 <hr/> City Dallas State TX Zip Code 75266-0481 <hr/> Purpose of Disbursement Express Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12082 Date of Disbursement 01 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 22.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Hulco Printers, Inc. <hr/> Mailing Address P.O. Box 700 <hr/> City Scott State LA Zip Code 70583 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12083 Date of Disbursement 01 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 104.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**693.38**

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

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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC	Transaction ID: B-E-12089 Date of Disbursement 01 / 29 / 2009
	Mailing Address 935 Camellia Boulevard Suite 200	Amount of Each Disbursement this Period 1162.34
	City Lafayette State LA Zip Code 70508	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Original vendors exceeding reporting threshold itemi- zed as memo transactions.
	Purpose of Disbursement SEE MEMO ITEM Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Tommy Hebert	Transaction ID: B-E-12081 Date of Disbursement 01 / 29 / 2009
	Mailing Address 102 Port Royal Circle	Amount of Each Disbursement this Period 114.64
	City Lafayette State LA Zip Code 70508-6459	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Reimbursement- Mileage Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Marilyn Lee	Transaction ID: B-S-1267 Date of Disbursement 01 / 29 / 2009
	Mailing Address 1228 Myrtle Place	Amount of Each Disbursement this Period 1162.34
	City Lafayette State LA Zip Code 70506-3334	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM] Subitemization of Total HR Solutions LLC(01/29/09)
	Purpose of Disbursement Payroll Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1276.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Iberia Bank  Mailing Address 200 W Congress Street  City Lafayette State LA Zip Code 70501-6873  Purpose of Disbursement Banking Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12088 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9  Amount of Each Disbursement this Period 4.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC  Mailing Address 935 Camellia Boulevard Suite 200  City Lafayette State LA Zip Code 70508  Purpose of Disbursement Payroll Taxes Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12087 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9  Amount of Each Disbursement this Period 35.02  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 S 500 E Suite 200  City American Fork State UT Zip Code 84003-3373  Purpose of Disbursement E-Merchant Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12086 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9  Amount of Each Disbursement this Period 20.20  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	60.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Capitol Hill Lists <hr/> Mailing Address 264 North Lumpkins Street Suite 202 <hr/> City Athens State GA Zip Code 30601 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12094 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2348.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Political Ink <hr/> Mailing Address 2924 Bells Road <hr/> City Richmond State VA Zip Code 23234 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12095 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 11351.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) State of Louisiana <hr/> Mailing Address PO Box 66788 <hr/> City Baton Rouge State LA Zip Code 70896-6788 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12085 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 836.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

14535.25

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Win Right Data Company, LLC <hr/> Mailing Address 264 North Lumpkin Street Suite 202 <hr/> City Athens State GA Zip Code 30601-2742 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12093 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 562.58 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12096 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 358.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement SEE MEMO ITEM Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12104 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 9	Amount of Each Disbursement this Period 1918.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Original vendors exceeding reporting threshold itemized as memo transactions.

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2839.33

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

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

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marilyn Lee <hr/> Mailing Address 1228 Myrtle Place <hr/> City Lafayette State LA Zip Code 70506-3334 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-1268 Date of Disbursement 02 / 05 / 2009 <hr/> Amount of Each Disbursement this Period 1918.09 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Total HR Solutions LLC(02/05/09)
<b>B.</b>	Full Name (Last, First, Middle Initial) Beads Galore <hr/> Mailing Address 4909 Cameron Street <hr/> City Lafayette State LA Zip Code 70506-1407 <hr/> Purpose of Disbursement Campaign Mementos Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-1281 Date of Disbursement 02 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 269.87 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
<b>C.</b>	Full Name (Last, First, Middle Initial) Chevron <hr/> Mailing Address 2600 N Parkerson Avenue <hr/> City Crowley State LA Zip Code 70526-2023 <hr/> Purpose of Disbursement Fuel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B-S-1285 Date of Disbursement 02 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 41.33 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Chevron	Transaction ID: B-S-1286 Date of Disbursement 02 / 06 / 2009
	Mailing Address 2600 N Parkerson Avenue	Amount of Each Disbursement this Period 18.13
	City Crowley State LA Zip Code 70526-2023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
	Purpose of Disbursement Fuel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Complete Campaigns	Transaction ID: B-E-12107 Date of Disbursement 02 / 06 / 2009
	Mailing Address 3635 Ruffin Road Floor 3	Amount of Each Disbursement this Period 450.00
	City San Diego State CA Zip Code 92123-1880	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Software Service Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Continental Airlines	Transaction ID: B-S-1274 Date of Disbursement 02 / 06 / 2009
	Mailing Address 1600 Smith Street	Amount of Each Disbursement this Period 367.40
	City Houston State TX Zip Code 77002-7362	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
	Purpose of Disbursement Airfare Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

A.	Full Name (Last, First, Middle Initial) Continental Airlines <hr/> Mailing Address 1600 Smith Street <hr/> City Houston State TX Zip Code 77002-7362 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1275 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 367.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
B.	Full Name (Last, First, Middle Initial) Federal Express <hr/> Mailing Address PO Box 1140 <hr/> City Memphis State TN Zip Code 38101-1140 <hr/> Purpose of Disbursement Express Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1270 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 25.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
C.	Full Name (Last, First, Middle Initial) Federal Express <hr/> Mailing Address PO Box 1140 <hr/> City Memphis State TN Zip Code 38101-1140 <hr/> Purpose of Disbursement Express Mail Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1271 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 22.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement Express Mail

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** B-S-1272  
**Date of Disbursement:** 02 / 06 / 2009

Amount of Each Disbursement this Period: 28.00

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

**[MEMO ITEM]**  
Subitemization of Visa Business(02/06/09)

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

Mailing Address 1919 Connecticut Avenue NW

City Washington State DC Zip Code 20009-5701

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** B-S-1278  
**Date of Disbursement:** 02 / 06 / 2009

Amount of Each Disbursement this Period: 337.78

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

**[MEMO ITEM]**  
Subitemization of Visa Business(02/06/09)

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

Mailing Address 1919 Connecticut Avenue NW

City Washington State DC Zip Code 20009-5701

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** B-S-1279  
**Date of Disbursement:** 02 / 06 / 2009

Amount of Each Disbursement this Period: 1119.81

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

**[MEMO ITEM]**  
Subitemization of Visa Business(02/06/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mystic Krewe of Louisianians  Mailing Address 8941 Jefferson Highway  City Baton Rouge State LA Zip Code 70809-2407  Purpose of Disbursement Facility Rental & Catering Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1280 Date of Disbursement 02 / 06 / 2009  Amount of Each Disbursement this Period 1400.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
<b>B.</b>	Full Name (Last, First, Middle Initial) Office Depot  Mailing Address 2670 Johnston Street  City Lafayette State LA Zip Code 70503-3240  Purpose of Disbursement Computer Equipment Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1276 Date of Disbursement 02 / 06 / 2009  Amount of Each Disbursement this Period 237.01  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
<b>C.</b>	Full Name (Last, First, Middle Initial) Office Depot  Mailing Address 2670 Johnston Street  City Lafayette State LA Zip Code 70503-3240  Purpose of Disbursement Computer Equipment Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1277 Date of Disbursement 02 / 06 / 2009  Amount of Each Disbursement this Period 1527.87  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)

<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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Office Depot Mailing Address 2670 Johnston Street City Lafayette State LA Zip Code 70503-3240 Purpose of Disbursement General Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1282 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 51.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
<b>B.</b>	Full Name (Last, First, Middle Initial) Shell Oil Mailing Address 2733 W Pinhook Road City Lafayette State LA Zip Code 70503 Purpose of Disbursement Fuel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1287 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 45.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)
<b>C.</b>	Full Name (Last, First, Middle Initial) The Congressional Institute Mailing Address 401 Wythe Street City Alexandria State VA Zip Code 22314-1927 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1284 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9 Amount of Each Disbursement this Period 1063.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Uncle Bob's Self Storage Mailing Address 2207 W Pinhook Road City Lafayette State LA Zip Code 70508-3231 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B-S-1273 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 89.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)

<b>B.</b> Full Name (Last, First, Middle Initial) Visa Business Mailing Address PO Box 8710 City Little Rock State AR Zip Code 72217-8710 Purpose of Disbursement SEE MEMO ITEMS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B-E-12106 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 7194.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 Original vendors exceeding reporting threshold itemized as memo transactions.

<b>C.</b> Full Name (Last, First, Middle Initial) Visa Business Mailing Address PO Box 8710 City Little Rock State AR Zip Code 72217-8710 Purpose of Disbursement Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: B-S-1288 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(02/06/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7194.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Banking Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12109 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A. Mailing Address 7901 Wisconsin Avenue MD1010 City Bethesda State MD Zip Code 20814-3619 Purpose of Disbursement Banking Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12202 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 9 Amount of Each Disbursement this Period 23.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Authorize.net Corp. Mailing Address 915 S 500 E Suite 200 City American Fork State UT Zip Code 84003-3373 Purpose of Disbursement E-Merchant Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12110 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 9 Amount of Each Disbursement this Period 10.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	43.60
<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)

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

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

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC	Transaction ID: B-E-12111 Date of Disbursement
	Mailing Address 935 Camellia Boulevard Suite 200	<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Lafayette State LA Zip Code 70508	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="674.23"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type <input type="text" value="001"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC	Transaction ID: B-E-12114 Date of Disbursement
	Mailing Address 935 Camellia Boulevard Suite 200	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Lafayette State LA Zip Code 70508	Amount of Each Disbursement this Period
	Purpose of Disbursement SEE MEMO ITEM	<input type="text" value="1162.34"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Original vendors exceeding reporting threshold itemized as memo transactions.
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Marilyn Lee	Transaction ID: B-S-1289 Date of Disbursement
	Mailing Address 1228 Myrtle Place	<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City Lafayette State LA Zip Code 70506-3334	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1162.34"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Subitemization of Total HR Solutions LLC(02/12/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1836.57"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Iberia Bank Mailing Address 200 W Congress Street City Lafayette State LA Zip Code 70501-6873 Purpose of Disbursement Federal Tax Withholding Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12116 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9 Amount of Each Disbursement this Period 58.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) LWCC Mailing Address P.O. Box 61005 City New Orleans State LA Zip Code 70161 Purpose of Disbursement Insurance Policy Renewal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12113 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9 Amount of Each Disbursement this Period 315.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC Mailing Address 935 Camellia Boulevard Suite 200 City Lafayette State LA Zip Code 70508 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12119 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9 Amount of Each Disbursement this Period 358.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**731.84**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Campaign Financial Services <hr/> Mailing Address 7315 Wisconsin Avenue Suite 310 East <hr/> City Bethesda State MD Zip Code 20814 <hr/> Purpose of Disbursement Bookkeeping Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12117 Date of Disbursement 02 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 2020.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Chris Kidder <hr/> Mailing Address 920 Kaliste Saloom Road <hr/> City Lafayette State LA Zip Code 70508-4902 <hr/> Purpose of Disbursement Office Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12121 Date of Disbursement 02 / 20 / 2009 <hr/> Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address P.O. Box 105262 <hr/> City Atlanta State GA Zip Code 30348 <hr/> Purpose of Disbursement Telephone Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12124 Date of Disbursement 02 / 23 / 2009 <hr/> Amount of Each Disbursement this Period 382.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3602.68

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Political Ink

Mailing Address 2924 Bells Road

City Richmond State VA Zip Code 23234

Purpose of Disbursement  
Printing

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-12122  
Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

3881.76

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

B.

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

Mailing Address 1228 Myrtle Place

City Lafayette State LA Zip Code 70506-3334

Purpose of Disbursement  
Mileage & Transportation

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-12123  
Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

395.31

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

C.

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

Mailing Address 200 W Congress Street

City Lafayette State LA Zip Code 70501-6873

Purpose of Disbursement  
Banking Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-E-12194  
Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

10.00

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4287.07

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC	Transaction ID: B-E-12193 Date of Disbursement 02 / 26 / 2009
	Mailing Address 935 Camellia Boulevard Suite 200	Amount of Each Disbursement this Period 1162.34
	City Lafayette State LA Zip Code 70508	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE MEMO ITEM Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Original vendors exceeding reporting threshold itemized as memo transactions.

B.	Full Name (Last, First, Middle Initial) Marilyn Lee	Transaction ID: B-S-1290 Date of Disbursement 02 / 26 / 2009
	Mailing Address 1228 Myrtle Place	Amount of Each Disbursement this Period 1162.34
	City Lafayette State LA Zip Code 70506-3334	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] Subitemization of Total HR Solutions LLC(02/26/09)

C.	Full Name (Last, First, Middle Initial) Iberia Bank	Transaction ID: B-E-12196 Date of Disbursement 02 / 27 / 2009
	Mailing Address 200 W Congress Street	Amount of Each Disbursement this Period 4.95
	City Lafayette State LA Zip Code 70501-6873	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Banking Fee Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1167.29
<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)

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

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

A.	Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 S 500 E Suite 200 <hr/> City American Fork State UT Zip Code 84003-3373 <hr/> Purpose of Disbursement E-Merchant Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12197 Date of Disbursement 03 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 20.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Athletic Schedules, Etc. <hr/> Mailing Address PO Box 12623 <hr/> City Alexandria State LA Zip Code 71315-2623 <hr/> Purpose of Disbursement Advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12195 Date of Disbursement 03 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 407.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12198 Date of Disbursement 03 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 358.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**786.26**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp.</p> <p>Mailing Address 915 S 500 E Suite 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement E-Merchant Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-12340 <b>Date of Disbursement</b> 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 25.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Iberia Bank</p> <p>Mailing Address 200 W Congress Street</p> <p>City Lafayette State LA Zip Code 70501-6873</p> <p>Purpose of Disbursement Banking Fee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-12420 <b>Date of Disbursement</b> 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Total HR Solutions LLC</p> <p>Mailing Address 935 Camellia Boulevard Suite 200</p> <p>City Lafayette State LA Zip Code 70508</p> <p>Purpose of Disbursement SEE MEMO ITEM Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B-E-12342 <b>Date of Disbursement</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1195.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**1231.14**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marilyn Lee  Mailing Address 1228 Myrtle Place  City Lafayette State LA Zip Code 70506-3334  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1291 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 9  Amount of Each Disbursement this Period 1195.68  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of Total HR Solutions LLC(03/12/09)
<b>B.</b>	Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 S 500 E Suite 200  City American Fork State UT Zip Code 84003-3373  Purpose of Disbursement E-Merchant Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12470 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9  Amount of Each Disbursement this Period 76.24  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Iberia Bank  Mailing Address 200 W Congress Street  City Lafayette State LA Zip Code 70501-6873  Purpose of Disbursement Federal Tax Withholding Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12381 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9  Amount of Each Disbursement this Period 44.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

120.74

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Total HR Solutions LLC <hr/> Mailing Address 935 Camellia Boulevard Suite 200 <hr/> City Lafayette State LA Zip Code 70508 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12376 Date of Disbursement 03 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 325.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) A La Carte <hr/> Mailing Address PO Box 60146 <hr/> City Lafayette State LA Zip Code 70596-0146 <hr/> Purpose of Disbursement Catering Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12350 Date of Disbursement 03 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 1080.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Albertson's <hr/> Mailing Address 2678 Johnston Street <hr/> City Lafayette State LA Zip Code 70503-3240 <hr/> Purpose of Disbursement General Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1308 Date of Disbursement 03 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 7.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1405.31

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AT&T  Mailing Address P.O. Box 105262  City Atlanta State GA Zip Code 30348  Purpose of Disbursement Telephone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12352 Date of Disbursement 03 / 19 / 2009  Amount of Each Disbursement this Period 377.89  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) AT&T Mobility  Mailing Address PO Box 6463  City Carol Stream State IL Zip Code 60197-6463  Purpose of Disbursement Cellular Phone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-12353 Date of Disbursement 03 / 19 / 2009  Amount of Each Disbursement this Period 605.16  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) AT&T Mobility  Mailing Address PO Box 6463  City Carol Stream State IL Zip Code 60197-6463  Purpose of Disbursement Cellular Phone Service Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1307 Date of Disbursement 03 / 19 / 2009  Amount of Each Disbursement this Period 149.99  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

983.05

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

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

Mailing Address 200 C Street SE

City Washington State DC Zip Code 20003-1909

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1302  
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

245.24

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

**[MEMO ITEM]**

Subitemization of Visa Business(03/19/09)

B.

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

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-7362

Purpose of Disbursement  
Airline Fee

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1293  
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

15.00

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

**[MEMO ITEM]**

Subitemization of Visa Business(03/19/09)

C.

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

Mailing Address 1600 Smith Street

City Houston State TX Zip Code 77002-7362

Purpose of Disbursement  
Airline Fee

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1301  
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

15.00

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

**[MEMO ITEM]**

Subitemization of Visa Business(03/19/09)

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1310 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 300.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)
B.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1311 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 22.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)
C.	Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 1140 City Memphis State TN Zip Code 38101-1140 Purpose of Disbursement Express Mail Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-1312 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 21.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: B-S-1313 Date of Disbursement
	Mailing Address PO Box 1140	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Memphis State TN Zip Code 38101-1140	Amount of Each Disbursement this Period
	Purpose of Disbursement Express Mail	<input type="text" value="38.73"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Federal Express	Transaction ID: B-S-1314 Date of Disbursement
	Mailing Address PO Box 1140	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Memphis State TN Zip Code 38101-1140	Amount of Each Disbursement this Period
	Purpose of Disbursement Express Mail	<input type="text" value="23.84"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Gordon Biersch Restaurant	Transaction ID: B-S-1317 Date of Disbursement
	Mailing Address 900 F Street NW	<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20004-1404	Amount of Each Disbursement this Period
	Purpose of Disbursement Catering	<input type="text" value="1485.25"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Harlequin Steaks and Seafood

Mailing Address 501 W College Street

City State Zip Code  
Lake Charles LA 70605-1529

Purpose of Disbursement  
Catering

Candidate Name

003  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1315

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

359.70

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

[MEMO ITEM]

Subitemization of Visa Bu-  
siness(03/19/09)

B.

Full Name (Last, First, Middle Initial)  
Hilton Hotel

Mailing Address 1919 Connecticut Avenue NW

City State Zip Code  
Washington DC 20009-5701

Purpose of Disbursement  
Lodging

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1294

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

414.59

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

[MEMO ITEM]

Subitemization of Visa Bu-  
siness(03/19/09)

C.

Full Name (Last, First, Middle Initial)  
Hilton Hotel

Mailing Address 1919 Connecticut Avenue NW

City State Zip Code  
Washington DC 20009-5701

Purpose of Disbursement  
Facility Rental (SEE L-21)

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1295

Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

2239.62

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

[MEMO ITEM]

Subitemization of Visa Bu-  
siness(03/19/09)

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Office Depot

Mailing Address 2670 Johnston Street

City Lafayette State LA Zip Code 70503-3240

Purpose of Disbursement  
General Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1300  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

Subitemization of Visa Business(03/19/09)

**B.**

Full Name (Last, First, Middle Initial)  
Roanoke Airport Transportation

Mailing Address 5202 Aviation Drive NW

City Roanoke State VA Zip Code 24012-1143

Purpose of Disbursement  
Transportation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1316  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

Subitemization of Visa Business(03/19/09)

**C.**

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

Mailing Address 2207 W Pinhook Road

City Lafayette State LA Zip Code 70508-3231

Purpose of Disbursement  
Storage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B-S-1298  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**[MEMO ITEM]**

Subitemization of Visa Business(03/19/09)

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) United States Postal Service	Transaction ID: B-S-1306 Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 3603D Ambassador Caffery Parkway	Amount of Each Disbursement this Period 42.00
	City Lafayette State LA Zip Code 70503-5132	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	<b>[MEMO ITEM]</b> Subitemization of Visa Business(03/19/09)
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

B.	Full Name (Last, First, Middle Initial) Visa Business	Transaction ID: B-E-12349 Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	Mailing Address PO Box 8710	Amount of Each Disbursement this Period 6150.41
	City Little Rock State AR Zip Code 72217-8710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement SEE MEMO ITEMS Candidate Name	Original vendors exceeding reporting threshold itemized as memo transactions.
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

C.	Full Name (Last, First, Middle Initial) Chris Kidder	Transaction ID: B-E-12377 Date of Disbursement MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 920 Kaliste Saloom Road	Amount of Each Disbursement this Period 1200.00
	City Lafayette State LA Zip Code 70508-4902	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office Rent Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		001 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**7350.41**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 S 500 E Suite 200  City American Fork State UT Zip Code 84003-3373  Purpose of Disbursement E-Merchant Fee Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> B-E-12471 <b>Date of Disbursement</b> 03 / 23 / 2009  Amount of Each Disbursement this Period 1.43  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Campaign Financial Services  Mailing Address 7315 Wisconsin Avenue Suite 310 East  City Bethesda State MD Zip Code 20814  Purpose of Disbursement Bookkeeping Consulting Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> B-E-12379 <b>Date of Disbursement</b> 03 / 23 / 2009  Amount of Each Disbursement this Period 1800.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Atmos Energy  Mailing Address P.O. Box 9001949  City Louisville State KY Zip Code 40290  Purpose of Disbursement Office Utilities Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	<b>Transaction ID:</b> B-E-12385 <b>Date of Disbursement</b> 03 / 25 / 2009  Amount of Each Disbursement this Period 75.64  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	001 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**1877.07**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kirsten A. Chadwick  Mailing Address 601 President Ford Lane  City Alexandria State VA Zip Code 22302-3033  Purpose of Disbursement Inkind: Food & Beverage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-I-12504 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9  Amount of Each Disbursement this Period 231.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Total HR Solutions LLC  Mailing Address 935 Camellia Boulevard Suite 200  City Lafayette State LA Zip Code 70508  Purpose of Disbursement SEE MEMO ITEM Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-E-12407 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9  Amount of Each Disbursement this Period 1195.67  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Original vendors exceeding reporting threshold itemized as memo transactions.
<b>C.</b>	Full Name (Last, First, Middle Initial) Marilyn Lee  Mailing Address 1228 Myrtle Place  City Lafayette State LA Zip Code 70506-3334  Purpose of Disbursement Payroll Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B-S-1318 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9  Amount of Each Disbursement this Period 1195.67  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>[MEMO ITEM]</b> Subitemization of Total HR Solutions LLC(03/30/09)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1426.67</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:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Mitchell Thibodeaux

Transaction ID: B-E-12406  
Date of Disbursement

Mailing Address 415 N Domingue Avenue  
Apartement 6

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	9

City Lafayette State LA Zip Code 70506-4923

Amount of Each Disbursement this Period

1437.23
---------

Purpose of Disbursement  
Floral Arrangements

003  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

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

Transaction ID: B-E-12419  
Date of Disbursement

Mailing Address 200 W Congress Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

City Lafayette State LA Zip Code 70501-6873

Amount of Each Disbursement this Period

4.95
------

Purpose of Disbursement  
Banking Fee

001  
Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

1442.18
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TOTAL This Period (last page this line number only) ..... ►

75740.72
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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Joseph Cao for Congress	Transaction ID: B-I-12417 Date of Disbursement 01 / 29 / 2009
	Mailing Address PO Box 56156	Amount of Each Disbursement this Period 1119.81
	City New Orleans State LA Zip Code 70156-6156	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Inkind Donation Made
	Purpose of Disbursement Facility Rental/ See L-17 Candidate Name Anh Joseph Cao Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 02	

B.	Full Name (Last, First, Middle Initial) Bill Cassidy for Congress	Transaction ID: B-I-12418 Date of Disbursement 01 / 30 / 2009
	Mailing Address 3482 Drusilla Lane Suite 1	Amount of Each Disbursement this Period 1119.81
	City Baton Rouge State LA Zip Code 70809-1873	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> Inkind Donation Made
	Purpose of Disbursement Facility Rental/ See L-17 Candidate Name William Cassidy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	

C.	Full Name (Last, First, Middle Initial) National Alliance on Mental Illness	Transaction ID: B-E-12472 Date of Disbursement 03 / 19 / 2009
	Mailing Address PO Box 8260	Amount of Each Disbursement this Period 500.00
	City Richmond State VA Zip Code 23226-0260	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Charitable Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Other (specify) P2009 State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>500.00</b>

Form/Schedule: **F3N**

Transaction ID:

Please Note: The redesignations by donors, Rodney Savoy and John Silveti, from the Runoff 2008 to the Primary 2010 election were originally reported in the October Quarterly 2007 and the YE 2006 reports, respectively. Upon determination in November 2008 that a Runoff election would not be held, the Committee received written authorization from the donors to redesignate to the P-2010 election. The redesignations occurred within the 60 day time frame to redesignate. Also Note: All organizations that have contributed to Boustany for Congress have been vetted to assure that they qualify as partnerships, sole proprietorships, or s-corps. No corporate monies have been accepted.